BALL STATE UNIVERSITY EDUCATION REDEFINED

High Deductible Wellness PPO Plan **Summary of Benefits and Coverage** **Effective 07/01/2012**

Benefits	In-Network/Endorsed /Encircle	Combination In-Network/ Endorsed & 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%[1]
Benefit Period Out-of-Pocket Maximum (OOPM) Per Person[2] (Does not include deductible)	**$2,750**	**$4,500**	**$7,500**
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[3]	80%	70%	60% after deductible
Diabetic, Asthma & Nutrition Education[4]	100%		
Preventive Services[5]			
Routine exams, tests, immunizations	**100%**	**100%**	60% after deductible
Routine Mammograms, Pap Tests, PSA Tests and Colonoscopies	**100%**	**100%**	60% after deductible
Tobacco Cessation	**100%**	**100%**	60% after deductible
Lab Charges[6]			
LabCorp, Quest Diagnostic/LabCard and American Health Network	100%		
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[7]	80% after deductible	80% after deductible	60% after deductible
Diagnostic X-ray Expenses – Physician[7]	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[8]	80% after deductible	70% after deductible	60% after deductible
Pre-Admission Testing – Physician[8]	80% after deductible	70% after deductible	60% after deductible

Surgical Expenses - Facility	80% after deductible	70% after deductible	50% after deductible
Surgical Expenses – Physician	80% after deductible	70% after deductible	60% after deductible
Inpatient Hospital/Facility Services, includes Intensive Care Unit[10]	80% after deductible	70% after deductible	50% after deductible[9]
In-hospital Visits – Physician	80% after deductible	70% after deductible	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 deductible	60% after deductible[12]
Mental Health Benefit	80% after deductible	70% after deductible	60% after deductible[12]
Durable Medical Equipment, Prosthetics and Orthotics	80% after deductible		
Home Health Care	80% after deductible		
Hospice Care[10]	80% after deductible	70% after deductible	60% after deductible/50% for inpatient[9]
Dental			
Benefit Period Deductible - Single/EE+CH/Family	***$60/$150/$150*** *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 services 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.

[3] 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

[7] 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

[9] 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