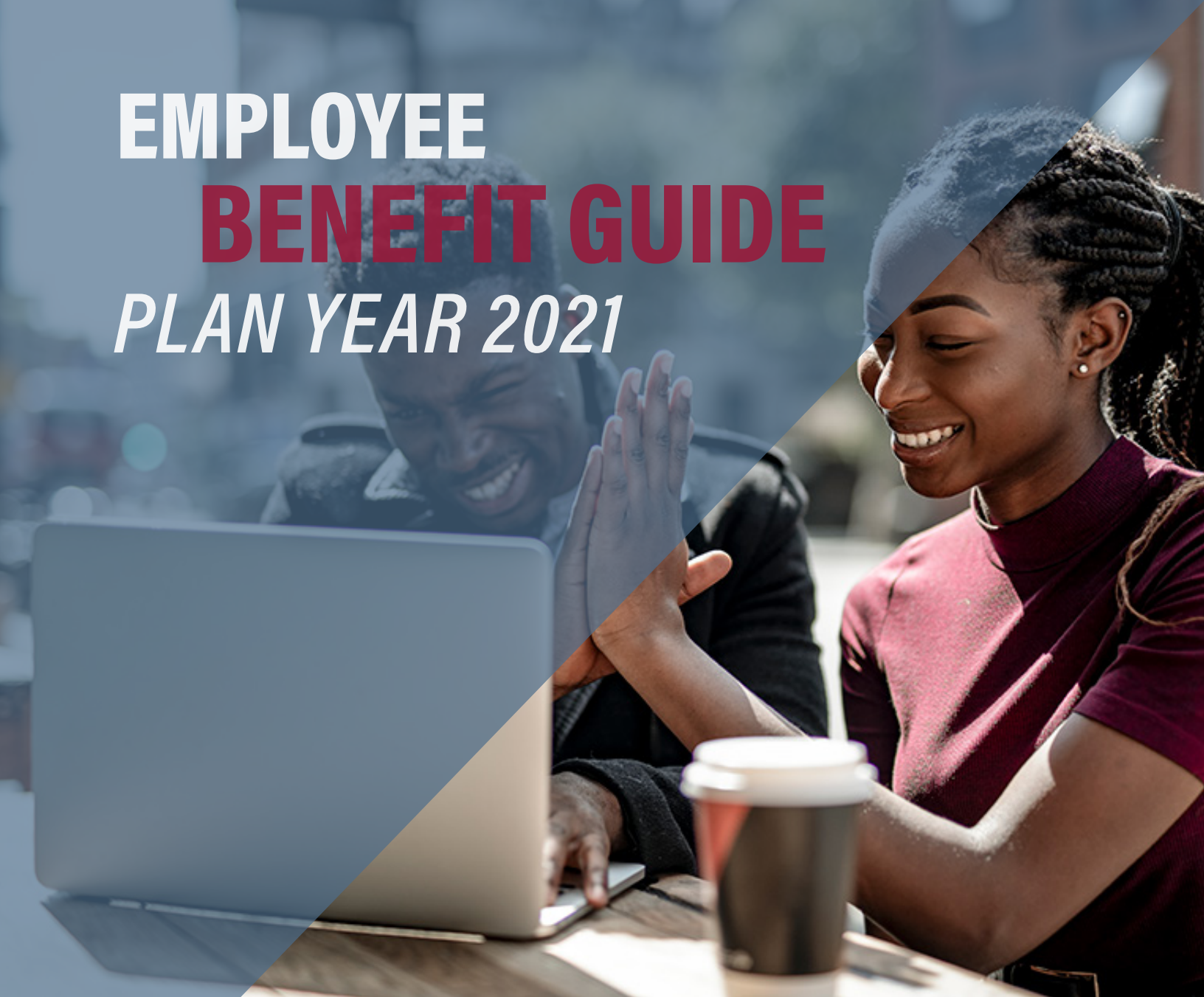


EMPLOYEE BENEFIT GUIDE PLAN YEAR 2021



**WANT TO BE A BENEFITS SUPER USER?
TEST YOUR KNOWLEDGE.**



<http://bit.ly/HSA101Lesson>



<http://bit.ly/RxConsumerLesson>



<http://bit.ly/Medicare101Lesson>

ENROLL HERE:
www.aflacatwork.com/enroll

ENROLLMENT CENTER:
463-900-5387

BCSC
DEEPER LEARNING WORKS

WE'RE HAPPY TO PROVIDE YOU AND YOUR FAMILY WITH ONE OF THE MOST COMPREHENSIVE EMPLOYEE BENEFIT PLANS. OUR BENEFITS PROGRAM PROVIDES A VARIETY OF PLANS FOR YOU AND YOUR FAMILY.



