IU PPO Healthcare Plan -- Benefit Summary

This summary describes essential feature 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. See the campus Human Resources Office to review the plan booklet.

Medical Benefits [In-Network Providers: Anthem's PPN Network (Option 2000 in KY) and BCBS Networks Outside Indiana]		
Service/Provisions	**In-Network Member Payments**	**Out-of-Network Member Payments**
Plan Deductible	$900 individual / $1,800 family maximum.	
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%	
Medical Copay Maximum	$1,000 individual ($2,000 family), then there is no medical co-pay.	
Physician Office and Hospital Services ▪ Primary, specialist visits/consultations ▪ Labs, x-ray and diagnostic services ▪ Allergy testing and serums ▪ Surgery	Covered charges are subject to Deductible and Medical Co-pay	Covered charges are subject to Deductible and Medical Co-pay. Covered charges are reduced by up to 50% for Out-of-Network providers; this reduction is not applied to the Medical Copay maximum.
Hospital Inpatient Services **(all Inpatient services must be pre-certified)** ▪ Semiprivate room and board ▪ Lab, x-ray, diagnostic, anesthesia, therapy and medications		
Hospital / Facility Outpatient ▪ Lab, x-ray, diagnostic, therapy ▪ Surgery operating and recovery room ▪ Anesthesia services		
Therapy Occupational, Physical, Speech, Respiratory, Cardiac Rehab		
Wellness Services Limits - $200 maximum payable for wellness services for enrollees over age 7; Exams or immunizations for school, sports, camp, employment, marriage or travel are excluded.		
Maternity Care and Delivery Services		
Chiropractic Services / Osteopathic Manipulations Limits per enrollee per plan year: 15 visits; $20 per visit; $150 for diagnostic services		
Emergency Accident or Illness	▪ Subject to Deductible. ▪ In-Network Medical Copay. (Member pays amount above Usual & Reasonable (U&R) reimbursement for non-network providers.)	
Ancillary Providers* ▪ Durable Medical Equipment/Supplies ▪ Prosthetics and Corrective Appliances ▪ Ambulance * Anthem has no PPN contracts for these services	▪ Subject to Deductible. ▪ In-Network Medical Copay. ▪ Amounts above Usual & Reasonable (U&R). Limit - Home Health: maximum benefit $5,000 per enrollee, per calendar 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: ■ Initial treatment of emergency accidents and illness anywhere. ■ Services for members residing "outside Indiana." ■ Services that Anthem determines are not reasonably available In-Network. ■ Emergency and urgent care for students living at schools outside Indiana. (Member pays amounts above Usual & Reasonable reimbursement for any non-network provider)

Mental Health -- IU Psychiatric Management Provider Network		
All services, both In and Out-of-Network (except initial evaluation by an eligible provider) must be authorized by IUPM to be covered.		
Service	**In-Network Member Payments**	**Out-of-Network Member Payments**
Inpatient	■ $250 deductible. ■ 10% copay until copay equals $500 per episode, then there is no copay.	■ $500 deductible per admission. ■ 20% copay on the first $2,500 of covered charges. ■ No copay maximum. ■ Enrollee is responsible for amounts above Usual & Reasonable (U&R).
Outpatient	■ $20 copay per visit. ■ $50 Emergency Room deductible.	■ $30 copay per visit. ■ $50 maximum per covered visit. ■ $50 Emergency Room deductible.

Organ and Tissue Transplants (Phase III) -- IU Medical / Clarian Transplant Programs		
Service	**In-Network Member Payments**	**Out-of-Network Member Payments**
Transplants: bone marrow, heart, lung, liver, pancreas, kidney	■ No deductible. ■ No copay.	Any amount above what would have been paid In-Network.
Lifetime Maximum	$1,000,000 Lifetime Maximum Benefit per enrollee.	

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	■ No deductible. ■ $5, generic and brands with generic* ■ $10, low-cost brands (up to $60) ■ $25, high-cost brands ($60 or more) ■ Non-covered, network discount - 100% * For brands 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 a 90-day supply) Network: Continental Pharmacy	2 times the above retail copays.	
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)

- Any service not medically necessary as determined by the Plan Administrator.
- Custodial care, long-term nursing care.
- Cosmetic surgery, procedures and drugs.
- Experimental/Investigational services.
- Supportive devices for the feet and routine foot care.
- Services for which coverage is provided or is required by law or by a public/governmental agency, facility or program.
- Drugs, devises or services related to birth control, sexual dysfunction, sexual transformation, infertility, reversal of sterilization, growth deficiencies.
- Immunization required for travel, marriage, school or work.
- Acupuncture.
- Service, supplies and drugs for obesity or weight control.
- Over-the-counter drugs; drugs not FDA approved.
- Vitamins other than federal legend vitamins.
- 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.
- Additional costs incurred due to the enrollee disregarding medical advise or hospital costs for leaving the hospital against medical advise.
- Eye refractive exams and surgery for refractive eye defects.