



**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.

**\*\*\*Please refer to the insurance card for network information and mailing address for claim submission\*\*\***

**Pre-certification List (P):**      **\*Call 1-800-615-7020 to pre-certify\***

- Therapy (Physical / Occupational / Speech / Pulmonary / Cardiac)
- Inpatient Hospitalization
- All Surgical procedures
- Durable Medical Equipment (all rentals & purchases over \$500)
- Skilled Nursing Facility
- Bone Density Testing / EGD Testing
- Breast MRI and PET Scan
- Home Health Care
- Hospice
- Chemotherapy / Radiation Therapy
- Colonoscopy
- Epidural / Facet / Trigger Point Injections
- MRI / MRA / CT / PET

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

**INFORMATION LISTED IS IN EFFECT AS OF 1-1-2021**

**YMCA of the Fox Cities**

**Non-Grandfathered Plan (Benefits follow calendar year)**

Plan: HDHP (Safe Harbor) Health Plan	YMCA of the Fox Cities - YMC	
PPO's Available:	<ul style="list-style-type: none"> <li>• HPS (1-888-477-7968)</li> <li>• HealthEOS Plus+ (1-800-279-9776) (only for non-HPS-core participants)</li> <li>• MultiPlan -out of area- (1-800-279-9776)</li> </ul>	
	<b>PREFERRED PROVIDERS</b>	<b>NON-PREFERRED PROVIDERS</b>
<b>DEDUCTIBLE, PER CALENDAR YEAR</b>		
Per Person	\$6350	\$12700
Per Family Unit	\$12700	\$25400
	<b>PREFERRED PROVIDERS</b>	<b>NON-PREFERRED PROVIDERS</b>
<b>MAXIMUM OUT-OF-POCKET, PER CALENDAR YEAR (deductible included)</b>		
Per Person	\$6350	\$12700
Per Family Unit	\$12700	\$25400



\*\*\*\*\* DEDUCTIBLE APPLIES TO BENEFITS UNLESS OTHERWISE SPECIFIED\*\*\*\*\*

Service	PREFERRED PROVIDERS	NON-PREFERRED PROVIDERS	LIMITS
Acupuncture	Not covered	Not covered	
Allergy Services <ul style="list-style-type: none"> <li>• Office Visit</li> <li>• Injections</li> <li>• Serum</li> </ul>	100%	100%	
Ambulance	100%	100%	
Birth Center	100%	100%	Pre-cert
Blood & Plasma	100%	100%	
Chiropractic Care	100%	100%	
Dental Services – Accident Only	100%	100%	See #1 below
Diabetic Supplies/Insulin Pumps	100%	100%	
Dialysis	100%	100%	Pre-cert
Durable Medical Equipment (DME)	100%	100%	Pre-cert all rentals & purchases over \$500
Emergency Room Care	100%	100%	
Eye Exam	Not covered	Not covered	Glasses / contacts not covered
Genetic Testing	100%	100%	Pre-cert
Glaucoma & Cataract Surgery	100%	100%	Pre-cert (After Cataract Surgery the Plan will pay for one set of contact or frame lenses.)
Habilitation Services	100%	100%	Pre-cert
Hearing Aids	Not covered	Not covered	
Home Health Care	100%	100%	Pre-cert 40 visits per year
Hospice Care <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> <li>• Family Bereavement Counseling</li> </ul>	100%	100%	Pre-cert
Hospital <ul style="list-style-type: none"> <li>• Inpatient Treatment</li> <li>• Outpatient Treatment</li> <li>• Surgery</li> </ul>	100%	100%	Pre-cert  Pre-cert
Infertility Treatment	NOT COVERED	NOT COVERED	
Mental Health / Behavioral Health Substance Abuse Services <ul style="list-style-type: none"> <li>• Residential Treatment</li> <li>• Inpatient</li> <li>• Partial Day Program</li> <li>• Outpatient</li> </ul>	100%	100%	Pre-cert required for residential & inpatient only
Newborn Care	100%	100%	



