

Simple. Seamless.

# SafeGuard<sup>®</sup>

Self-Funding for the small to mid-size employer

## SafeGuard Peak 3500 PPO

### 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 Preferred 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	\$3,500	\$7,000
Family	\$7,000	\$14,000

\*Embedded Deductible: Each covered family member only needs to satisfy his or her individual 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	In-Network	Out-of-Network
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000

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

Out of Pocket Limit	In-Network	Out-of-Network
Individual	\$6,350	\$12,700
Family	\$12,700	\$25,400

Facility Services <small>Including Mental Health and Substance Abuse</small>	In-Network	Out-of-Network
Inpatient and outpatient facility services and surgery	80% after deductible	50% after deductible
Emergency room <small>(Copay waived if admitted from emergency room)</small>	\$150 copay	
Urgent care	80% after deductible	50% after deductible
Inpatient/outpatient diagnostic services and advanced imaging <small>(i.e. Radiology, Pathology, MRA/MRS, MRI, PET, CAT, SPECT)</small>	80% after deductible	50% after deductible

For additional details, visit [www.safeguardwisconsin.com](http://www.safeguardwisconsin.com)

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## Coverage Summary (continued)

Physician Services <i>Including Mental Health and Substance Abuse</i>	In-Network	Out-of-Network
Primary physician office visit	\$30 copay	50% after deductible
Specialist physician office visit <i>(Refer to Plan for definition of specialist)</i>	\$60 copay	50% after deductible
Inpatient and outpatient services and surgery	80% after deductible	50% after deductible
Allergy testing and injections	\$30 copay	50% after deductible
Emergency room physician services	80% after in-network deductible	
Urgent care physician services	\$75 copay	50% after deductible
<b>Preventive Care</b>	<b>100%</b>	<b>50% after deductible</b>

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 <i>Including Mental Health and Substance Abuse</i>		
Ambulance	80% after in-network deductible	
Home health care	80% after deductible	50% after deductible
Hospice	80% after deductible	50% after deductible
Durable medical equipment and medical supplies	80% after deductible	50% after deductible
Physical & occupational therapy <i>(20 visit combined calendar year max**)</i>	80% after deductible	50% after deductible
Speech therapy <i>(20 visit calendar year maximum**)</i>	80% after deductible	50% after deductible
Skilled nursing facility	80% after deductible	50% after deductible
Spinal manipulation <i>(20 visit calendar year maximum**)</i>	\$60 copay	50% after deductible

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

### Prescription Drugs

Prescription drug coverage with different copay options accompanies SafeGuard Coverage. Refer to SafeGuard Prescription Drug Coverage Summary for available SafeGuard Prescription drug options.

Excess loss insurance policies and EPO/PPO insurance plans underwritten by US Health and Life Insurance Company.  
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For additional details, visit [www.safeguardwisconsin.com](http://www.safeguardwisconsin.com)