



# ENROLLMENT RESOURCE GUIDE

# WELCOME TO SIHO!

We are happy to have you as a member.

To help you navigate your plan, please refer to this resource guide. You will receive your SIHO Member ID card in the mail. If you do not, please call Member Services for assistance.

Always keep your ID card with you and provide it every time you need healthcare services.

As a SIHO member, you have access to information regarding your benefits coverage online. We highly encourage you to create an online account as soon as you receive your Member ID card. You'll learn more about our online resources and your health plan throughout this packet.



## Did you know?

Our Member Services team is available to answer any questions you may have  
Monday - Friday  
8 a.m. - 6 p.m. EST.

Give us a call at

**(812) 378-7070**

# SIHO MEMBER ID CARD:

The key to your health plan.

## Some friendly reminders:

- 1 **Your ID card will be coming in the mail; keep an eye out!**
- 2 **Always keep your ID card with you.**
- 3 **Present your ID card every time you receive health care services.**

Dependents on the health plan 18 years and older will need to create their own account using the subscriber's Member ID number and adding the person code (alternate last 2 digits) to the end.

This your assigned member ID number. You will need this number to create your member portal account on [www.siho.org](http://www.siho.org).

Note: Dependent ID's are not listed on your card. Generally, dependent ID's are assigned chronologically by age in the order they appear on your card.

In this example...

Jane Smith's ID - 00012345602

Sally Smith's ID - 00012345603

The back of your card has helpful contact information for Member and Provider Services should you need assistance.



### Group Name

**Group #: 000123456789**

**Member ID #: 00012345601**

**Joe Smith**

Jane Smith

Sally Smith

RX BIN: 00000

RX PCN: 000

RX GRP: 00000

### Benefit Networks

### Claims Submission

### Member/Provider Services:

Toll Free: 800.443.2980

Local: 812.378.7070

Pharmacy Prior Authorization:

Toll Free: 800.294.5979

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

Email: [MemberServices@siho.org](mailto:MemberServices@siho.org)

### Out of Area

# SIHO WEBSITE:

A wealth of resources with you in mind.



Login

- Member ▾
- Employer ▾
- Provider ▾
- Endorsed Plans ▾
- Health Hub
- COVID-19
- Services ▾
- Contact Us
- About Us ▾

- Web Portal Guide
- Member Login
- Provider Directory
- Forms
- Pharmacy Information
- FAQ

## SIHO.org offers members the ability to:

- Log in to the Member Portal
- Search the Provider Directory
- Explore the SIHO Family of Networks
- View Pharmacy Information
- Download Member Forms
- Find Answers to FAQs
- Access Health Hub - SIHO's free health and wellness resource library



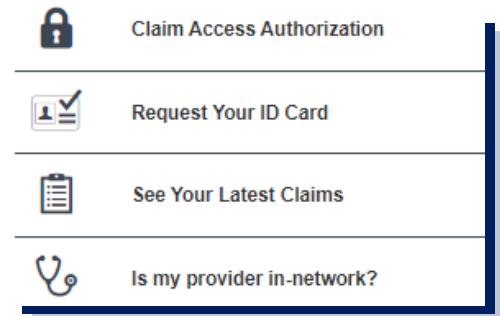
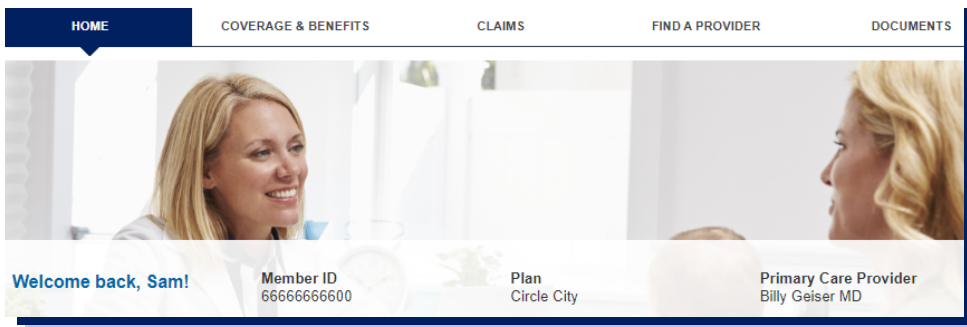
# SIHO MEMBER PORTAL & APP:

The information you need, anytime you need it.

Visit [www.siho.org](http://www.siho.org) to access the member portal.

Existing users, click "Sign in."

