

IU High Deductible Healthcare PPO Plan - Benefit Summary

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 IU HDHP PPO & Medical Savings Plan booklet, which can be obtained at www.indiana.edu/~uhrs/benefits. If you would like a hard copy of this booklet mailed to you, please contact the UHRS Publications Coordinator at (812) 855-2985.

Medical Benefits — In-Network Providers: Anthem Blue Access (Indiana) and BCBS PPO Networks (Outside Indiana)		
Service	In-Network Member Pays	Out-of-Network Member Pays
Medical Annual Deductible Applies to all services except wellness/preventive.	\$1,150 for employee-only coverage \$2,300 when one or more family members are covered (all other coverage levels)	\$2,300 for employee-only coverage \$4,600 when one or more family members are covered (all other coverage levels)
Covered Charges	Up to 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	20% copay after deductible.	40% copay after deductible.
Medical Out-of-Pocket Maximum (Deductibles and copays apply to the maximum except out-of-network transplants.)	\$2,500 for employee-only coverage \$5,000 when one or more family members are covered (all other coverage levels)	\$5,000 employee-only coverage \$10,000 when one or more family members are covered (all other coverage levels)
Physician Office Services <ul style="list-style-type: none"> • Primary, specialist visits/consultations • Labs, x-rays, and diagnostic services • Allergy testing and serums • Surgery 	20% copay after deductible.	40% copay after deductible.
Wellness/Preventive Services Limits: Exams or immunizations for insurance sports, camps, employment, licensing or travel are excluded.	20% copay. (No deductible on in-network preventive services.)	40% copay after deductible.
Hospital Inpatient Services Limits: 60 days inpatient physical medicine and rehab combined In- and Out-of-Network.	20% copay after deductible.	
Hospital/Facility Outpatient <ul style="list-style-type: none"> • Lab, x-rays, diagnostic, therapy • Surgery operating and recovery room • Anesthesia services 		
Maternity Services		
Emergency Room for Emergency Care		
Urgent Care Facility		
Durable Medical Equipment (DME), Medical Supplies and Appliances		
Outpatient Therapy Maximum visits per benefit year: Physical/Occupational - 60 visits; Manipulation - 12 visits; Speech - 20 visits		
Home Health Care 90 days (excludes IV therapy)	20% copay after deductible.	40% copay after deductible. (30-day maximum)
Durable Medical Equipment (DME), Medical Supplies and Appliances	20% copay after deductible.	40% copay after deductible.
Vision	One routine eye exam, including refraction, subject to applicable in-network or out-of-network medical copay; no deductible. A routine eye exam is defined as an annual exam performed to detect undiagnosed eye health problems and to measure visual acuity (refraction). An annual eye exam for those with diabetes is covered as routine.	

Medical Benefits (continued)

Precertification Requirements

Network providers are required to precertify all inpatient stays (except deliveries) and certain outpatient services, for example:

- Hysterectomy
- Septoplasty/Rhinoplasty
- Pediatric therapies
- High-cost procedures, such as brain/spine MRIs, PET scans, sleep studies
- Mastectomy/Reconstructive surgery
- DME/Prosthetics
- Hospice and home health care

Mental Health and Substance Abuse - Anthem Behavioral Health

All services must be precertified in order to receive In-Network benefits.

Service	In-Network Member Pays	Out-of-Network Member Pays
Inpatient	20% copay after deductible.	40% copay after deductible.
Outpatient		

Organ and Tissue Transplants: Blue Quality Centers for Transplants

Service	In-Network Member Pays	Out-of-Network Member Pays
Transplants (except kidney and cornea covered as medical benefit)	20% copay after deductible.	50% copay after deductible. (does not count towards out-of-pocket maximum)
Lifetime Maximum	\$2,000,000 per member.	

Outpatient Prescription Drug - Anthem Prescription Retail Network/NextRx Mail Order

When Anthem pharmacy network is used, member receives Anthem's preferential drug pricing.

Service	In-Network Member Pays	Out-of-Network Member Pays
Retail Prescriptions (up to 30-day supply)	20% copay after deductible.	40% copay after deductible.
Mail Order Prescriptions (up to 90-day supply)		Not covered.

Partial List of Exclusions (Complete list in Section F of the IU High Deductible Healthcare PPO Plan Booklet)

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| <ul style="list-style-type: none"> • Any service not medically necessary as determined by the Plan Administrator. • Custodial care, convalescent, or "long-term" nursing care. • Cosmetic surgery, procedures, and drugs. • Services, supplies, and drugs for obesity or weight control, except surgery for morbid obesity. • Radial keratotomy or similar procedures. • Eyeglasses or contact lenses, except in aphasic patients and soft lenses or sclera shells for use as corneal bandages. • Supportive devices for the feet, and routine foot care. • Immunizations and exams required for enrollment in an insurance program, as a condition of employment, for licensing, or for other purposes such as camps or travel. • Experimental/Investigative services. | <ul style="list-style-type: none"> • Artificial insemination; fertilization (such as in-vitro, GIFT, ZIFT) or procedures and testing related to fertilization; reversal of sterilization; infertility drugs and related services following the diagnosis of infertility. • Drugs, devices, or services related to sex transformation, male or female sexual or erectile dysfunction or inadequacy regardless of the cause. • Over-the-counter drugs; drugs not FDA approved. • Drugs in excess of limits established by the plan. • Non-sedating (3rd generation) antihistamines, such as Zyrtec and Allegra. • Services for which coverage is provided by or required by law by a public/governmental agency, facility, or program. • 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. |
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