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# 2024 Benefit Guide

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Brown County Indiana  
County Government

[www.siho.org](http://www.siho.org)

417 Washington Street | P.O. Box 1787 | Columbus, IN 47202-1787 | 812.378.7000

# ONLINE OPEN ENROLLMENT—Nov. 3-10

# IN-PERSON OPEN ENROLLMENT—Nov. 6-9

## 2024 Rates (Per Pay, 24 Pays)

### Medical

Coverage Tier	Core HDHP	Buy-Up HDHP
Employee Only	You Contribute—\$27.50 Brown County Contributes—\$477.30	You Contribute—\$150 Brown County Contributes—\$410.88
Employee + 1	You Contribute—\$75.00 Brown County Contributes—\$934.59	You Contribute—\$265 Brown County Contributes—\$813.53
Family	You Contribute—\$112.50 Brown County Contributes—\$1,401.89	You Contribute—\$300 Brown County Contributes—\$1,317.81

#### NOTES:

1) There will be a possible total of \$1,000 contributed by the Brown County Council into each employee's Health Savings Account (HSA) to help offset deductible costs. Employees active each pay period will have @ \$41.67 added to their HSA accounts.

2) If you are enrolled in Medicare, per the IRS, you cannot receive HSA contributions.

### Dental—Delta

Coverage Tier	Rate
Employee Only	\$14.42
Employee + Spouse	\$28.84
Employee + Child(ren)	\$35.98
Family	\$51.02

### Vision—VSP

Coverage Tier	Rate
Employee Only	\$4.66
Employee + Spouse	\$7.84
Employee + Child(ren)	\$8.01
Family	\$12.91

# SUMMARY OF BENEFITS—HDHP Buy-Up Plan

Your Plan Features	Tier 1 Providers - EncoreCombined/SIHO Plus Network	Tier 2 Providers - Encore/SIHO Network	Tier 3 Providers— Out of Network/Non- Participating
Annual Deductible <i>Individual</i> <i>Family</i> Spousal Carve-Out Applies	\$3,200 \$6,400 *Deductible is embedded	\$5,000 \$8,200 *Deductible is embedded	\$6,000 \$12,000 *Deductible is embedded
Annual Out of Pocket Maximum (including deductible) <i>Individual</i> <i>Family</i> Spousal Carve-Out Applies	\$5,600 \$11,200	\$8,000 \$16,000	N/A N/A
Hospital Inpatient Benefits	80% after deductible	70% after deductible	50% after deductible
Hospital Emergency Room Charges (True Emergency)	80% after deductible	80% after deductible	80% after deductible
Ambulance	80% after deductible	80% after deductible	80% after deductible
Preventive Health Care	100%, no deductible		
Outpatient Surgery	80% after deductible	70% after deductible	50% after deductible
Primary Care Physician Office Visit	80% after deductible	70% after deductible	50% after deductible
Brown County Health & Wellness Center	No Cost		
ProactiveMD Telemedicine Service	No Cost		
Specialist Physician Office Visit	80% after deductible	70% after deductible	50% after deductible
Urgent Care Center	80% after deductible	70% after deductible	50% after deductible
Manipulative (Chiropractic) Care	80% after deductible	70% after deductible	50% after deductible
Occupational, Speech, Physical and Hearing Therapy	80% after deductible	70% after deductible	50% after deductible

*Disclaimer: This is only a brief description of benefits available under the plans. For a more detailed description of coverage, benefits, limitations and exclusions, please refer to the applicable certificate of coverage or the summary plan description.*

# SUMMARY OF BENEFITS—HDHP Buy-Up Plan

Your Plan Features	Tier 1 Providers - EncoreCombined/SIHO Plus Network	Tier 2 Providers - Encore/SIHO Network	Tier 3 Providers— Out of Network/Non- Participating
Inpatient Substance Abuse	80% after deductible	70% after deductible	50% after deductible
	<i>Precertification Required for Inpatient and Partial Hospitalization</i>		
Outpatient Substance Abuse	80% after deductible	70% after deductible	50% after deductible
	<i>Precertification Required for Intensive Outpatient</i>		
Inpatient Mental Health	80% after deductible	70% after deductible	50% after deductible
	<i>Precertification Required for Inpatient and Partial Hospitalization</i>		
Outpatient Mental Health	80% after deductible	70% after deductible	50% after deductible
	<i>Precertification Required for Intensive Outpatient and Applied Behavior Analysis Therapy</i>		
Durable Medical Equipment (DME)	80% after deductible	70% after deductible	50% after deductible
	<i>Precertification Required for purchases over \$1,000 and all rentals</i>		
Home Health Care	80% after deductible	70% after deductible	50% after deductible
	<i>Annual Maximum: 60 visits</i>		
Hospice	80% after deductible	70% after deductible	50% after deductible
Skilled Nursing Facility	50% after deductible	50% after deductible	50% after deductible
	<i>Annual Maximum: 30 days</i>		