If you are a new user, click "Create account."



## Claims

SIHO provides quick access to your claims status and eligibility information. You can track your medical claims as they move through the SIHO processing system.

## Utilization

View up-to-date information on Deductibles, Preventive Health Benefits usage, and Out-of-Pocket Limits.

## Provider Lookup

Search for healthcare providers in your network by Specialty, Name or Location.

## Plan Documents

Verify coverage details of your plan.

## ID Card

View, save or send your ID card via email.



# PRODUCT FEATURES

## Teladoc & MedImpact Assist® Specialty Drug Program

### Talk to a doctor anytime, anywhere by phone or video.

Set up your account today to talk to a U.S. board certified physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



1



#### Create account

Use your phone, app or website to create an account & complete your medical history.

2



#### Talk to a doctor

Request a time for a virtual visit and a Teladoc doctor will contact you.

3



#### Feel better

The doctor will diagnose symptoms and send a prescription if necessary.

Teladoc.com 1-800-Teladoc (835-2362)

\*Free for PPO Plans ; Fee applies for HSA

### Welcome to MedImpact Assist®.



We understand the financial burden that expensive yet needed medications can present. To help support continued access to affordable prescription drugs, your Plan and MedImpact, your pharmacy benefit manager, have partnered up with Ray Savings Solutions to offer a new discount program for specialty drugs, called MedImpact Assist®.

This program helps members reduce their out-of-pocket expenses for high-cost specialty drugs by utilizing assistance programs offered by drug manufacturers or charitable foundations. In some cases, your costs may be as low as \$0 out-of-pocket. Through the program, you have access to a dedicated Program Administrator who will work with you and your provider to determine the best options available to reduce your costs.

### Let's get started.

If you are prescribed a new specialty medicine, please call Ray Savings Solutions at 866-377-1255 right away to be assigned your Program Administrator. This person will help enroll you and start looking for ways to lower the cost of your medication.

Assistance programs offered by drug manufacturers may take up to 60 days to process your application so as soon as you know that you have been prescribed a new specialty medication, or if you have any concerns, reach out immediately to ensure proper coverage.

### Connect with us.

You can contact your dedicated Program Administrator at 866-377-1255 or you can have all future contact to be made via secure email. Program Administrators are available from 8 a.m. to 5 p.m. MT, Monday through Friday. Future contact may also be made via secure email.

Your Program Administrator will provide concierge service and will follow up with you to verify you have no issues getting your medication and answer your questions.

It is important to engage with our Program Administrator right away. If a specialty drug is dispensed without engaging with your Program Administrator, you will be financially responsible for 100% of the cost of your medicine and that cost will not be applied towards your out-of-pocket responsibility.

# PRODUCT FEATURES

## MedImpact Direct Mail Program

### Welcome to Convenient, Personal Drug Care.

Welcome to the MedImpact Direct Mail® Program.

The Program includes Birdi™ as your mail pharmacy for home delivery of maintenance medicine. These are drugs you take for conditions like high blood pressure and diabetes.

You can get up to a 90-day supply of medicine. Get started today at [www.medimpact.com](http://www.medimpact.com). A one-time registration allows access to the portal or mobile app. The MedImpact app is available in the Apple App Store and Google Play Store.

Birdi makes it easy to manage the medicine you take to help stay healthy. Birdi also:

- Offers after hours service: Call Birdi at 1-855-873-8739 (TTY dial 711).
- Sends refill reminders to help you have the right amount of medicine on hand.
- Accepts manufacturer coupons to save on copay amounts.

### Getting Started.

Register online at [www.medimpact.com](http://www.medimpact.com) to get started. Information needed includes any allergies or medical conditions, contact information and shipping address. Your doctor will need to submit a 90-day supply prescription to Birdi to start home delivery service. Most orders are processed and shipped within 5 business days from receipt of prescription.

### Online Tools to Help You.

You can set your notification preferences by signing in to [www.medimpact.com](http://www.medimpact.com) or MedImpact mobile app. Use the portal or app anytime 24/7/365 for Birdi to provide you with these services:

- Order new prescriptions or transfer from retail pharmacy.
- Refill mail-order drugs or renew expired mail-order prescriptions.
- Opt in or out of Auto Refill.
- Review estimated copay amount, last order status, and date for next refill.
- Get reminders and alerts via automated call, email, or text.
- View and sort your list of mail-order drugs.
- Manage account information.
- Make payments (if applicable).
- Get tax statement.

