

IU PPO-Plus Health Care Plan -- Benefit Summary  
(New plan effective January 1, 2001)

This summary describes essential features of the benefit plan and is not intended to be a full description of benefits. The complete plan is described in the plan booklet that employees receive upon enrollment.

Medical Benefits - In-Network Providers: Anthem's PPN Network, Indiana and BCBS Networks, Outside Indiana		
Service/Provisions	In-Network Member Payments	Out-of-Network Member Payments
Plan Deductible	None	\$300 per member
Covered Charges	Up to the network fee schedule, or Usual & Reasonable (U&R) for non-network providers; network providers accept network fee schedule as payment in full; member is responsible for non-network provider charges above U&R.	
Medical Copay	10%	30%
Medical Copay Maximum	\$1,000 (\$2000 family) co-pay maximum, then there is no Medical Copay.	\$3,000 (\$6,000 family) copay maximum, then there is no Medical Copay.
Office Visit Copay	\$15 per visit; other covered charges are subject to the Medical Copay.	\$15 per visit; other covered charges are subject to the Medical Copay.
Hospital Inpatient Services (all inpatient services must be pre-certified) n Semiprivate room and board. n Operating room, recovery, ancillary services (e.g., labs x-rays, drugs).	\$250 per admission; remaining covered charges are subject to the Medical Copay.	\$250 per admission; remaining covered charges are subject to the Medical Copay.
Outpatient Facility n Operating room, recovery, ancillary services.	\$100 per surgery; remaining covered charges are subject to the Medical Copay.	\$100 per surgery; remaining covered charges are subject to the Medical Copay.
Professional Services (e.g., surgery fees)	Medical Copay	Medical Copay
Therapy: Occupational, Physical, Speech Combined limit per member per plan year: total of 60 visits.	\$15 per visit; remaining covered charges are subject to the Medical Copay.	\$15 per visit; remaining covered charges are subject to the Medical Copay.
Maternity Care and Delivery Services	Paid the same as any other medical services.	
Chiropractic Services / Osteopathic Manipulations Limits per member per plan year: 15 visits; \$150 for diagnostic services.	\$20 per visit; remaining charges are subject to the Medical Copay.	\$20 per visit; remaining charges are subject to the Medical Copay.
Wellness Services Limits: \$200 maximum payable for wellness services for enrollees over age 7. Services For school, sports, employment, marriage, or travel are excluded.	\$15 per visit; remaining charges are subject to the Medical Copay.	\$15 per visit; remaining charges are subject to the Medical Copay.
Emergency Room	\$50 (waived if admitted); remaining charges are subject to In-Network Medical Copay if "emergency Accident or Illness," otherwise, Out-of-Network.	
Urgent Care Facility	\$25; remaining covered charges subject to Medical Copay.	
Ancillary Care Facility* n Durable Medical Equipment/Supplies n Prosthetics and Corrective Appliances n Ambulance * Anthem has no PPN contracts for these services	10% of covered charges up to the Medical Copay Maximum. Limit - Home Health: 60 visits per member per year. Limit - Skilled nursing facility: 60 days per member per year. Limit - Ambulance air trip maximum benefit \$2,500 per trip.	
Vision / Hearing Aids	No benefit.	

Medical Benefits (continued)				
Coverage Outside the Service Area	Member pays In-Network costs for non-network providers in certain cases: n Initial treatment of emergency accidents and illness anywhere. n Services for members residing "outside Indiana." n Services that Anthem determines are not reasonably available In-Network. n Emergency and urgent care for students living at schools outside Indiana. (Member pays amounts above Usual & Customary reimbursement for any non-network provider)			
Mental Health and Chemical Dependency - IU Psychiatric Management Provider Network				
All services, both In and Out-of-Network (except initial evaluation by eligible provider) must be authorized by IUPM to be covered.				
Service	In-Network Member Payments	Out-of-Network Member Payments		
Inpatient	n \$250 deductible. n 10% copay until copay equals \$500 per episode, then there is no copay.	n \$500 deductible per admission. n 20% copay on the first \$2,500 of covered charges, then 40% of covered charges. n No copay maximum.		
Outpatient	n \$20 copay per visit. n \$50 Emergency Room copay.	n \$30 per visit. n \$50 maximum per covered visit. n \$50 Emergency Room deductible.		
Organ and Tissue Transplants Phase III - IU Medical Center / Clarian Transplant Programs				
Service	In-Network Member Payments	Out-of-Network Member Payments		
Transplants: Bone marrow, heart, lung, liver, pancreas, kidney	n No deductible. n No copay.	No Out-of-Network benefits.		
Lifetime Maximum	\$1,000,000 per member.			
Prescription Drugs				
Service	In-Network Member Payments	Out-of-Network Member Payments		
Retail Prescriptions (up to a 30-day supply) Network: CVS, Osco and Dominick's	n No deductible. n \$5, generic and brands with generic* n \$10, low-cost brands (up to \$60) n \$25, high-cost brands (\$60 or more) n Non-covered, network discount - 100% * For brand with generic, member pays generic copay and cost difference between brand and generic.	50% copay, plus amounts above the network's discounted price.		
Mail Order (up to 90-day supply) Network: Continental Pharmacy	2 times the above retail; copay.			
Diabetic Supplies	Covered as a prescription drug benefit.			
Specialty Drugs (certain biological and injectable drugs for chronic diseases)	Covered with no copay through BioScrip provisions; otherwise covered as a medical benefit, subject to Medical Copays and Deductible, as applicable.			
Frequently Asked Questions About Exclusions (complete list in Section F of the Plan booklet)				
<table border="0"> <tr> <td style="vertical-align: top;">                             n Any service not medically necessary as determined by the Plan Administrator.                              n Custodial care, long-term nursing care.                              n Cosmetic surgery, procedures and drugs.                              n Experimental/Investigational services.                              n Supportive devices for the feet and routine foot care.                              n Services for which coverage is provided or is required by law or by a public/governmental agency, facility or program.                              n Drugs, devices or services related to birth control, sexual dysfunction, sexual transformation, infertility, reversal of sterilization, growth deficiencies.                         </td> <td style="vertical-align: top;">                             n Acupuncture.                              n Service, supplies and drugs for obesity or weight control.                              n Over-the-counter drugs; drugs not FDA approved.                              n Vitamins other than federal legend vitamins.                              n Services and supplies used to treat conditions to the extent that, according to generally accepted Professional Standards, such conditions are not amenable to favorable modification through medical treatment.                              n Additional costs incurred due to the enrollee disregarding medical advise or hospital costs for leaving the hospital against medical advise.                         </td> </tr> </table>			n Any service not medically necessary as determined by the Plan Administrator. n Custodial care, long-term nursing care. n Cosmetic surgery, procedures and drugs. n Experimental/Investigational services. n Supportive devices for the feet and routine foot care. n Services for which coverage is provided or is required by law or by a public/governmental agency, facility or program. n Drugs, devices or services related to birth control, sexual dysfunction, sexual transformation, infertility, reversal of sterilization, growth deficiencies.	n Acupuncture. n Service, supplies and drugs for obesity or weight control. n Over-the-counter drugs; drugs not FDA approved. n Vitamins other than federal legend vitamins. n Services and supplies used to treat conditions to the extent that, according to generally accepted Professional Standards, such conditions are not amenable to favorable modification through medical treatment. n Additional costs incurred due to the enrollee disregarding medical advise or hospital costs for leaving the hospital against medical advise.
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