Service	PREFERRED PROVIDERS	NON-PREFERRED PROVIDERS	LIMITS
Outpatient Diagnostic Services: <ul style="list-style-type: none"> <li>• X-ray and Blood work</li> <li>• MRI, MRA, PET scans, CT scans,</li> <li>• Stress Tests, Ultrasounds, Echocardiograms, Colonoscopy</li> </ul>	100%	100%	Pre-cert: EGD / MRA / MRI / CT / PET  Pre-cert: Colonoscopy
Physician Services/Primary Care	100%	100%	
Specialist Visit	100%	100%	
Pregnancy Expenses & Dependent Pregnancy	100%	100%	In-patient requires pre-cert
Prescription Drug Plan	Express Scripts	Express Scripts	*PBM as of 3/1/19* 1-800-334-8134
Preventive Care – Well Adult Care <ul style="list-style-type: none"> <li>• Routine Physical Exam</li> <li>• Labs &amp; X-rays (per ACA)</li> <li>• Mammograms – must be over age 40, unless medically necessary</li> <li>• Pap Smears</li> <li>• Prostate Exam – must be over age 40, unless medically necessary</li> <li>• Routine Immunizations</li> <li>• Colonoscopies</li> </ul>	<b>Preventive Benefit:</b> 100%	100%	1 exam per calendar year. Preventive services are per ACA guidelines and age requirements.
Preventive Care – Well Child Care <ul style="list-style-type: none"> <li>• Exam</li> <li>• Immunizations</li> <li>• Labs &amp; X-rays (per ACA)</li> </ul>	<b>Preventive Benefit:</b> 100%	100%	Must be under age 2. Age 2 and over - coverage is the same as an adult. Per ACA guidelines and age requirements.
Prosthetics, Supplies, and Surgical Dressings	100%	100%	Pre-cert: Prosthetics
Pulmonary and Cardiac Rehabilitation	100%	100%	Pre-cert



Service	PREFERRED PROVIDERS	NON-PREFERRED PROVIDERS	LIMITS
Second Surgical Opinions	100%	100%	
Skilled Nursing Care	100%	100%	Pre-cert 30 days per calendar year
Temporomandibular Joint Disorder (TMJ)	100%	100%	Diagnostic procedures and non-surgical treatment
Testing for the 2019 Novel Coronavirus (COVID-19)	100% Deductible, coinsurance & copayments waived	100% Deductible, coinsurance & copayments waived	No prior authorization is required. Medically necessary treatment of COVID-19 shall be covered by the Plan in accordance with the Plan's guidelines.
Therapy <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Radiation Therapy</li> <li>• Respiration Therapy</li> <li>• Vision Therapy</li> <li>• Speech Therapy</li> </ul>	100% 100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100% 100%	All Therapies requires Pre-cert
Transplants	100%	100%	Pre-cert
Urgent Care	100%	100%	
Wigs / Hairpieces	100%	100%	Allowed after radiation or chemotherapy, or with the diagnosis of Alopecia Areata.

1). Oral surgery in relation to the bone, including tumors, cysts and growths, not related to the teeth and extraction of soft tissue impacted teeth by a physician or dentist. Emergency repair due to injury to sound natural teeth, if the repair is made within 12 months from the date of the injury (unless otherwise required by applicable law).

• **CLAIM SUBMISSION:**

**(If HPS provider):**

Health Payment Systems  
P.O. Box 510620  
Milwaukee, WI 53203  
Electronic claims submission: 20270  
1-888-477-7968

**(If HealthEOS Plus+ provider):**

HealthEOS Plus  
P.O. Box 6090  
DePere, WI 54115-6090  
Electronic claims submission: 36326  
1-800-279-9776



- **Timely filing** is 365 days from date of service.
- **Referrals** are not required.
  - The PPO **deductible** will be used to satisfy the non-PPO deductible and vice-versa.
  - The PPO **out of pocket** maximum will be used to satisfy the non-PPO out of pocket maximum and vice-versa.

**Please contact Prairie States Enterprises for information on all other benefits not listed.**