### Plans Comparison

#### Network Availability

<table>
<thead>
<tr>
<th>Network Availability</th>
<th>Anthem PPO HDHP</th>
<th>Anthem PPO $500 Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide and Overseas</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Provider Network

- 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

#### HSA Contributions

- **IU Contribution:**
  - $1,300 employee-only coverage
  - $2,600 all other coverage levels

#### Employee Contributions:

- Minimum **$300** ($25 monthly)
- Maximum **$4,150** employee-only / **$8,300** all other levels

For those age 55+, additional $1,000 catch-up

#### MEDICAL

<table>
<thead>
<tr>
<th>Deductible</th>
<th>IN-NETWORK (up to 30-day supply)</th>
<th>OUT-OF-NETWORK (up to 30-day supply)</th>
<th>IN-NETWORK (up to 90-day supply)</th>
<th>OUT-OF-NETWORK (up to 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,900</td>
<td>employee-only</td>
<td>$3,800</td>
<td>$500</td>
<td>$900</td>
</tr>
<tr>
<td>$3,800</td>
<td>all other levels</td>
<td>$7,600</td>
<td>$1,500</td>
<td>$2,700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket (OOP) Maximum</th>
<th>IN-NETWORK (up to 30-day supply)</th>
<th>OUT-OF-NETWORK (up to 30-day supply)</th>
<th>IN-NETWORK (up to 90-day supply)</th>
<th>OUT-OF-NETWORK (up to 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,800</td>
<td>employee-only</td>
<td>$7,600</td>
<td>$2,400</td>
<td>$6,850</td>
</tr>
<tr>
<td>$7,600</td>
<td>all other levels</td>
<td>$15,200</td>
<td>$7,200</td>
<td>$13,700</td>
</tr>
</tbody>
</table>

#### Office Visits

- 20% after deductible
- 40% after deductible
- 20% after deductible
- 40% after deductible

#### Coinsurance

- 20% after deductible
- 40% after deductible
- 20% after deductible
- 40% after deductible

#### Preventive Services

- $0 no deductible
- 40% after deductible
- $0 no deductible
- 40% after deductible

#### Mental Health & Substance Use

- Covered as any other illness through Anthem Behavioral Health.

#### Emergency Room

- 20% after deductible
- No coverage unless an emergency
- $150 copay
- Waived if admitted

#### Urgent Care

- 20% after deductible
- 40% after deductible
- $75 copay
- 40% after deductible

### PRESCRIPTIONS

#### Retail

<table>
<thead>
<tr>
<th>Tier</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 3</td>
<td>$8 / $25 / $45</td>
<td>50% plus amounts above the network’s discounted price</td>
</tr>
</tbody>
</table>

#### Mail Order

<table>
<thead>
<tr>
<th>Tier</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 3</td>
<td>$20 / $62 / $112</td>
<td>No coverage</td>
</tr>
</tbody>
</table>

#### Specialty

<table>
<thead>
<tr>
<th>Tier</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 3</td>
<td>$20 / $62 / $112</td>
<td>No coverage</td>
</tr>
</tbody>
</table>

#### OOP Maximum for Prescriptions

- N/A (included with medical OOP max)
- $7,050 individual
- $11,700 family

#### Preventive Prescriptions

- Plans pay 100% for preventive prescriptions such as generic contraceptives, pediatric sodium fluoride and iron, aspirin, folic acid, bowel preps, statins, Metformin, generic antiretroviral therapy, breast cancer preventives. 100% coverage for tobacco cessation products & nicotine replacement. 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.