### Questions? Birdi is here to help!

If you have questions, please call Birdi toll-free at 1-855-873-8739 (TTY dial 711).

Birdi Patient Care Center hours are:

Monday-Friday 8:00 am – 8:00 pm Eastern Time

Saturdays 9:00 am – 5:00 pm Eastern Time

Or email Birdi at [patientcare@birdirx.com](mailto:patientcare@birdirx.com). For security and privacy, please do not include personal health information. Standard response time to email messages is two business days.



# HOW TO READ YOUR EOB:

Don't worry, it's not a bill.

See how your benefits are working for you with this easy-to-understand document that shows you the costs associated with the medical care you've received.

When a claim is filed under your benefits plan, you get an Explanation of Benefits (EOB). Because we know health care expenses can be confusing, we've simplified the language and summarized the most important information about the claim.

**The summary page gives you an overview of your benefits. Quickly see what claims been submitted and paid.**

Dates of service are listed for easier reference.

Discounts are negotiated with health care professionals and facilities to help you save money.

This reflects the total value of your plan—the amount you saved and the amount paid by your plan.

**SIHO INSURANCE SERVICES** CONFIDENTIAL: CONTAINS PROTECTIVE HEALTH INFORMATION  
ATTENTION: MEMBERSHIP SOUTH-EASTERN INDIANA HEALTH ORGANIZATION, INC.  
PO BOX 1787  
417 WASHINGTON ST.  
COLUMBUS IN 47202-1787

**YOUR MEMBER INFO**  
Name: JANE SAMPLE  
ID No:  
GROUP #: 0712

**CONTACT US**  
Write: SIHO  
417 WASHINGTON ST  
COLUMBUS IN 47201  
Phone: 800-443-2980  
Email: memberservices@siho.org

Forwarding Service Requested

This is **not** a bill.  
This is an **Explanation of Benefits**.

Your health is important to us. Please let us know how we can help.

**YOUR QUICK CLAIM SUMMARY**  
Here's a summary of your claims for the Service Dates of 01/23/2013 through 01/01/0001.

Amount Billed	\$1,128.00	This is the amount that was billed for your claims listed below.
Discount	\$234.57	You saved \$234.57 through your plan discounts.
Amount not covered by Plan	\$0.00	This is the portion of your bill that is not covered by your plan. You may or may not need to pay this amount. We'll cover that information for you in the later pages.
What your Plan paid	\$868.43	Your plan paid a total of \$868.43 for claims listed below.
What You Pay	\$25.00	This is the amount you owe after your discount and what your plan covered. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. <b>You may have already paid this amount to your Provider.</b>
You Saved	\$1,103.00	You saved \$ 11.03 or 98% off the total amount billed. This is a total of your discount and what your plan paid.



**After your summary page, you'll see a detailed breakdown of each claim that has been submitted during those dates of service.**

The description is the name of your benefit plan which specifies individual, family, deductible, out-of-pocket expenses, etc. It also shows the start date to the end date of your coverage. During this time, if you get care, we cover the portion of the cost we've agreed to.

**YOUR HEALTH CARE BENEFITS AT A GLANCE**

Here's some information about your latest totals.

**Description:** sample\_data\_for\_column\_cOpenField1

**Benefit Period:** sample\_data\_for\_column\_cOpenField1

**Description:** \$4000 AGG Ind OON Calendar Year OOP

**Benefit Period:** 01/01/2016 - 12/31/2016

**\$0.00** **\$0.00**  
Used Remaining

**YOUR DETAILED CLAIM BREAKDOWN**

**Received on:** 02/04/2013

**Provider:** PROVIDER GROUP INC

**Claim #:** 1315738593

Type of Service/Date	Amount Billed	Your Member Discount	Amount Not Covered	Allowed Amount	Other Insurance Paid	PLAN PAID		YOU'RE RESPONSIBLE FOR			
						What Your Plan Paid	% Paid	Deductible	Copay/ Coinsurance	See Notes	Total
OFFICE OUTPT EST 25 MIN 01/23/2013	\$192.00	\$26.50	\$0.00	\$165.50	\$0.00	\$140.50	0.00	\$0.00	\$25.00	610	\$0.00
<b>TOTALS</b>	<b>\$192.00</b>	<b>\$26.50</b>	<b>\$0.00</b>	<b>\$165.50</b>	<b>\$0.00</b>	<b>\$140.50</b>		<b>\$0.00</b>	<b>\$25.00</b>		<b>\$25.00</b>
						<b>PLAN PAID: \$140.5</b>		<b>WHAT YOU PAY: \$25.00</b>			

\* After you have met your deductible, the cost of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

The dollar amount and percentage your plan paid toward the covered amount, minus any copay/deductible/coinsurance you're responsible for.

