

Marshfield Clinic Health Systems  
 Active Advantage HMO Schedule of Benefits

Security Administrative Services, LLC certifies that you and any covered dependents have coverage as described in your Summary Plan Description and Schedule of Benefits as of the effective date shown on the letter you received with your identification cards, subject to the terms, conditions, exclusions, limitations and all other provisions of the group policy.

This Schedule shows your specific cost-sharing, as well as any additional benefits, and some plan limitations or exclusions. It also provides a very general summary of your benefits for certain types of services; **you will need to read it in conjunction with your Summary Plan Description for details about your coverage.** Benefits are calculated according to the benefit year shown above unless otherwise noted. **NOTE: All services must be received from affiliated providers, except as otherwise described in the Summary Plan Description.**

Your Responsibilities	
<b>Deductible</b>	\$1,300 individual \$2,600 family
<b>Coinsurance</b>	20% of the next \$6,000 per individual \$12,000 per family
<b>Emergency room facility copayment</b> Waived if admitted to the hospital as inpatient	\$200 copayment per visit  Balance of charge after copayment applies to annual deductible and coinsurance. Copayments continue after deductible and coinsurance have been satisfied.
<b>Annual out of pocket</b> Deductible, coinsurance, copays	\$6,550 individual \$13,100 family

Your Benefits	
<b>Ambulance services</b>	Subject to deductible and coinsurance
<b>Anesthesia services</b>	Subject to deductible and coinsurance
<b>Care My Way</b>	Covered at 100%
<b>Chiropractic Services</b>	Subject to deductible and coinsurance
<b>Chronic care management</b> • Asthma care management	<ul style="list-style-type: none"> <li>• Office visits with your asthma care provider are limited to 4 visits per individual per benefit year then subject to deductible and coinsurance</li> <li>• Unlimited spirometry services</li> <li>• Unlimited asthma care kits</li> <li>• Unlimited peak flow meters</li> <li>• Unlimited spacers</li> <li>• Asthma medications identified on the asthma medications list for members in the asthma disease management program are covered at 100%</li> </ul>



Your Benefits	
<b>Maternity and newborn services</b> <ul style="list-style-type: none"> <li>• Breast Pump</li> <li>• Gestational Diabetes treatment</li> </ul>	<p>Covered at 100%</p> <p>Covered at 100%</p>
<b>Mental health and substance abuse services</b> <ul style="list-style-type: none"> <li>• Inpatient care</li> <li>• Outpatient care</li> <li>• Transitional care</li> </ul>	<p>Subject to deductible and coinsurance</p> <p>6 days covered at 100% per calendar year (when criteria is met) then subject to deductible and coinsurance</p> <p>6 days covered at 100% per calendar year (when criteria is met) then subject to deductible and coinsurance</p>
<b>Nutritional Counseling</b> Limited to 4 visits per calendar year	<p>Subject to deductible and coinsurance</p>
<b>Office visit</b>	<p>Subject to deductible and coinsurance</p> <p>2 primary care physician office visits per individual per year covered at 100% before deductible and coinsurance are applied.</p>
<b>Outpatient laboratory Services</b>	<p>Subject to deductible and coinsurance</p>
<b>Outpatient radiology Services</b>	<p>Subject to deductible and coinsurance</p>
<b>Outpatient therapy services</b> <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech therapy</li> </ul>	<p>Subject to deductible and coinsurance</p> <p>Subject to deductible and coinsurance</p> <p>Subject to deductible and coinsurance</p>
<b>Physician services</b> <ul style="list-style-type: none"> <li>• Hospital services / surgery center</li> <li>• Other services in an office</li> </ul>	<p>Subject to deductible and coinsurance</p> <p>Subject to deductible and coinsurance</p>
<b>Preventive benefit</b> Please refer to Security Administrative Services' Preventive Service Guidelines at <a href="http://www.securityhealth.org/preventive">www.securityhealth.org/preventive</a> under Health Care Reform for service frequency recommendations. <ul style="list-style-type: none"> <li>• <b>Comprehensive physical examination</b>                Well-baby care                Well-child care                Adolescent well-care                Adult well-care                Screening for interpersonal and domestic violence                Counseling for sexually transmitted infections</li> </ul>	<p>Covered at 100%</p>

