



IMPORTANT NOTE: The following information is a general description of a covered person's benefits arranged by type of coverage (example: medical, dental, vision). It is not intended to be an all-inclusive benefit description and cannot be considered a guarantee of benefits. Please note any limitations that apply to specific benefits or diagnoses. Not all restrictions or limitations are listed.

The benefits available are conditional on the patient's employment status, plan eligibility, payment of contributions, and amount of benefits remaining, plan provisions, and plan exclusions. The benefits quoted are not guaranteed. Final determination as to benefits payable will be made at the time a claim is submitted for payment, and subject to review of the necessary medical records and other information.

INFORMATION LISTED IS IN EFFECT AS OF 01-01-23

REQUIRED PRE-CERTIFICATION LIST:

Inpatient Stays >23hrs observation	Outpatient Surgical Procedures
Durable Medical Equipment	Orthotics
Abdominal CT scan w and w/out dye	MRI Brain w and w/out dye
MRI Lumbar Spine w/o dye	MRI Lower Extremity w/o dye
PET Scans	Radiation Therapy
Chemotherapy	Physical Therapy
Speech Therapy	Occupational Therapy
Cardiac Rehabilitation	IV Therapy in Office
IV Therapy at Home	Home Health Care
Hospice	Skilled Nursing Facility
Varicose Vein Treatments	Extended Care Facility
Pain Management Procedure in Office	Pain Management Procedure at Facility
Genetic testing	Hyperbaric Oxygen treatment
Dialysis	

*Outpatient Pre-Certification Authorizations expire 60 days from notification. If an extension is needed, please contact Prairie States Health Management, call 800-615-7020.

***The penalty for non-compliance is: a 25% reduction in benefits otherwise payable for services up to a maximum penalty of \$2,000.**

***Inpatient admissions, and extended days not pre-certified will result in all charges not being covered under the Plan.**

***All costs incurred as a result of a non-precertified inpatient admission will be self-pay.**

MAJOR MEDICAL BENEFITS	
Plan: 107CHSF, 107HTVF, 107TACF, 107CSRF Family plan	SELF FUNDED – NON GRANDFATHER HIGH DEDUCTIBLE
PREFERRED NETWORK	CHS – Community Healthcare Systems
Wrap PPOs Available (out of network):	SAGAMORE - in state of Indiana PHCS - in state of Illinois GLOBAL

	PREFERRED NETWORK	WRAP PPO/ OUT OF NETWORK
ANNUAL MAXIMUM	Unlimited	Unlimited
INDIVIDUAL DEDUCTIBLE*	\$3,000	\$3,000
FAMILY DEDUCTIBLE* (Embedded)	\$5,200	\$5,200
OUT OF POCKET MAXIMUM** (PER PATIENT)	\$6,000	\$12,000
OUT OF POCKET MAXIMUM** (PER FAMILY)	\$12,000	\$24,000
<ul style="list-style-type: none"> • *Deductible applies to Medical and Prescription Drugs • **Maximum Out of Pocket includes Medical Deductible and Medical/Prescription Coinsurance. 		

DEDUCTIBLE MAY BE SATISFIED WITH BOTH IN AND OUT OF NETWORK SERVICES (ONE DEDUCTIBLE TO SATISFY)

UPON THE OUT OF POCKET AMOUNTS BEING REACHED, THE PLAN WILL PAY AT 100% ON PAYABLE CLAIMS

CODES: 'A'nnual, 'L'ifetime, 'W'eekly, "D'aaily, 'O'ccurrence, '\$' Dollars, 'U'nits, 'C'opay, 'V'isits, 'M'ax Charge;

*After Deductible Met; + Does not apply to out-of-pocket, P = pre-certification or authorization required.



