# Schedule of Benefits - HMO CITY OF MARSHFIELD

Benefit Year: January 1st through December 31st

**Effective Date: 01/01/2012** 



Security Health Plan certifies that you and any covered dependents have coverage as described in your Certificate 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, limitations or exclusions not shown in your Certificate. 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 Certificate for details about your coverage. Benefits are calculated according to the benefit year shown above. NOTE: All services must be received from affiliated providers, except as otherwise described in the Certificate.

Your Responsibilities	
Deductible	\$500 per individual \$1,500 per family
Annual out of pocket (Deductible)	\$500 per individual \$1,500 per family
Lifetime maximum benefit limit	Unlimited
Vision Benefit	Refer to Vision Plan Benefit Schedule

Your Benefits	
Ambulance services	Subject to deductible
Anesthesia services	Subject to deductible
Autism spectrum disorder treatment	Subject to deductible
Chiropractic services	Subject to deductible
Durable medical equipment and medical supplies (Including insulin pump and supplies)	Subject to deductible
Hearing examinations	Subject to deductible
Home health care	Subject to deductible
	(Limited to 40 visits per individual per calendar year)
Hospice care	Subject to deductible
Hospital emergency room services	Subject to deductible
Hospital inpatient services (Including semi-private or special care room, operating room, ancillary services and supplies)	Subject to deductible
Hospital outpatient and surgical center services	Subject to deductible
Maternity services	
Hospital services	Subject to deductible
Physician services	Subject to deductible

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## **Schedule of Benefits - HMO Group 605420 - CITY OF MARSHFIELD** Benefit Year: January 1st through December 31st Effective Date: 01/01/2012



Your Benefits	
Mental health services	
Inpatient care	Subject to deductible
Outpatient care	6 days covered at 100% per calendar year then subject to deductible
Transitional care	6 days covered at 100% per calendar year then subject to deductible
Office visits	Subject to deductible
	(Preventive exams covered at 100%)
Outpatient laboratory services	Subject to deductible
Outpatient radiology services	Subject to deductible
Outpatient therapy services	
Occupational therapy	Subject to deductible
Physical therapy	Subject to deductible
Speech therapy	Subject to deductible
Physician services	
Hospital services	Subject to deductible
Other services in an office	Subject to deductible
	(Preventive immunizations covered at 100%)

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### **Schedule of Benefits - HMO Group 605420 - CITY OF MARSHFIELD**

Benefit Year: January 1st through December 31st Effective Date: 01/01/2012



Your Benefits	
Preventive benefit Please refer to Security Health Plan's Preventive Service Guidelines at www.securityhealth.org for service frequency recommendations.	
Comprehensive physical examination     (complete physical)     Well-baby care     Well-child care     Adolescent well-care     Adult well-care	Covered at 100%
Gynecological examination for women (breast exam and pelvic exam)	1 per calendar year then subject to deductible
Digital prostate examination for men	1 per calendar year then subject to deductible
Preventive hearing test	1 per calendar year then subject to deductible
Comprehensive preventive vision examination	1 per calendar year then subject to deductible
Mammogram to screen for breast cancer	1 per calendar year then subject to deductible
Pap smear to screen for cervical cancer	1 per calendar year then subject to deductible
Colonoscopy screening for colorectal cancer	1 every two years then subject to deductible
Other screenings for colorectal cancer     Sigmoidoscopy     Double contrast barium enema     Fecal occult blood testing	1 per calendar year then subject to deductible
Screening laboratory services Including, but are not limited to: basic metabolic panel, comprehensive metabolic panel, general health panel, lipoprotein, lipid panel, glucose (blood sugar), complete blood count (CBC), hemoglobin, thyroid stimulating hormone (TSH), prostate specific antigen (PSA), and urinalysis.	Each laboratory service covered at 1 per calendar year then subject to deductible
Bone mineral density (dexa scan) to screen for osteoporosis in women	1 per calendar year then subject to deductible
Chlamydia screening for women	1 per calendar year then subject to deductible
Ultrasound for screen of an abdominal aortic aneurysm for men	1 per calendar year then subject to deductible
Immunizations and vaccinations (including those needed for travel)	Covered at 100%
Skilled nursing facility	Subject to deductible
	(Limited to 30 days per individual per confinement)

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### **Schedule of Benefits - HMO Group 605420 - CITY OF MARSHFIELD**

Benefit Year: January 1st through December 31st Effective Date: 01/01/2012



Your Benefits	
Substance abuse services	
Inpatient care	Subject to deductible
Outpatient care	6 days covered at 100% per calendar year then subject to deductible
Transitional care	15 days covered at 100% per calendar year then subject to deductible
Surgical services	Subject to deductible
Temporomandibular joint disorders or TMJ non- surgical treatment	Subject to deductible  (Limited to \$1,250 maximum per individual per calendar year)
Transplant services	Subject to deductible
Vision examinations	Subject to deductible

Pharmacy	
<ul> <li>Up to 34 days worth of medication constitution</li> </ul>	
supply. For most maintenance medications	
receive up to a 102-day supply and if appli	
copayment and/or coinsurance and/or ded	
assessed.	\$20 copayment per tier 3 prescription or refill.
100% coverage for tier 1 and tier 2 oral and medications. (Not subject to deductible, if a	
<ul> <li>100% coverage for tier 1 and tier 2 insulin</li> </ul>	
testing supplies. (Not subject to deductible	
Diabetic medications, testing supplies and	
listed on tier 1 or tier 2 of the Formulary Gu	
require medical exception review from the	
Health Plan Pharmacy Services Departme	
not include insulin pumps and related supp	
refer to the durable medical equipment sec	ction of the
Schedule of Benefits for coverage.)  • 100% coverage for smoking cessation produced in the second se	ducts limited
to 180 days per calendar year, as indicated	
Formulary Guide.	
Limited coverage for sexual dysfunction me	edications (e.
g. Viagra®), as indicated in the Formulary	Guide.
<ul> <li>Over-the-counter (OTC) medications are g</li> </ul>	
excluded; however, coverage may be prov	
selected OTC medications with a prescript	
authorization, as indicated in the Formular	
<ul> <li>The use of a specialty pharmacy may be reselect medications, as indicated in the Formatten for the select medications.</li> </ul>	
Select medications, as indicated in the Fon	mulary Guide.

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#### **Dependent Coverage**

Dependent children are covered from birth through the end of the month they attain the age of 26.

In addition, a child who meets the criteria above and is a full-time student as defined in the Certificate has an extension past age 26 IF the child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was under 27 years of age and attending, on a full-time basis, an institution of higher learning. Such extension ends on the date described in the full-time student definition in the Certificate.

#### Waiting period for pre-existing condition

- 0 months for new enrollees
- 18 months for late enrollees

Does not apply to children under 19 years of age.

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