The notes section will give you information on the network that your health care professional is in as well as what you have left in your plan deductibles and out-of-pocket expenses.

**NOTES:**

SI1	SIHO1 Network
2	\$3.54 deductible was applied for liability \$1500 ind

# HEALTH PLAN VOCABULARY:

## The basics.

**Allowed Amount:** The amount allowed by the Plan after subtracting the negotiated discount.

**Amount Billed:** This is the amount the Provider billed for your claim before any adjustments, co-pays, deductible, or any ineligible amount.

**Amount Not Covered:** This amount indicates the portion of your bill that is not covered by your Plan.

**Coordination of Benefits:** This applies when you are covered by multiple health benefit plans at the same time. Under one plan you will be designated as a primary member and benefits will be applied first. The second plan will coordinate with the first for other potential payments.

**Coinsurance:** This is your share of the costs for covered health care services, calculated as a percentage.

**Copay:** A set dollar amount you pay for a covered service, such as a doctor visit.

**Deductible:** The amount you pay for out-of-pocket costs for your covered health care before your plan begins to pay.

**Network:** Doctors and hospitals who've agreed to accept your insurance. Each Plan has its preferred network and utilizing care from your preferred network will help manage costs.

**Other Insurance Paid:** The amount paid by another health plan or insurance company toward services you received. Examples include other health insurance, automobile insurance, homeowners' insurance, disability insurance, etc.

**Out-of-Pocket Maximum:** The maximum dollar amount you'll pay for covered services during your Plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

**Primary Care Physician (PCP):** Your PCP acts as your regular physician and can help coordinate other care you may need, such as a specialist office visit or hospital inpatient or outpatient services.

# FREQUENTLY ASKED QUESTIONS

You have a question? We have an answer.

## **A provider has billed me, how do I know how much of the bill to pay?**

Refer to your Explanation of Benefits (EOB). The Explanation of Benefits will indicate your responsibility for the bill.

## **Do I need to complete and return a Coordination of Benefits questionnaire?**

You received this Coordination of Benefits questionnaire because we have missing or outdated information, this indicates you may be eligible for more than one insurance coverage. Please fill out the questionnaire and return to: SIHO COB Coordinator, P.O. Box 1787, Columbus, IN 47202-1787.

## **Do I have the right to appeal a claim denial or claims payment?**

Check your Summary Plan Document for specific information regarding your Appeal Rights and Procedures. Any appeals should be directed in writing to: SIHO Appeals Coordinator, P.O. Box 1787, Columbus, IN 47202-1787.

## **How do I find a SIHO Network Provider?**

Visit [SIHO.org](http://SIHO.org) or log on to your member portal to view the SIHO Provider Directory.

## **What is the advantage of using a Preferred Network Provider?**

If you use a preferred network provider, your provider will be responsible for filing the claim on your behalf and will directly receive payment from us for covered services. In most cases, you will only be responsible for deductibles, coinsurance or copayments. If you utilize a non-network provider, you may be subject to balance billing for any outstanding amount.

## **Can I utilize a non-network provider?**

You can do so, but your claims could be denied or processed with out-of-network benefits, causing you to incur more out-of-pocket expenses.

## **What does HIPAA actually do for me as a SIHO Member?**

The HIPAA Privacy Rule has created national standards to protect individuals' medical records and personal health information. It sets boundaries on the use of health records and establishes appropriate safeguards for healthcare providers. Also, HIPAA allows individuals to control certain uses and disclosures of their health information.

# HAVE ADDITIONAL QUESTIONS?

We're here to help!

## Phone:

Local: (812) 378-7070

Toll-Free: (800) 443-2980

TTY: Dial Relay Indiana at 711 or (800)743-3333, give the operator either number listed above and you will be connected to a Member Service Representative for a conference call.

## Email:

MemberServices@siho.org

## Mail:

SIHO Insurance Services  
P.O. Box 1787  
Columbus, IN 47202-1787

## Walk-In:

417 Washington Street  
Columbus, IN 47201  
(8 AM- 5 PM, Monday through Friday)

**Our Member Services team is available to answer any questions you may have Monday - Friday 8 a.m. - 6 p.m. EST**