



2020 IU MEDICAL PLANS COMPARISON CHART

This is only a summary of benefits. For full plan provisions review the plan booklets, available at hr.iu.edu/benefits.

	IU Health HDHP		Anthem PPO HDHP		Anthem PPO \$500 Deductible			
Network Availability	Most Indiana counties. Visit iuhealthplans.org for a provider directory.		Nationwide and Overseas		Nationwide and Overseas			
Provider Network	Only from IU Health network providers		Anthem Blue Access and Blue Care PPO providers		Anthem Blue Access and Blue Care PPO providers			
HSA Contributions <i>(IU's full contribution is deposited with your 2nd paycheck in January)</i>	IU Contribution: \$1,600 employee-only \$3,200 all other coverage levels Employee Contribution: Minimum \$300 (\$25 monthly) Maximum \$1,950 employee-only / \$3,900 all other coverage levels For those age 55+, additional \$1,000 catch-up		IU Contribution: \$1,300 employee-only \$2,600 all other coverage levels Employee Contribution: Minimum \$300 (\$25 monthly) Maximum \$2,250 employee-only / \$4,500 all other coverage levels For those age 55+, additional \$1,000 catch-up		Not Eligible			
Medical	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Deductible	\$2,600 employee-only \$5,200 all other coverage levels	No out-of-network benefits, except emergency.	\$1,600 employee-only \$3,200 all other coverage levels	\$3,200 employee-only \$6,400 all other coverage levels	\$500 individual \$1,500 family	\$900 individual \$2,700 family		
Out-of-Pocket (OOP) Maximum	\$3,200 employee-only \$6,400 all other coverage levels		\$3,200 employee-only \$6,400 all other coverage levels	\$6,400 employee-only \$12,800 all other coverage levels	\$2,400 individual \$7,200 family	\$6,850 individual \$13,700 family		
Office Visits	20% after deductible		20% after deductible	40% after deductible	20% after deductible	40% after deductible		
Coinsurance	20% after deductible		20% after deductible	40% after deductible	20% after deductible	40% after deductible		
Preventive Services	\$0 no deductible		\$0 no deductible	40% after deductible	\$0 no deductible	40% after deductible		
Mental Health	Covered as any other illness through IU Health network.		Covered as any other illness through Anthem Behavioral Health.		Covered as any other illness through Anthem Behavioral Health.			
Emergency Room	20% after deductible	Paid as in-network if an emergency	20% after deductible	40% after deductible	\$150 copay (waived if admitted)		40% after deductible	
Urgent Care	20% after deductible	Paid as in-network if 50+ miles from home	20% after deductible	40% after deductible	\$75 copay		40% after deductible	
Prescriptions	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		Out-of-Network	
Retail (up to 30-day supply)	20% after deductible	No coverage.	20% after deductible	40% after deductible	Tier 1	Tier 2	Tier 3	50% after deductible
Retail at CVS Pharmacies (up to 90-day supply)					\$8	\$25	\$45	
Mail Order (up to 90-day supply)					\$20	\$62	\$112	
Specialty (up to 30-day supply)					\$20	\$62	\$112	
Preventive Prescriptions	All plans pay 100% for generic contraceptives, pediatric sodium fluoride, low dose aspirin, folic acid, Vitamin D for age 65 and older, Tamoxifen, Raloxifene, and iron. 100% coverage for tobacco cessation products and nicotine replacement (up to 180-day supply annually). Over the counter products require a prescription for coverage.							
					In-Network Rx OOP Maximum: \$5,750 individual \$9,100 family			
Vision Care								
Eye Exams & Eyewear	Routine eye exam (\$10 copay) and eyewear (frames, lenses, or contacts) at specific allowances. IU Health members use EyeMed network & ID card; Anthem members use Anthem Blue View Vision network & Anthem ID card.							