Low Deductible PPO Plan

Summary of Benefits and Coverage

Combination In-Network/ Endorsed **Benefits** In-Network/Endorsed /Encircle & Non-Endorsed /Encircle & Non-**Out-of-Network** Encircle Plan Year July 1 through June 30 **Benefit Period** January 1 through December 31 Benefit Period Deductible Single/EE+CH/Family \$600/\$1,500/\$1,500 60%¹ Co-insurance 70% 80% Benefit Period Out-of-Pocket Maximum \$2,000 \$3,500 \$5,000 (OOPM) Per Person² (Does not include deductible) Office Services Office Exam Physician - Illness/Injury 70% after deductible 60% after deductible 80% after deductible Office Exam Nurse Practitioner – Illness/Injury 80% Quick Care Clinic – Illness/Injury 100% Chronic Disease Office Visit³ 80% 70% 60% after deductible Diabetic, Asthma & Nutrition Education⁴ 100% **Preventive Services**⁵ 100% 100% 60% after deductible Routine exams, tests, immunizations 100% Routine Mammograms, Pap Tests, PSA Tests 100% 60% after deductible and Colonoscopies **Tobacco Cessation** 100% 100% 60% after deductible Lab Charges⁶ LabCorp, Quest Diagnostic/LabCard and 100% American Health Network Diagnostic Lab Charges - Physician/Facility 80% after deductible 80% after deductible 80% after deductible **Outpatient Services** Surgical Expenses - Facility 80% after deductible 70% after deductible 60% after deductible Surgical Expenses – Physician 80% after deductible 70% after deductible 60% after deductible Diagnostic X-ray Expenses – Facility 80% after deductible 80% after deductible 60% after deductible Diagnostic X-ray Expenses – Physician⁷ 80% after deductible 70% after deductible 60% after deductible Chiropractic Services 80% after deductible Physical, Speech and Occupational Therapy 80% after deductible **Inpatient Services** Pre-Admission Testing - Facility⁸ 70% after deductible 60% after deductible 80% after deductible Pre-Admission Testing – Physician⁸ 80% after deductible 70% after deductible 60% after deductible

Effective 07/01/2012

BALL STATE UNIVERSITY of EDUCATION REDEFINED

	<u></u>			
Surgical Expenses - Facility	80% after deductible	70% after deductil	ole	50% after deductible
Surgical Expenses – Physician	80% after deductible	70% after deductil	ole	60% after deductible
Inpatient Hospital/Facility Services, includes	80% after deductible	70% after deductil	ole	50% after deductible ⁹
Intensive Care Unit ¹⁰				
In-hospital Visits – Physician	80% after deductible	70% after deductil	ole	60% after deductible
Skilled Nursing Facility ¹⁰	80% after deductible	70% after deductible		50% after deductible
Additional Services				
Emergency Room Illness & Accident Benefit	80% after deductible, plus \$100 co-pay (co-pay is waived if admitted) 11			
Ambulance Benefit	80% after deductible			
Substance Abuse Benefit	80% after deductible	70% after deductil	ole	60% after deductible ¹²
Mental Health Benefit	80% after deductible	70% after deductil	ole	60% after deductible12
Durable Medical Equipment, Prosthetics and	80% after deductible			
Orthotics				
Home Health Care	80% after deductible			
Hospice Care ¹⁰	80% after deductible	70% after deductil	ole	60% after deductible/50% for
				inpatient ⁹
Dental				
Benefit Period Deductible -	\$60/\$150/\$150			
Single/EE+CH/Family	*Dental deductible is separate from medical			
Maximum Benefit Per Person Per Benefit Period	\$1,500 for general dental ¹³		\$500 for Orthodontia	
Preventive Dental Benefits	First \$50 per Benefit Year paid at 100%, the balance paid at 80%			
Dental Benefits	80% of reasonable and customary rate per Benefit Year			
Orthodontia	80% of reasonable and customary rate per Benefit Year			

¹ Coinsurance for Out-of-Network inpatient/facility is reduced to 50%

² Coinsurance expenses incurred for services by an In-Network/Endorsed/Encircle provider/facility will apply to the In-Network/Endorsed/Encircle provider/facility OOPM and the Combination In-Network/ Endorsed & Non-Endorsed / Encircle & Non-Encircle OOPM. Coinsurance expenses incurred for services by an out-of-network provider will only apply to the out-of-network OOPM

Refer to Section 2.30 of the Summary Plan Document for a list of chronic diseases; this benefit includes the exam charge and lab and EKG services related to the office visits

⁴ Services must be prescribed by a physician and provided by a certified educator/dietician

⁵ These services may vary based on age, sex, and personal history of the individual and are covered when consistent with the Affordable Care Act's guidelines. Preventive care is provided when there are no current symptoms or history of medical conditions associated with a particular screening; all preventive services are limited to one of each service per year per covered member ⁶ This benefit is for laboratory charges only

Precertification with KBA for non-emergency MRI and CT scans required; benefits will be reduced by 50% if precertification is not obtained

 $^{^{8}}$ Testing must be performed within 72 hours prior to the individual's admission to the hospital

An additional \$2,000 penalty will be charged for each Out-of-Network inpatient admission – the penalty does not apply toward the deductible or OOPM

¹⁰ Pre-certification with KBA for this benefit is required; hospital/facility charges will be reduced by 50% per admission if precertification is not obtained

¹¹ Member must contact KBA within 48 hours of an emergency admission; if provision not followed then benefits will be reduced by 50%

¹² Mental health/substance abuse providers not subject to AHDI rules will be paid as AHDI Endorsed and services will be subject to the Encircle OOPM; benefits will be reduced to 50% for Out-of-Network inpatient/facility admissions and the \$2,000 penalty will also apply

¹³ Pediatric general dental services are not subject to the Benefit Year maximum for children under age 18