THE PLAN YEAR IS **January 1st - December 31st**

BCSC would not be the successful school corporation it is today without the dedication of our hard working associates. We are proud to offer a comprehensive benefits package that is designed to insure and protect you and your family against financial hardship and loss.

This benefit guide provides information about the benefit options available to you as a benefits eligible employee of BCSC. Please take time to learn about the benefits so you can make an informed decision. When you make smart, well informed decisions, you can best manage your out-of-pocket costs and also help control the rising cost of healthcare.

WHO PAYS

Benefits Offered

Medical

SIHO/INSPIRE

X

X

4

Health Center

BCSC Health Center

X

X

8

Preventive Care

SIHO

X

9

Dental

Delta Dental

X

X

12

Vision

VSP

X

X

13

Edison Healthcare

Edison Healthcare

X

14

WHAT DOES THAT **WORD** EVEN MEAN?

We admit it, benefits can be hard to understand. Here are some common benefit words and their definitions to help you as you read through this guide.

TERM

DEFINITION

**Annual Deductible
(Jan 1 through Dec 31)**

The amount you are required to pay per calendar year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. This deductible starts over every January 1st.

**Annual Out-of-Pocket
Maximum
(Jan 1 through Dec 31)**

The most you pay in a calendar year for covered services that are subject to coinsurance/copays. The deductible is included in this amount. If you reach the annual out-of-pocket maximum, the plan pays 100% of covered in-network eligible expenses for the remainder of the plan year. Office visits and prescription copays are included in the annual out-of-pocket maximum for our medical plans. This maximum starts over every January 1st.

Balance Billing

When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical or dental plan. This occurs when you go outside of the preferred provider network. Balance billing does not apply towards out-of-pocket maximum.

Coinsurance

The percentage you pay for covered expenses.

Copayments or Copays

The flat dollar amount you pay for certain in-network services.

**Explanation of Benefits
(EOB)**

Provides information about how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.

**Health Savings Account
(HSA)**

A special, tax-advantaged, interest bearing account to help plan and pay for qualified health care expenses (including plan deductible) while covered by a qualified high deductible health plan.

In-Network

A group of doctors, hospitals and other healthcare providers that contract with a plan vendor to provide quality healthcare services at favorable rates.

**Preferred Provider
Organization (PPO)**

A healthcare arrangement designed to provide healthcare services at a discounted cost for members to use designated providers (the network), but which also provides coverage (at a lower level) for services received from providers that are not part of the network.

**Usual, Customary,
and Reasonable (UCR)
Charges**

UCR charges are determined by your health plan vendor and are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care, UCR charges do not apply. You are responsible for amounts over UCR for out-of-network care.

HSA - SIHO

HIGH DEDUCTIBLE PLAN

	Tier 1	Tier 2	Tier 3
Annual Deductible	Individual: \$3,500 Family: \$7,500	Individual: \$5,000 Family: \$10,000	Individual: \$6,000 Family: \$12,000
Coinsurance	100% plan paid coinsurance after meeting the deductibles		
Out-of-Pocket Max	100% plan paid coinsurance after meeting the deductibles		
Preventive Care	Covered 100%. Subject to preventive health benefits guidelines.		
Emergency Room	100% After Deductible		
Urgent Care			
Physician Office Visits			
Diagnostic X-ray & Lab			
Ambulance			
Hospital/Surgery			
Hospice / Home Care			
Mental Health			
Chiropractic	100% After Deductible. Annual maximum 6 visits.		
BCSC Wellness Program	<p>\$250 credit or \$500 credit if spouse participates toward their contributions on the health plan. All requirements must be completed by October 31, 2020 to be eligible to sign up for wellness for 2021.</p> <p>Must complete the following:</p> <ul style="list-style-type: none"> • Health Risk Assessment (HRA) • biometric screening • annual preventive exam • vision and dental exam 		
Prescription Drug <ul style="list-style-type: none"> • Generic • Brand • Non-Formulary Brand 	<p>100% after Deductible</p> <p><i>Prescription drugs listed on the Optum High Deductible Plan Preventive Select List will be covered and not subject to the annual deductible.</i></p>		