Your Benefits	
<p><b>Preventive Benefit Cont.</b></p> <ul style="list-style-type: none"> <li>• <b>Gynecological examination</b> Breast exam and pelvic exam</li> <li>• <b>Digital prostate examination</b></li> <li>• <b>Preventive hearing test</b></li> <li>• <b>Comprehensive preventive vision examination</b></li> <li>• <b>Mammogram to screen for breast cancer</b></li> <li>• <b>Pap smear to screen for cervical cancer</b></li> <li>• <b>Colonoscopy screening for colorectal cancer</b></li> <li>• <b>Sigmoidoscopy screening for colorectal cancer</b></li> <li>• <b>Other screenings for colorectal cancer</b> Fecal occult blood testing</li> <li>• <b>Screening laboratory services</b> Including, but are not limited to: basic metabolic panel, BRCA (1 &amp; 2) testing, breast cancer genetic testing, comprehensive metabolic panel, general health panel, lipoprotein, lipid panel, glucose (blood sugar), complete blood count (CBC), hemoglobin, thyroid stimulating hormone (TSH), pediatric lead poisoning screening, prostate specific antigen (PSA), and urinalysis.</li> <li>• <b>Bone mineral density (dexa scan) to screen for osteoporosis</b></li> <li>• <b>Chlamydia screening</b></li> <li>• <b>HPV Screening / counseling</b></li> <li>• <b>Ultrasound to screen for an abdominal aortic aneurysm</b></li> <li>• <b>Immunizations and vaccinations</b> Including those needed for travel</li> </ul>	<p>1 per calendar year then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>1 every five years then subject to deductible and coinsurance</p> <p>1 every five years then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>Each laboratory service covered at 1 per calendar year then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>1 per calendar year then subject to deductible and coinsurance</p> <p>Covered at 100%</p>

<b>Your Benefits</b>	
<b>Skilled nursing facility</b> Limited to 30 days per confinement	Subject to deductible and coinsurance
<b>Temporomandibular joint disorders or TMJ nonsurgical treatment</b>	Subject to deductible and coinsurance
<b>Transplant services</b> <ul style="list-style-type: none"><li>• Dialysis</li><li>• Organ procurement and acquisition</li><li>• Transplant procedure</li></ul>	Subject to deductible and coinsurance Subject to deductible and coinsurance Subject to deductible and coinsurance
<b>Vision examinations (diagnostic)</b>	Subject to deductible and coinsurance
<b>All other covered</b>	Subject to deductible and coinsurance

Pharmacy	
<ul style="list-style-type: none"> <li>• 100% coverage for preventive prescription drugs (not subject to deductible, if applicable) when filled at any Marshfield Clinic Pharmacy location. Please refer to the Preventive Medication List for a list of covered products.</li> <li>• Up to 30 days worth of prescription drugs constitutes a 1-month supply.</li> <li>• Pharmacy mail service (at any Marshfield Clinic Pharmacy location) may supply maintenance prescription drugs in a 90-day supply and if applicable, 2 1/2 copayments and/or coinsurance will be assessed.</li> <li>• 100% coverage for tier 1 and tier 2 oral anti-diabetic prescription drugs. (Not subject to deductible, if applicable.)</li> <li>• 100% coverage for tier 1 and tier 2 insulin and diabetic testing supplies. (Not subject to deductible, if applicable.)</li> <li>• Diabetic prescription drugs, testing supplies and insulin not listed on tier 1 or tier 2 of the Formulary Guide will require medical exception review from the Security Health Plan Pharmacy Services Department. (This does not include insulin pumps and related supplies. Please refer to the durable medical equipment section of the Schedule of Benefits for coverage.)</li> <li>• 100% coverage for smoking cessation products, limited to 90 days per year, as indicated in the Formulary Guide. An additional 90 days may be approved if member completes the Tobacco Free program offered by Security Health Plan.</li> <li>• Over-the-counter (OTC) drugs are generally excluded; however, after deductible, coverage may be provided for selected OTC drugs with a prescription authorization, as indicated in the Formulary Guide.</li> <li>• Specialty prescription drugs, as indicated in the formulary guide, must be filled at any Marshfield Clinic Pharmacy location.</li> </ul>	<p>When filled at any MARSHFIELD CLINIC PHARMACY location:</p> <ul style="list-style-type: none"> <li>• \$5 copayment per tier 1 prescription or refill.</li> <li>• \$30 copayment per tier 2 prescription or refill.</li> <li>• \$60 copayment per tier 3 prescription or refill.</li> <li>• 25% coinsurance per TIER 4 prescription or refill (specialty prescription drugs).</li> </ul> <p>Members may receive a one-time fill (up to a 30-day supply) of each maintenance medication at pharmacies other than Marshfield Clinic. Quantities beyond the 30-day supply will be required to be filled at any Marshfield Clinic Pharmacy or through the mail from a Marshfield Clinic Pharmacy. Maintenance drugs obtained at a non-Marshfield Clinic Pharmacy will not be approved after members have received a 30-day supply, and you will be responsible for the full cost of the drug.</p> <p>The following benefit applies when filled at any NON-MARSHFIELD CLINIC PHARMACY location:</p> <ul style="list-style-type: none"> <li>• \$10 copayment per tier 1 prescription or refill.</li> <li>• \$50 copayment per tier 2 prescription or refill.</li> <li>• Tier 3 drugs-member pays the greater of \$100 or 50% of the cost of prescriptions.</li> <li>• No coverage for tier 4 prescriptions (specialty medications) unless filled at any Marshfield Clinic Pharmacy location. For limited distribution drugs which are only available through select pharmacies, 25% coinsurance will be assessed.</li> </ul> <p>If the participant requests the brand name prescription drug where a generic is available, the participant must pay the applicable copayment/coinsurance plus the ancillary charge. The ancillary charge is the cost difference between the brand name prescription drug and the generic prescription drug. The ancillary charge will not count towards the prescription out-of-pocket limit.</p>

