## **High Deductible Wellness PPO Plan**

## **Summary of Benefits and Coverage**

Benefits	In-Network/Endorsed /Encircle	& Non-Endorsed / Encircle & Non- Encircle	Out-of-Network		
Plan Year	July 1 through June 30				
Benefit Period	January 1 through December 31				
Benefit Period Deductible					
Single/EE+CH/Family	\$1,100/\$2,750/\$2,750				
Co-insurance	80%	70%	60% <sup>1</sup>		
Benefit Period Out-of-Pocket Maximum					
(OOPM) Per Person <sup>2</sup>	\$2,750	\$4,500	\$7,500		
(Does not include deductible)					
Office Services					
Office Exam Physician – Illness/Injury	80% after deductible	70% after deductible	60% after deductible		
Office Exam Nurse Practitioner – Illness/Injury	80%				
Quick Care Clinic – Illness/Injury	100%				
Chronic Disease Office Visit <sup>3</sup>	80%	70%	60% after deductible		
Diabetic, Asthma & Nutrition Education <sup>4</sup>	100%				
Preventive Services <sup>5</sup>					
Routine exams, tests, immunizations	100%	100%	60% after deductible		
Routine Mammograms, Pap Tests, PSA Tests			60% after deductible		
and Colonoscopies	100%	100%			
Tobacco Cessation	100%	100%	60% after deductible		
Lab Charges <sup>6</sup>					
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 <sup>7</sup>	80% after deductible	80% after deductible	60% after deductible		
Diagnostic X-ray Expenses – Physician <sup>7</sup>	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 - Facility <sup>8</sup>	80% after deductible	70% after deductible	60% after deductible		
Pre-Admission Testing – Physician <sup>8</sup>	80% after deductible	70% after deductible	60% after deductible		

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Surgical Expenses - Facility	80% after deductible	70% after deductib	le	50% after deductible	
Surgical Expenses – Physician	80% after deductible	70% after deductib	le	60% after deductible	
Inpatient Hospital/Facility Services, includes	80% after deductible	70% after deductib	le	50% after deductible9	
Intensive Care Unit <sup>10</sup>					
In-hospital Visits – Physician	80% after deductible	70% after deductib	le	60% after deductible	
Skilled Nursing Facility <sup>10</sup>	80% after deductible	70% after deductib	le	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 deductible		60% after deductible <sup>12</sup>	
Mental Health Benefit	80% after deductible	70% after deductible		60% after deductible <sup>12</sup>	
Durable Medical Equipment, Prosthetics and	80% after deductible				
Orthotics					
Home Health Care	80% after deductible				
Hospice Care <sup>10</sup>	80% after deductible	70% after deductible		60% after deductible/50% for	
				inpatient <sup>9</sup>	
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 <sup>13</sup>	\$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				

<sup>&</sup>lt;sup>1</sup> Coinsurance for Out-of-Network inpatient/facility services is reduced to 50%

<sup>&</sup>lt;sup>2</sup> 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.

<sup>&</sup>lt;sup>3</sup> 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

<sup>&</sup>lt;sup>4</sup> Services must be prescribed by a physician and provided by a certified educator/dietician

<sup>&</sup>lt;sup>5</sup> 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 <sup>6</sup> This benefit is for laboratory charges only

<sup>&</sup>lt;sup>7</sup> Precertification with KBA for non-emergency MRI and CT scans required; benefits will be reduced by 50% if precertification is not obtained

<sup>&</sup>lt;sup>8</sup> Testing must be performed within 72 hours prior to the individual's admission to the hospital

<sup>&</sup>lt;sup>9</sup> 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

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

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

<sup>&</sup>lt;sup>12</sup> 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

<sup>&</sup>lt;sup>13</sup> Pediatric general dental services are not subject to the Benefit Year maximum for children under age 18