Service	Preferred Network CHS	Wrap PPO & OUT NETWORK	LIMITS
Acupuncture	NOT COVERED	NOT COVERED	
Allergy Injections	80%*	50%*	
Ambulance - Air	80%*	50%*	
Ambulance – Ground	80%*	50%*	
Anesthesia - Inpatient	80%*	50%*	
Anesthesia - Outpatient	80%*	50%*	
Breast Pump	100% Deductible waived	50%*	Purchased at CSC Pharmacy – in network
Birth Control	100%	50%*	ACA guidelines
Cardiac Rehabilitation	80%*	50%*	Pre-cert
Chemotherapy	80%*	50%*	Pre-cert See note 2 below
Chiropractic (manipulation, modalities, PTY, x-rays, DME)	80%*	50%*	25 visit yearly max
CT- Done In Hspt (TCH-SMM-STC)	80%*	50%*	Pre-cert See note 3 below
CT- Done In Physician Office	60%*	50%*	Pre-cert See note 3 below
Dialysis	80%*	50%*	Pre-cert see note 5 below
Diet Instruction	80%	50%	Plan allows 3 visits per lifetime, for condition of diabetes, hyperlipemia, hypertension
Doctor Office Visit - PCP	80%*	50%*	
Doctor Office Visit - Specialist	80%*	50%*	
Durable Medical Equipment (DME) (1 ST PAIR LENSES POST CATARACT)	80%*	50%*	Pre-cert
Emergency Room – Facility	80%*	80%*	
Emergency Room – Physician	80%*	80%*	
Epidurals – Hospital	80%*	50%*	Pre-cert
Epidurals-Physician	80%*	50%*	Pre-cert
Freestanding Surgical Center	NOT COVERED	NOT COVERED	
Hearing Aids	NOT COVERED	NOT COVERED	
Home Health Care (RN visit)	80%*	50%*	Pre-cert 40 visit yearly max
Home IV Therapy	80%*	50%*	Pre-cert
Hospice Care	80%*	50%*	Pre-cert
Hospital Inpatient (semi-private room)	80%*	50%*	Pre-cert
Hospital Outpatient Diagnostic	80%*	50%*	
Hospital Outpatient Surgery	80%*	50%*	Pre-cert
Injections	80%*	50%*	
Infertility – diagnostic only	80%*	50%*	\$1500.00 yearly max \$3000.00 lifetime max
IV-therapy in office	80%*	50%*	Pre-cert
Laboratory – Inpatient	80%*	50%*	
Laboratory – Outpatient	80%*	50%*	
Mammogram	80%*	50%*	
Maternity – Global Fee	80%*	50%*	Pre-cert
Maternity - Office Visit	80%*	50%*	1st office visit
Maternity – genetic test (matemiT21)	80%*	50%*	Pre-cert
Mental Health Benefit (substance abuse) - Outpatient and Inpatient	ComPsych	ComPsych	Call Perspectives EAP before any treatment at



Service	Preferred Network CHS	Wrap PPO & OUT NETWORK	LIMITS
			1-800-456-6327
MRI- Done In Hspt (TCH, SMM, STC)	80%*	50%*	Pre-cert See note 3 below
MRI- Done In Physician Office	60%*	50%*	Pre-cert See note 3 below
Occupational Therapy (licensed OT)	80%*	50%*	Pre-cert
Oral surgery (Removal of impacted wisdom teeth)	50%*	50%	(see note 4 below)
Orthotics (foot)	80%*	50%*	Pre-cert See note 1 below
P.E.T. Done In Hspt (TCH, SMM, STC)	80%*	50%*	Pre-cert See note 3 below
P.E.T. Done In Physician Office	60%*	50%*	Pre-cert See note 3 below
Physical Therapy (licensed PT)	80%*	50%*	Pre-cert
Physician Visit – inpatient or consultation	80%*	50%*	
Podiatry – physician	80%*	50%*	DME= Pre-cert See note 1 below
Prescription Plan (EHIM)	EHIM	EHIM	1-800-311-3446
Radiation Therapy	80%*	50%*	Pre-cert
Radiology	80%*	50%*	
Routine Preventative			(Recommended preventive under ACA guidelines)
Routine physical exam	100% no deductible	50% after deductible	
Well Baby Visit	100% no deductible	50% after deductible	
Pap	100% no deductible	50% after deductible	
PSA, Mammogram, etc.	100% no deductible	50% after deductible	
Immunizations	100% no deductible	50% after deductible	
Colonoscopy	100% no deductible	50% after deductible	Mammogram 40 & older PSA 50 & older Colonoscopy 45 & older (no pre-cert)
Skilled Nursing Care / Extended Care	80%*	50%*	Pre-cert 120 day yearly max
SNF-Custodial care	NOT COVERED	NOT COVERED	
Sleep Study – Hospital	80%*	50%*	
Sleep Study – physician office	80%*	50%*	
Speech Therapy (licensed ST)	80%*	50%*	Pre-cert Developmental delays not covered
Surgeon – Inpatient	80%*	50%*	Pre-cert
Surgeon – Outpatient (In the physician's office)	80%*	50%*	
Surgeon – Outpatient (not in physician's office)	80%*	50%*	Pre-cert
TMJ	SEND PRE- DETERMINATION	SEND PRE- DETERMINATION	\$1000 lifetime max
Urgent Care	80%	50%	
Varicose Vein Treatment	80%*	50%*	Pre-cert
Vasectomy	80%*	50%*	
Wig After Chemotherapy/Radiation	80%*	50%*	1 per Lifetime UP TO \$500 MAX