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# SUMMARY OF BENEFITS—HDHP Core Plan

Your Plan Features	Tier 1 Providers - EncoreCombined/SIHO Plus Network	Tier 2 Providers - Encore/SIHO Network	Tier 3 Providers— Out of Network/Non- Participating
Annual Deductible <i>Individual</i> <i>Family</i> Spousal Carve-Out Applies	\$5,000 \$10,000 *Deductible is embedded	\$6,500 \$11,500 *Deductible is embedded	\$7,500 \$15,000 *Deductible is embedded
Annual Out of Pocket Maximum (including deductible) <i>Individual</i> <i>Family</i> Spousal Carve-Out Applies	\$7,000 \$14,000	\$8,050 \$16,100	N/A N/A
Hospital Inpatient Benefits	80% after deductible	70% after deductible	50% after deductible
	<i>Precertification Required</i>		
Hospital Emergency Room Charges (True Emergency)	80% after deductible	80% after deductible	80% after deductible
Ambulance	80% after deductible	80% after deductible	80% after deductible
Preventive Health Care	100%, no deductible		
Outpatient Surgery	80% after deductible	70% after deductible	50% after deductible
Primary Care Physician Office Visit	80% after deductible	70% after deductible	50% after deductible
Brown County Health and Wellness Center	No Cost		
ProactiveMD Telemedicine Service	No Cost		
Urgent Care Center	80% after deductible	70% after deductible	50% after deductible
Manipulative (Chiropractic) Care	80% after deductible	70% after deductible	50% after deductible
Occupational, Speech and Hearing Therapy	80% after deductible	70% after deductible	50% after deductible
Physical Therapy	80% after deductible	70% after deductible	50% after deductible

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# SUMMARY OF BENEFITS—HDHP

Your Plan Features	Tier 1 Providers - Encore/Combined Network	Tier 2 Providers - Encore/SIHO Network	Tier 3 Providers— Out of Network/Non- Participating
Inpatient Substance Abuse	80% after deductible	70% after deductible	50% after deductible
	<i>Precertification Required for Inpatient and Partial Hospitalization</i>		
Outpatient Substance Abuse	80% after deductible	70% after deductible	50% after deductible
	<i>Precertification Required for Intensive Outpatient</i>		
Inpatient Mental Health	80% after deductible	70% after deductible	50% after deductible
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	<i>Annual Maximum: 30 days</i>		

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# SUMMARY OF BENEFITS

An important part of any medical plan is prescription drug coverage. You receive coverage for both generic and brand name drugs, but you pay less for brand name drugs that are a part of the plan's formulary, or preferred drug list. The plan's formulary drugs are chosen by the plan based on their quality, safety, and cost-effectiveness. You also have the option to take advantage of the Mail Order Service program.

## Pharmacy Benefits—Buy-Up HDHP

Your Plan Features	Retail Pharmacy (up to a 90 day supply)	Mail Order (up to a 90 day supply)
Generic Drugs	\$10 Copay after deductible	\$20 Copay after deductible
Brand Name Formulary	\$50 Copay after deductible	\$100 Copay after deductible
Brand Name Non-formulary	\$75 Copay after deductible	\$150 Copay after deductible
Specialty Drug	20% after deductible	20% after deductible

## Pharmacy Benefits—Core HDHP

Your Plan Features	Retail Pharmacy (up to a 90 day supply)	Mail Order (up to a 90 day supply)
Generic Drugs	20% after deductible	20% after deductible
Brand Name Formulary	20% after deductible	20% after deductible
Brand Name Non-formulary	20% after deductible	20% after deductible
Specialty Drug	20% after deductible	20% after deductible