

## MEDICAL PLAN SUMMARY

# IU Medical Plans Comparison

## IU Health HDHP, Anthem PPO HDHP, and Anthem PPO \$500 Deductible

	IU Health HDHP		Anthem PPO HDHP		Anthem PPO \$500 Deductible			
<b>Network Availability</b>	Most Indiana counties. Visit <a href="http://iuhealthplans.org">iuhealthplans.org</a> for a provider list.		Nationwide and Overseas		Nationwide and Overseas			
<b>Provider Network</b>	Only from IU Health network providers		Anthem Blue Access PPO and BCBS Global Core providers		Anthem Blue Access PPO and BCBS Global Core providers			
<b>HSA Contributions</b> <i>(IU's full contribution is deposited with your 2nd paycheck in January)</i>	<b>IU Contribution:</b> <b>\$1,600</b> employee-only <b>\$3,200</b> all other coverage levels  <b>Employee Contribution:</b> Minimum <b>\$300</b> (\$25 monthly) Maximum <b>\$2,000</b> employee-only / <b>\$4,000</b> all other coverage levels For those age 55+, additional \$1,000 catch-up		<b>IU Contribution:</b> <b>\$1,300</b> employee-only <b>\$2,600</b> all other coverage levels  <b>Employee Contribution:</b> Minimum <b>\$300</b> (\$25 monthly) Maximum <b>\$2,300</b> employee-only / <b>\$4,600</b> all other coverage levels For those age 55+, additional \$1,000 catch-up		Not Eligible			
<b>MEDICAL</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>		
<b>Deductible</b>	<b>\$2,700</b> employee-only <b>\$5,400</b> all other coverage levels	No out-of-network benefits, except emergency	<b>\$1,700</b> employee-only <b>\$3,400</b> all other coverage levels	<b>\$3,400</b> employee-only <b>\$6,800</b> all other coverage levels	<b>\$500</b> individual <b>\$1,500</b> family	<b>\$900</b> individual <b>\$2,700</b> family		
<b>Out-of-Pocket (OOP) Maximum</b>	<b>\$3,400</b> employee-only <b>\$6,800</b> all other coverage levels		<b>\$3,400</b> employee-only <b>\$6,800</b> all other coverage levels	<b>\$6,800</b> employee-only <b>\$13,600</b> all other coverage levels	<b>\$2,400</b> individual <b>\$7,200</b> family	<b>\$6,850</b> individual <b>\$13,700</b> family		
<b>Office Visits</b>	<b>20%</b> after deductible		<b>20%</b> after deductible	<b>40%</b> after deductible	<b>20%</b> after deductible	<b>40%</b> after deductible		
<b>Coinsurance</b>	<b>20%</b> after deductible		<b>20%</b> after deductible	<b>40%</b> after deductible	<b>20%</b> after deductible	<b>40%</b> after deductible		
<b>Preventive Services</b>	<b>\$0</b> no deductible		<b>\$0</b> no deductible	<b>40%</b> after deductible	<b>\$0</b> no deductible	<b>40%</b> after deductible		
<b>Mental Health</b>	Covered as any other condition through IU Health network.		Covered as any other condition through Anthem Behavioral Health.		Covered as any other condition through Anthem Behavioral Health.			
<b>Emergency Room</b>	<b>20%</b> after deductible	Paid as in-network if an emergency	<b>20%</b> after deductible No coverage unless an emergency		<b>\$150</b> copay (waived if admitted)			
<b>Urgent Care</b>	<b>20%</b> after deductible	Paid as in-network if 50+ miles from home	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>\$75</b> copay	<b>40%</b> after deductible		
<b>PRESCRIPTIONS</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>		
<b>Retail</b> (up to 30-day supply)	<b>20%</b> after deductible	No coverage	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>50%</b> plus amounts above the network's discounted price
<b>Retail at CVS Pharmacies</b> (up to 90-day supply)					<b>\$8</b>	<b>\$25</b>	<b>\$45</b>	
<b>Mail Order</b> (up to 90-day supply)				<b>\$20</b>	<b>\$62</b>	<b>\$112</b>	No coverage	
<b>Specialty</b> (up to 30-day supply)				<b>\$20</b>	<b>\$62</b>	<b>\$112</b>		
<b>Preventive Prescriptions</b>	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 & nicotine replacement (up to 180-day supply each year). OTC products require a prescription for coverage.							
					<b>In-Network Rx OOP Maximum:</b> <b>\$6,150</b> individual <b>\$9,900</b> family			
<b>VISION CARE</b>								
<b>Eye Exams &amp; Eyewear</b>	Routine eye exam (\$10 copay) and eyewear (frames, lenses, contacts) at specific allowances. IU Health HDHP members through EyeMed; Anthem members through Anthem Blue View Vision.							