CODES: 'A'nnual, 'L'ifetime, 'W'EEKLY, "D'aily, 'O'ccurrence, '\$' Dollars, 'U'nits, 'C'opay, 'V'isits, 'M'ax Charge;

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1. Routine foot care including: removal of corns and calluses; clipping of the nails; removal of toenails; treatment of weak, strained, flat, unstable, unbalanced feet, and chronic foot strain is not covered under the medical plan.
 2. Pre-cert is required. Chemotherapy drugs must be FDA approved for diagnosis. Off label use is not covered.
 3. As of 01/01/2010 the following diagnostic tests require pre-certification: MRI lumbar spine w/o dye, MRI joint of lower extremity w/o dye, MRI brain w/o and w/dye, CT-scan abdominal w/o and w/dye, and all PET-scan. If pre-cert not completed prior to testing, services will be penalized 25%. This penalty will apply to any facility where testing is performed.
 4. Medical plan will consider removal of full, partial and tissue impacted wisdom teeth 1st then service will be considered under the dental plan, if dental plan is active.
No charge will be covered under medical benefits for dental and oral procedures involving orthodontic care of the teeth, periodontal disease, and preparing the mouth for the fitting of or continued use of dentures.
 5. Effective January 1, 2015, outpatient Renal Dialysis Services are sent to Dialysis PPO.
The 1st 40 renal dialysis visits, cumulative and not subject to annual reset are paid at the applicable deductible and coinsurance as listed in the Schedule of Benefits of the allowable amount. Additional visits are paid at 150% of the Medicare allowable amount, adjusted for the geographical wage index
- Please contact Prairie States Enterprises for **pre-certification at 1-800-615-7020**. Refer back to required pre-cert list. Pre-certification must be obtained prior to covered person entering a medical care facility on non-emergency basis. Penalty for non compliance is denial of services.
 - CHS: Community Healthcare Systems. Physicians/hospitals not in Community Healthcare Systems network, but contracted with Sagamore for Indiana Providers and PHCS for Illinois Providers – benefit percentage is 50%. Facility claims are paid at different benefit percentages depending on availability of services at Community Healthcare Systems.
 - With prior approved referral on file with PSE and if service is not available in the Community Healthcare Systems network, the following facilities can be covered at network level. University of Chicago (U of C)*, Advocate Hope Children's Hospital, Ann & Robert H Lurie Children's Hospital of Chicago, Northwestern Memorial Hospital and Rush University Medical Center.

*U of C includes University of Chicago Hospitals, Comer Children's Hospital and Research Center, and University of Chicago Practice plan
 - Preferred network, wrap PPO network and out of network deductibles accumulate together.
 - Wrap PPO/Out of network services will apply to separate out of pocket maximum, see above.
 - Submit all mental health claims to Com-Psych * P.O. Box 8379, Chicago IL 60680 * phone 800-344-9754
 - Timely filing is one year from date of service.
 - Plan Year is January 1st to December 31st
 - Send all other claims to: Prairie States Enterprises, P.O. Box 23, Sheboygan WI 53082-0023.
 - All electronic claims may be submitted to: WEBMD/Envoy – Electronic Payer ID Number 36373.