## 2023 Medical Plans Comparison

**Anthem PPO HDHP**

**Anthem PPO $500 Deductible**

<table>
<thead>
<tr>
<th>Network Availability</th>
<th>Nationwide and Overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Network</strong></td>
<td>Anthem Blue Access PPO network in Indiana, Anthem National PPO (BlueCard PPO) network in other states, Anthem Blue Cross Blue Shield Global Core network overseas</td>
</tr>
<tr>
<td><strong>HSA Contributions</strong></td>
<td><strong>IU Contribution:</strong> $1,300 employee-only coverage $2,600 all other coverage levels</td>
</tr>
<tr>
<td></td>
<td><strong>Employee Contributions:</strong> Minimum $300 ($25 monthly) Maximum $3,850 employee-only / $7,750 all other coverage levels For those age 55+, additional $1,000 catch-up</td>
</tr>
<tr>
<td><strong>Not Eligible</strong></td>
<td><strong>Not Eligible</strong></td>
</tr>
</tbody>
</table>

### Medical

<table>
<thead>
<tr>
<th>Deductible</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,800</td>
<td>$3,600</td>
<td>$3,600 employee-only $6,000 all other levels</td>
<td>$500 individual $1,500 family</td>
<td>$900 individual $2,700 family</td>
</tr>
<tr>
<td>$3,600</td>
<td>$6,000</td>
<td>$7,200 employee-only $14,400 all other levels</td>
<td>$2,400 individual $7,200 family</td>
<td>$6,850 individual $13,700 family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket (OOP) Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,600 employee-only $7,200 all other levels</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Visits</th>
<th>20% after deductible</th>
<th>40% after deductible</th>
<th>20% after deductible</th>
<th>40% after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>$0 no deductible</td>
<td>40% after deductible</td>
<td>$0 no deductible</td>
<td>40% after deductible</td>
</tr>
</tbody>
</table>

### Mental Health & Substance Use

Covered as any other illness through Anthem Behavioral Health.

### Emergency Room

<table>
<thead>
<tr>
<th>20% after deductible</th>
<th>No coverage unless an emergency</th>
<th>$150 copay Waived if admitted</th>
</tr>
</thead>
</table>

### Urgent Care

<table>
<thead>
<tr>
<th>20% after deductible</th>
<th>40% after deductible</th>
<th>$75 copay</th>
<th>40% after deductible</th>
</tr>
</thead>
</table>

### Prescriptions

#### Retail (up to 30-day supply)

<table>
<thead>
<tr>
<th>20% after deductible</th>
<th>No coverage</th>
</tr>
</thead>
</table>

#### Retail at CVS Pharmacies (up to 90-day supply)

<table>
<thead>
<tr>
<th>Tier 1 – 3</th>
<th>8 / 25 / 45</th>
</tr>
</thead>
</table>

#### Mail Order (up to 90-day supply)

<table>
<thead>
<tr>
<th>Tier 1 – 3</th>
<th>20 / 62 / 112</th>
</tr>
</thead>
</table>

#### Specialty (up to 30-day supply)

<table>
<thead>
<tr>
<th>Tier 1 – 3</th>
<th>20 / 62 / 112</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OOP Maximum for Prescriptions</th>
<th>N/A (included with medical OOP max)</th>
</tr>
</thead>
</table>

#### Preventive Prescriptions

All plans pay 100% for preventive prescriptions 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

**Eye Exams & Eyewear**

Routine eye exam ($10 copay) and eyewear (frames, lenses, contacts) at specific allowances through Anthem Blue View Vision.

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**IUHR 10/2022**