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	FAMILY
Per Pay (20 pay)				
Without Wellness	\$83.85	\$209.63	\$176.09	\$226.40
With Wellness	\$71.35	\$197.13	\$163.59	\$213.90
With Wellness + Spouse	-	\$184.63	-	\$201.40
Per Pay (26 pay)				
Without Wellness	\$64.50	\$161.26	\$135.46	\$174.16
With Wellness	\$54.89	\$151.64	\$125.84	\$164.54
With Wellness + Spouse	-	\$142.03	-	\$154.93

CONTACT SIHO:

800-443-2980
www.sih.org

PPO - SIHO

LOW DEDUCTIBLE PLAN

	Tier 1	Tier 2	Tier 3
Annual Deductible	Individual: \$1,000 Family: \$2,000	Individual: \$2,000 Family: \$4,000	Individual: \$3,500 Family: \$7,000
Coinsurance	85% after deductible	65% after deductible	55% after deductible
Out-of-Pocket Max	Individual: \$3,000 Family: \$6,000	Individual: \$4,500 Family: \$9,000	Individual: \$7,000 Family: \$14,000
Preventive Care	Covered 100%. Subject to preventive health benefits guidelines.		
Emergency Room	85% after deductible	65% after deductible	55% after deductible
Urgent Care			
Physician Office Visits			
Diagnostic X-ray & Lab			
Ambulance			
Hospital/Surgery			
Hospice / Home Care			
Mental Health			
Mental Health			
Chiropractic	Annual maximum 20 visits		
	85% after deductible	65% after deductible	55% after deductible
BCSC Wellness Program	\$250 credit or \$500 credit if spouse participates toward their contributions on the health plan. All requirements must be completed by October 31, 2020 to be eligible to sign up for wellness for 2021.		
	Must complete the following: <ul style="list-style-type: none">• Health Risk Assessment (HRA)• biometric screening• annual preventive exam• vision and dental exam		
Prescription Drug <ul style="list-style-type: none">• Generic• Brand• Non-Formulary Brand	Retail Service - 30 day supply		Mail Order Service - 90 day supply
	\$12 \$40 Greater of \$100 or 20%		\$24 \$80 Greater of \$200 or 20%

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	FAMILY
Per Pay (20 pay)				
Without Wellness	\$168.98	\$553.70	\$480.14	\$571.74
With Wellness	\$156.48	\$541.20	\$467.64	\$559.24
With Wellness + Spouse	-	\$528.70	-	\$546.74
Per Pay (26 pay)				
Without Wellness	\$129.98	\$425.92	\$369.33	\$439.80
With Wellness	\$120.37	\$416.30	\$359.72	\$430.19
With Wellness + Spouse	-	\$406.69	-	\$420.57

CONTACT SIHO:

800-443-2980
www.sih.org

WHAT'S AN HSA?

HEALTH SAVINGS ACCOUNT - PLAN INCLUDED WITH HSA MEDICAL

An HSA is a tax-advantage savings account that can be used to pay for healthcare expenses. Money is automatically pulled from your paycheck and deposited into this savings account. You pick the amount and can change the amount, or stop deposits any time you would like. This savings account now becomes your primary way of paying for out-of-pocket medical expenses through the year.



Quick facts
video about HSA
Advantages

<http://bit.ly/HSAadvantages>



Quick facts video
about an HSA

<http://bit.ly/HSAfacts>



Quick facts video
about HSA-eligible
expenses

<http://bit.ly/HSAeligibleexpenses>

BIG HSA BENEFITS

It saves you money. This is a cost-friendly option when it comes to medical premiums. Plus, HSAs are basically “cash” accounts, so you may be able to negotiate pricing on many medical services.

