

# IU EMPLOYEE MEDICAL PLANS COMPARISON (2022 PLAN YEAR)

	IU Health HDHP		Anthem PPO HDHP		Anthem PPO \$500 Deductible	
<b>Network Availability</b>	Within Indiana (most Indiana counties)		Nationwide and Overseas		Nationwide and Overseas	
<b>Provider Network</b>	Only IU Health Network providers (visit <a href="http://iuhealthplans.org">iuhealthplans.org</a> for a list)		Anthem Blue Access PPO providers in Indiana, BlueCard PPO providers nationally, and BCBS Global Core providers overseas		Anthem Blue Access PPO providers in Indiana, BlueCard PPO providers nationally, and BCBS Global Core providers overseas	
<b>HSA Contributions</b>	<b>IU Contribution:</b> <b>\$1,600</b> employee-only coverage <b>\$3,200</b> all other coverage levels  <b>Employee Contribution:</b> Minimum <b>\$300</b> (\$25 monthly) Maximum <b>\$2,050</b> employee-only / <b>\$4,100</b> all other coverage levels For those age 55+, additional \$1,000 catch-up		<b>IU Contribution:</b> <b>\$1,300</b> employee-only coverage <b>\$2,600</b> all other coverage levels  <b>Employee Contribution:</b> Minimum <b>\$300</b> (\$25 monthly) Maximum <b>\$2,350</b> employee-only / <b>\$4,700</b> all other coverage levels For those age 55+, additional \$1,000 catch-up		Not Eligible	
MEDICAL	IN-NETWORK		OUT-OF-NETWORK		OUT-OF-NETWORK	
<b>Deductible</b>	<b>\$2,700</b> employee-only coverage <b>\$5,400</b> all other coverage levels	No out-of-network benefits, except emergency	<b>\$1,700</b> employee-only coverage <b>\$3,400</b> all other coverage levels	<b>\$3,400</b> employee-only coverage <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 Maximum (OOPM)</b>	<b>\$3,400</b> employee-only coverage <b>\$6,800</b> all other coverage levels		<b>\$3,400</b> employee-only coverage <b>\$6,800</b> all other coverage levels	<b>\$6,800</b> employee-only coverage <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 illness through IU Health network.		Covered as any other illness through Anthem Behavioral Health.		Covered as any other illness through Anthem Behavioral Health.	
<b>Emergency Room</b>	<b>20%</b> after deductible <i>No coverage unless an emergency</i>	Paid as in-network if an emergency	<b>20%</b> after deductible <i>No coverage unless an emergency</i>	<b>\$150</b> copay (waived if admitted)		
<b>Urgent Care</b>	<b>20%</b> after deductible	Paid as in-network if 50 or more miles from home	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>\$75</b> copay	<b>40%</b> after deductible
PRESCRIPTIONS	IN-NETWORK		OUT-OF-NETWORK		OUT-OF-NETWORK	
<b>Retail</b> (up to 30-day supply)	<b>20%</b> after deductible	No coverage	<b>20%</b> after deductible	No coverage	Tier 1 <b>\$8</b> Tier 2 <b>\$25</b> Tier 3 <b>\$45</b>	<b>50%</b> plus amounts above the network's discounted price
<b>Retail at CVS Pharmacies</b> (up to 90-day supply)					Tier 1 <b>\$20</b> Tier 2 <b>\$62</b> Tier 3 <b>\$112</b>	
<b>Mail Order</b> (up to 90-day supply)					Tier 1 <b>\$20</b> Tier 2 <b>\$62</b> Tier 3 <b>\$112</b>	
<b>Specialty</b> (up to 30-day supply)					Tier 1 <b>\$20</b> Tier 2 <b>\$62</b> Tier 3 <b>\$112</b>	
					<b>In-Network Rx OOPM:</b> <b>\$6,300</b> individual <b>\$10,200</b> family	
<b>Preventive Prescriptions</b>	<b>All plans pay 100% for preventive prescriptions</b> including 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.					
VISION CARE						
<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.					