

**2024 IU Employee Medical Plans****Plans Comparison**

	Anthem PPO HDHP		Anthem PPO \$500 Deductible	
Network Availability	Nationwide and Overseas			
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 <i>(IU's contribution is deposited in two payments—half in January, and half in July)</i>	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		Not Eligible	
MEDICAL	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$1,900 employee-only \$3,800 all other levels	\$3,800 employee-only \$7,600 all other levels	\$500 individual \$1,500 family	\$900 individual \$2,700 family
Out-of-Pocket (OOP) Maximum	\$3,800 employee-only \$7,600 all other levels	\$7,600 employee-only \$15,200 all other levels	\$2,400 individual \$7,200 family	\$6,850 individual \$13,700 family
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 <i>No coverage unless an emergency</i>		\$150 copay <i>Waived if admitted</i>	
Urgent Care	20% after deductible	40% after deductible	\$75 copay	40% after deductible
PRESCRIPTIONS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Retail <i>(up to 30-day supply)</i>	20% after deductible	No coverage	Tier 1 – 3 \$8 / \$25 / \$45	50% plus amounts above the network's discounted price
Retail <i>(up to 90-day supply)</i>			Tier 1 – 3 \$20 / \$62 / \$112	
Mail Order <i>(up to 90-day supply)</i>			Tier 1 – 3 \$20 / \$62 / \$112	No coverage
Specialty <i>(up to 30-day supply)</i>			Tier 1 – 3 \$20 / \$62 / \$112	
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.			