It's portable. If you change jobs, you get to keep your HSA.

It's a tax saver. Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.

It allows for an **improved retirement account.** Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional catch-up contributions to your HSA until age 65.

It puts money in your pocket! You never lose unused HSA funds. They always roll over to the next year.



CONTRIBUTION LIMITS

Individual Coverage: You can contribute up to \$3,600 to an HSA.

Family Coverage: You can contribute up to \$7,200 to an HSA. Any balance remaining in the HSA at the end of the calendar year will roll over to the next year.

If you are age 55 or older, you can contribute an extra \$1,000.

DID YOU KNOW?

SIHO INSURANCE SERVICES & INSPIRE HEALTH PARTNERS

UNDERSTANDING THE NETWORK

Your health plan has multiple tiers in order to get healthcare services at the best benefit, you should see providers and receive services at hospitals in the Inspire Network (tier 1).

ABOUT INSPIRE HEALTH PARTNERS

Inspire was created by Columbus Regional Hospital and Schneck Medical Center with the goal to keep members healthy and coordinate patient care, while keeping costs low.

The Inspire name was created as a acronym in which “in” represents both the location of the networks’ founding members and clinical providers in **IN**diana, as well as the fact the organization intends to function as a clinically **IN**tegrate network. “**Spire**” is intended to convey both the vision of the organization, to the pinnacle of community-based healthcare, as well as the values that the inspire health network is built upon.

Service to our patients and our communities

Patient-centered

Innovation (value-based)

Results (in regard to continuously moving healthcare forward)

Excellence (in terms of patient experience and clinical outcomes)



GET STARTED TODAY.

Visit www.siho.org/provider-directory/html and select the Inspire Network.



Talk to a doctor anytime,
anywhere you happen to be



Receive quality care via phone,
video, or mobile app



Prompt treatment, median call
back, in 10 minutes



A network of doctors that can treat
every family member



Prescriptions sent to pharmacy of
choice if medically necessary



Less expensive than the ER or
urgent care

BCSC HEALTH CENTER

FREE EMPLOYEE HEALTH AND WELLNESS CENTER

WHAT IS THE BCSC HEALTH CENTER?

The BCSC Health Center is a practice managed through a collaborative relationship with Columbus Regional Health. BCSC has contracted for this dedicated employee healthcare solution to exclusively serve our employees and family members.

The BCSC Health Center is available for use by any employee or dependent covered under BCSC health insurance (SIHO). Use of the clinic is a win-win for BCSC and employees. You receive healthcare services in the clinic with no co-pay, and the school corporation saves on healthcare costs through this dedicated, lower-cost service.

There is **NO CO-PAY for visits, labs or medications provided within the center**. Services in the center are paid for by BCSC at a discounted cost, allowing both you and our school corporation to save money on healthcare costs.

SERVICES OFFERED AT BCSC HEALTH CENTER INCLUDE:

- Primary and preventive care
- Pharmacy Services
- Immunizations
- DOT and sports physicals
- Laboratory Services
- Weight Management Services
- Health Assessments and Wellness
- Screening Services
- Health Coaching Services
- Chronic Care Management

MONDAY: 8AM - 6PM

TUESDAY: 9AM - 5PM

WEDNESDAY: 8AM - 12PM

THURSDAY: 9AM - 5PM

FRIDAY: 8AM - 4PM

SATURDAY: 7AM - 12PM

NEED A SAME DAY APPOINTMENT?

CALL **375-8810** OR USE THE ONLINE
APPOINTMENT SYSTEM LINK AT:

www.crh.org/mychart

OR

www.bcsc.k12.in.us/HealthCenter



BCSC HEALTH CENTER

Phone: 812-375-8810 Fax: 812-375-8879

815 Schnier Street, Columbus, IN 47201

PREVENTIVE CARE

TAKE GOOD CARE OF YOURSELF

Wellness Exam:

Men - One per year

Women - One per year with family physician, one per year with OB/GYN, if needed

Childhood Immunizations																
Vaccine	AGE>	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 years	13-18 years	16-18 years
Diphtheria, Tetanus, Pertussis				DTap	DTap	DTap		DTap				DTap		Tdap		
Human Papillomavirus														HPV 3 Doses		
Meningococcal ACWY														1 dose		1 dose
Influenza						Influenza (yearly)										
Pneumococcal				PCV	PCV	PCV	PCV					PPSV				
Hepatitis A							Hep A 2 Doses				Hep A Series					
Hepatitis B		Hep B	Hep B			Hep B							Hep B Series			
Inactivated Poliovirus				IPV	IPV	IPV						IPV				
Measles, Mumps, Rubella							MMR					MMR				
Varicella*							Varicella					Varicella				
Rotavirus				RV	RV	RV										
Haemophilus Influenzae Type B				HIB	HIB	HIB	HIB									
Meningococcal B																MenB 2 Doses

*Varicella expanded for 2nd dose to ages 18 and over.



*Varicella expanded for 2nd dose to ages 18 and over.

Services for Children and Adolescents			
<ul style="list-style-type: none"> Gonorrhea preventative medication for eyes Hearing Screening Hemoglobinopathies (sickle cell) Congenital Hypothyroidism Phenylketonuria (PKU) 	Newborns	Developmental/ Behavioral Assessment/Autism	All Ages
Fluoride Supplement	Children without fluoride in water source	Hematocrit or Hemoglobin Screening	All Ages
Iron Screening and Supplementation	All Ages	Lead Screening	For children at risk of exposure
HIV Screening	Age 15 and above	Screening for latent tuberculosis infection	Children determined at risk
Visual Acuity Screening	Up to age 5	Dyslipidemia Screening	All Ages
Oral Dental Screening	During PHB visit	Height, Weight and Body Mass Index measurements	All Ages
Urinalysis	All Ages	Medical History	All children throughout development
Depression Screening	Ages 12 to 18 years	COVID-19 Test	Per Clinician
Education & Counseling for prevention of Tobacco Use	School-Aged Adolescents		

Services for Pregnant Women	
Aspirin	For Those At Risk
HIV Screening	1 per Pregnancy
Bacteriuria	Lab test
Hepatitis B	Lab test
Iron Deficiency Anemia Screening	Lab test
Gestational Diabetes Screening (between 24 & 28 weeks)	Lab test
Rh Incompatibility	Lab test
Syphilis Screening	Lab test
Chlamydia Screening	Lab test
Gonorrhea Screening	Lab test
Breast Feeding Interventions	Counseling, Support & Supplies
Tobacco and/ or Nicotine	Screening & Counseling
Folic Acid	Women capable of becoming pregnant
Referral to Counseling Intervention	For pregnant and postpartum at risk for perinatal depression
Tdap Vaccination	1 per pregnancy
Group B Strep Screening	1 per pregnancy

Services for All Women	
Domestic Violence Screening & Counseling	Annually
Contraceptive Methods	Covered unless religious exemption applies
Age 21+, HPV DNA testing and/or cervical cytology	Every 3 years
BRCA Risk Assessment and Appropriate Genetic Counseling/Testing	

Adult Immunizations		Adult Procedures/Services		Adult Labs	
Tetanus, Diphtheria, Pertussis	Tdap once, then Td booster every 10 years after age 18	Bone Mineral Density Screening	Every 2 years age 65 or older or every 2 years less than 65 with risk factors (men and women)	Lipid Panel	Yearly
Human Papillomavirus	Women and Men to age 45	Mammogram - including 3D	Baseline - women, once between ages 35-39	Total Serum Cholesterol	Yearly
Meningococcal	2 doses ages 19+	Mammogram - including 3D	Yearly for women over 40	PSA	Yearly Men over 50
Influenza	Every year	Sigmoidoscopy	Every 3 years after age 50	Fecal Occult Testing	Yearly after age 50
Pneumococcal*	Age 19-64: 1 PPSV23 dose + 1 PCV13 dose Age 65+: 1 PPSV23 dose + 1 PCV13 dose	Colonoscopy	Every 10 years after age 45	Highly Sensitive Fecal Occult Blood Testing	Yearly after age 45
Hepatitis A	2 to 3 doses/lifetime	Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65-75	FBS (Fasting Blood Sugar)	Yearly
Hepatitis B	3 doses/lifetime	Low Dose Aspirin	At risk initiate treatment ages 50-59	Hgb A1C	Yearly
Shingles*	Shingrix: 2 doses after age 50 Zostavax: 1 dose after age 50	Lung Cancer Screening	At risk Ages 55-80	HIV Testing	Yearly age 15 to 65 Age range may deviate based on risk.
Measles, Mumps and Rubella	Once after age 19 (up to two vaccinations per lifetime)	Statin Preventative Medication	At risk Ages 40-75	Syphilis Screening	At risk
Varicella	2 doses			Chlamydia Infection Screening	Yearly - All ages
Meningococcal B	2 doses, if not done between ages 16-18			Gonorrhea Screening	Yearly - All ages
				Hepatitis B & Hepatitis C Screenings	Yearly
				Urinalysis	Yearly
				Screening for latent tuberculosis infection	At risk
				Intensive multicomponent behavioral interventions	Primary care adult patients with MBI > 30
				COVID-19 Test	Per Clinician