### Prior Authorization

The following services require you to obtain prior authorization before receiving the service. For medical pharmacy, please check Security Health Plan's website for the full prior authorization list and for further information on prior authorization requests. Your health care provider can start the prior authorization process by downloading a printable Prior Authorization Form at [www.securityhealth.org/priorauthorization](http://www.securityhealth.org/priorauthorization) or contact us at 1-800-570-8760.

#### Medical Services

- Abdominoplasty
- Air ambulance transport
- Amino Acid Formula
- Autologous Cultured Chondrocytes
- Cardiac catheterization for elective and outpatient procedures
- Clinical trials
- Cosmetic and reconstructive surgery
- Elective inpatient Admission including medical (acute and behavioral health) and surgical
- Electroconvulsive therapy (after 10 visits)
- Enteral feeding
- Femoro-acetabular surgery for hip impingement syndrome
- Gender reassignment
- Genetic testing
- Home health including but not limited to skilled nursing, physical therapy, occupational therapy, speech therapy
- Infuse bone graft
- Interventional pain management services
- Non-emergent ambulance transport
- Non-network provider request
- Outpatient procedure with site of service request as inpatient setting
- Outpatient therapy treatment (occupational therapy, physical therapy, speech therapy)
- Second opinion
- Skin substitutes
- Sleep Study
- Spinal cord stimulation
- Swing bed admission
- Technologies not commonly accepted as standard of care
- Transplants
- TMJ
- Vagus nerve stimulator

This list of medical services is not all-inclusive. The most up-to-date medical services list requiring prior authorizations can be found on our website at [www.securityhealth.org/authorization](http://www.securityhealth.org/authorization). You can also call our Customer Service Department at 1-877-509-1952 to find out what medical services require prior authorization.

#### Medical Benefit Drugs

Medical benefit drugs may require prior authorization. The most up-to-date medical benefit drug list can be found on our website at [www.securityhealth.org/SpecialtyRx](http://www.securityhealth.org/SpecialtyRx). Medical benefit drugs may be added or removed from this list quarterly on a calendar year basis. You can also call our Customer Service Department at 1-877-509-1952 to find out what medical benefit drugs require prior authorization. For medical benefit drug prior authorization, you will need to work with your provider to notify Magellan at 1-800-424-8243.

#### Durable Medical Equipment

For most durable medical equipment (DME), you will need to work with your provider to receive prior authorization from Northwood at 1-866-532-1344.

The most up-to-date eligible durable medical equipment list can be found on our website at [www.securityhealth.org/DME](http://www.securityhealth.org/DME). You can also call our Customer Service Department at 1-877-509-1952 to find out what durable medical equipment is on the eligible list.

### Prior Authorization Cont.

#### Skilled Nursing Facility Services

For the skilled nursing facility services listed, you will need to work with your provider to notify NaviHealth at 1-855-512-7002 (Fax 1-855-847-7243).

- Acute rehabilitation admission
- Long term acute care admission
- Skilled nursing facilities admission

#### High end imaging / Radiation oncology

For all high-end imaging and radiation oncology services, including by not limited to CT scans, PET scans, MRAs and MRIs, you will need to work with your provider to receive prior authorization from eviCore healthcare.

For high end imaging

- [www.evicore.com](http://www.evicore.com)
- Phone 1-888-693-3211
- Fax an eviCore request form (available online) to 1-888-693-3210

For radiation oncology

- [www.carecorenational.com](http://www.carecorenational.com)
- Phone 1-888-444-6185

#### Home Infusion

Home infusion drugs may require prior authorization. The most up to date Home Infusion drug list can be found on our website at [www.securityhealth.org/homeinfusion](http://www.securityhealth.org/homeinfusion). Home infusion drugs may be added or removed from this list quarterly on a calendar year basis. You can also call our Customer Service Department at 1-877-509-1952 to find out what medical benefit drugs require prior authorization for home infusion.

### Statement of Nondiscrimination

Security Administrative Service, LLC, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status.

### Limited English Proficiency Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-509-1952 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-509-1952 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-509-1952 (TTY: 711).