



INDIANA UNIVERSITY

# Employee Medical Plans Comparison

2025 PLAN YEAR

	Anthem PPO HDHP		Anthem PPO \$500 Deductible	
<b>Network availability</b>	Nationwide and Overseas			
<b>Provider network</b>	Anthem Blue Access PPO network in Indiana, Anthem National PPO (BlueCard PPO) network in other states, Blue Cross Blue Shield Global Core network overseas			
<b>HSA contributions</b> <i>(IU's contribution is deposited in two payments—half in January, and half in July)</i>	<b>IU Contribution:</b> <b>\$1,300</b> employee-only coverage / <b>\$2,600</b> all other coverage levels  <b>Employee Contributions:</b> Minimum <b>\$300</b> (\$25 monthly) Maximum <b>\$4,300</b> employee-only / <b>\$8,550</b> all other levels (plus an additional \$1,000 catch-up contribution if you are age 55 or older)		Not Eligible	
<b>MEDICAL</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Deductible</b>	<b>\$2,000</b> employee-only <b>\$4,000</b> all other levels	<b>\$4,000</b> employee-only <b>\$8,000</b> all other levels	<b>\$500</b> individual <b>\$1,500</b> family	<b>\$900</b> individual <b>\$2,700</b> family
<b>Out-of-pocket (OOP) maximum</b>	<b>\$4,000</b> employee-only <b>\$8,000</b> all other levels	<b>\$8,000</b> employee-only <b>\$16,000</b> all other levels	<b>\$2,400</b> individual <b>\$7,200</b> family	<b>\$6,850</b> individual <b>\$13,700</b> family
<b>Office visits</b>	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Coinsurance</b>	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Preventive services</b>	<b>\$0</b> no deductible	<b>40%</b> after deductible	<b>\$0</b> no deductible	<b>40%</b> after deductible
<b>Mental health &amp; substance use</b>	Covered as any other condition through Anthem Behavioral Health.			
<b>Emergency room</b>	<b>20%</b> after deductible ( <i>no coverage unless an emergency</i> )		<b>\$150</b> copay ( <i>waived if admitted</i> )	
<b>Urgent care</b>	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>\$75</b> copay	<b>40%</b> after deductible
<b>VISION</b>				
<b>Vision &amp; vision wear</b>	Routine eye exam (\$10 copay) and eyewear (frames, lenses, contacts) at specific allowances through Anthem Blue View Vision.			
<b>PRESCRIPTIONS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Retail</b> <i>(up to 30-day supply)</i>	<b>20%</b> after deductible	Members can submit a prescription drug claim form and receipts to CVS Caremark for partial reimbursement. These claims count towards your in-network deductible and out-of-pocket maximum.	Tier 1 – 3 <b>\$8 / \$25 / \$45</b>	<b>50%</b> plus amounts above the network's discounted price
<b>Retail</b> <i>(up to 90-day supply)</i>			Tier 1 – 3 <b>\$20 / \$62 / \$112</b>	
<b>Mail Order</b> <i>(up to 90-day supply)</i>			Tier 1 – 3 <b>\$20 / \$62 / \$112</b>	No coverage
<b>Specialty</b> <i>(up to 30-day supply)</i>			Tier 1 – 3 <b>\$20 / \$62 / \$112</b>	
<b>OOP maximum for prescriptions</b>	N/A (included with medical OOP max)		<b>\$6,800</b> individual <b>\$11,200</b> family	
<b>Preventive prescriptions</b>	Plans pay 100% for preventive prescriptions like generic contraceptives, pediatric sodium fluoride and iron, aspirin, folic acid, bowel preps, statins, Metformin, generic antiretroviral therapy, breast cancer preventives, and tobacco cessation/nicotine replacement products (prescription required if over-the-counter).			