*This means adult patients may get as many as 2 doses of PPSV23 and 2 doses of PCV13

It is recommended that a preventive health visit include screenings and counseling for:	
Healthy Diet	Intimate Partner Violence for Men and Women
Obesity	Alcohol Misuse
Tobacco Use & FDA Approved Medication	Sexually Transmitted Infections
Blood Pressure	Depression
Skin Cancer Prevention	Developmental/Behavioral Assessment/Autism
Breast Cancer Chemoprevention for Women at High Risk	Fall Risk

The **Preventive Health Benefit Guidelines** are developed and periodically reviewed by our Quality Management Committee, a group of local physicians and health care providers. The QMC reviews routine care services from the American Academy of Family Practice Standards, American College of OB/GYN Standards, Center for Disease Control Recommendations, American Cancer Society Recommendations, American Academy of Pediatric Standards and U.S. Preventive Services Task Force Recommendations.

These recommendations were combined with input from local physicians and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed every one to two years, and the benefits are updated as needed.

Please note that your physician may recommend additional tests or screenings not included in this benefit. If you receive routine screenings that are not listed in this brochure you may have financial responsibility for those charges.

A screening procedure performed when there is a family history or personal history of a condition (and which does not fall within the listed age/frequency criteria of the Preventive Health Benefit) will be covered under the major medical benefit.

*Please contact SIHO Member Services at 800.443.2980 for specific coverage information.

PHB Revised 9/2020
Effective 1/1/2021

DENTAL INSURANCE

NETWORK ACCESS PLAN THROUGH DELTA DENTAL

This plan offers you the same coverage for in-network and out-of-network care. The difference is that because Delta Dental's network of providers have agreed to charge a lesser rate, you're paying less than with providers that are out-of-network. Out-of-network providers will charge you based on the UCR, or usual & customary rates.

	In Network	Out-of-Network
Annual Deductible		
Individual		\$50
Family		\$100
Annual Max Per Person		\$1,500
Preventive / Diagnostic	Covered 100%; No deductible.	Covered 90%; No deductible.
Basic Care	Covered 80%, after deductible	Covered 60%, after deductible
Major Care		
Orthodontic Care	Covered 60% 'after deductible	Covered 50%, after deductible
Lifetime Ortho Plan Max		\$1,000

	26 pay	Admin 20+ pay	9 mo. employees
Employee Only	\$8.12	\$10.56	\$10.56
Employee + Family	\$23.03	\$29.94	\$29.94

WHAT DOES A BALANCE BILL AMOUNT LOOK LIKE?

Dr. Jones charges
\$750 for a crown.



The
Dental
Plan

The Dental Plan will only
cover \$600.

Since Dr. Jones isn't in the
network, he has the right to bill you
for the \$150 difference - plus the
50% coinsurance you still have to
pay.

On the other hand, if you visit an
in-network dentist, he or she has
already agreed to charge the \$600
that the plan covers for crowns, so
you would only owe 50% of that.

CONTACT DELTA DENTAL:

800-524-0149
www.deltadentalin.com

VISION INSURANCE

COVERAGE UNDER THE VSP NETWORK

BCSC is offering the VSP Plan for its employees' vision benefits. Take a look at the charts below to see what you will be paying and what the plan includes.

