Wisconsin

Simple. Seamless.

SafeGuard®

Self-Funding for the small to mid-size employer

SafeGuard Peak HDHP 4000 EPO

Coverage Summary

This is a brief description of coverage only. Coverage is determined by the deductible and benefit percentage maximum selections, and use of preferred providers. The Master Plan Document is the governing document in all situations and includes complete details of all Plan provisions. If an employee applies for coverage and is accepted, a Summary Plan Description will be issued with a complete description of benefits and exclusions. In-network benefits are based on the Exclusive Provider Organization's approved amount. Out-of-network benefits are based on the Usual and Customary amount. Benefits are determined after any applicable copay, deductible and coinsurance and may be subject to annual or other maximums, general exclusions and other applicable limitations.

Deductible - Embedded*	In-Network	Out-of-Network
Individual	$4,000	Not Covered
Family	$8,000	Not Covered

**Embedded Deductible: Each covered family member only needs to satisfy his or her ir dividual deductible, not the entire family deductible, prior to receiving plan benefits. Deductible runs calendar year. Copay amounts do not apply toward calendar year deductible maximum.*

Coinsurance		
Individual	$2,350	Not Covered
Family	$4,700	Not Covered

Amounts spent toward deductible do not accumulate toward the calendar year coinsurance maximum.

Out of Pocket Limit		
Individual	$6,350	Not Covered
Family	$12,700	Not Covered

Facility Services *Including Mental Health and Substance Abuse*		
Inpatient and outpatient facility services and surgery	80% after deductible	Not Covered
Emergency room	80% after in-network deductible	
Urgent care	80% after deductible	Not Covered
Inpatient/outpatient diagnostic services and advanced imaging *(i.e. Radiology, Pathology, MRA/MRS, MRI, PET, CAT, SPECT)*	80% after deductible	Not Covered

For additional details, visit www.safeguardwisconsin.com

SafeGuard Peak HDHP 4000 EPO

Coverage Summary (continued)

Physician Services *Including Mental Health and Substance Abuse*	**In-Network**	**Out-of-Network**
Primary physician office visit	80% after deductible	Not Covered
Specialist physician office visit *(Refer to Plan for definition of specialist)*	80% after deductible	Not Covered
Inpatient and outpatient services and surgery	80% after deductible	Not Covered
Allergy testing and injections	80% after deductible	Not Covered
Emergency room physician services	80% after in-network deductible	
Urgent care physician services	80% after deductible	Not Covered

Preventive Care	**100%**	**50% after deductible**
No charge for in-network preventive care and screening services and immunizations for children, adolescents and adults that have a rating of A or B in the current United States Preventive Services Task Force recommendations, or are recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or are provided for in comprehensive guidelines supported by the Health Resources and Services Administration, with respect to the individual involved. Includes annual routine vision exam as part of a physical to determine vision loss. Consult recommendations for age, frequency and other guidelines.		

Other Services *Including Mental Health and Substance Abuse*		
Ambulance	80% after in-network deductible	
Home health care	80% after deductible	Not Covered
Hospice	80% after deductible	Not Covered
Durable medical equipment and medical supplies	80% after deductible	Not Covered
Physical & occupational therapy *(20 visit combined calendar year max**)*	80% after deductible	Not Covered
Speech therapy *(20 visit calendar year maximum**)*	80% after deductible	Not Covered
Skilled nursing facility	80% after deductible	Not Covered
Spinal manipulation *(20 visit calendar year maximum**)*	80% after deductible	Not Covered

***Limits do not apply to Autism Spectrum Disorders.*

Prescription Drugs	80% after deductible	50% after deductible

Excess loss insurance policies and EPO/PPO insurance plans underwritten by US Health and Life Insurance Company.
SafeGuard plans administered by US Health and Life Insurance Company.

© US Health and Life Insurance Company. All rights reserved.

For additional details, visit www.safeguardwisconsin.com