This plan is designed to provide high quality vision care while controlling the cost of such care. To do this, the plan encourages a covered person to seek vision care from doctors and vision care facilities that belong to Vision Service Plan (VSP).

A VSP preferred provider is a vision care practitioner or a vision care facility that:

- Is a current provider of VSP; and
- Has a participatory agreement in force with VSP

While you're able to see what ever eye care provider you prefer, you will probably be paying more. On the other hand, you'll probably be paying less for providers under the VSP network

	In-Network	
Exam - Every Year	Covered 100% after \$10 copay	
Prescription Glasses	Covered 100% after \$25 copay	
Lenses - Every Year	Included with frame	
Lens Enhancements	Progressive \$80-\$90	Custom Progressive \$120 - \$160
Contacts - Every 2 Years	\$120 allowance, no copay. Exams covered up to \$60	
Frames - Every 2 Years	After your \$25 co-pay, Plan pays up to \$120, plus gives a 20% discount on the balance at participating providers	
Additional Glasses and Sunglasses	30% discount on additional glasses/sunglasses.	
Retinal Screening	\$39 copay	
Laser Vision Correction	15% off regular price, 5% off promotional price	

CONTACT VSP:

800-877-7195
www.vsp.com

EDISON HEALTHCARE

VIP ACCESS TO SUPERIOR CARE

Our partnership with Edison Healthcare provides you with VIP access to some of the nation's top medical centers. These Smart Care Centers are extensively vetted by Edison's veteran team and feature integrated care teams who meet specific criteria for ethics, quality, safety and effectiveness, and who have an extraordinary history of providing the best possible outcomes for complex conditions.

MEDICAL SERVICES
Spine Surgery
Orthopedic Surgery
Heart Surgery
Valve Replacement / Surgery
Hepatitis-C Treatment
Transplant Surgery
Cancer Diagnosis
Other Complex Surgical Care

Edison Healthcare is the required provider for Spinal Surgery, Transplants and High-cost Curative Cell Therapy. The plan is optional for other procedures such as joint replacements, heart surgery, cancer treatment and other eligible treatments.

HOW DOES EDISON HEALTHCARE WORK?

The participant and a companion will travel to a specific Edison Healthcare medical center where they will receive top-quality care. All medical costs (co-pays, coinsurance, deductibles) and travel expenses (flight, hotel, food, transportation) for the participant and a companion will be covered. An Edison Care Coordinator will walk the employee through all necessary forms, coordinate flights and transportation, arrange accommodations and help ensure the Smart Care Medical Center's surgical team has received all necessary documentation. The participant and their companion will receive an itinerary before the trip that provides all pertinent travel information and contact numbers for questions. In addition, a nurse from the Medical Navigation Team at the Smart Care Center will be there to greet the patient upon arrival and accompany them to test, appointments, and surgery. It is a truly VIP experience that will ultimately lead to a more accurate diagnosis and far superior health outcomes!



CONTACT EDISON HEALTHCARE:

866-982-7988

www.edisonhealthcare.com



IMPORTANT CONTACTS

Benefits Offered

Medical

Dental

Vision

Pharmacy

Edison Healthcare

Health Center

Encore Combined

Inspire

Benefit Specialist

PROVIDER	PHONE	WEBSITE / EMAIL
SIHO Insurance	800-443-2980	www.siho.org
Delta Dental	800-524-0149	www.deltadentalin.com
VSP	800-877-7195	www.vsp.com
Optum	800-524-0881	www.optumrx.com
Edison Healthcare	866-982-7988	www.edisonhealthcare.com
Columbus Regional Health	812-375-8810	www.bcsc.k12.in.us/bcschealthcenter
Encore	888-574-8180	www.siho.org/provider-directory.html
Inspire	812-376-5444	-
Heather Downin	812-376-4203	downinh@bcsc.k12.in.us

The plans illustrated in this brochure are representative examples because plan details change from time to time. Your plan may have different benefits. Refer to your Certificate of Coverage for the specific benefits available to you. For more information on these plans, contact your authorized SIHO agent/broker or SIHO account coordinator.

