## MEDICAL PLANS COMPARISON CHART

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<th>Network Availability</th>
<th>Provider Network</th>
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<td>Most Indiana counties. Visit <a href="http://iuhelthplans.org">iuhelthplans.org</a> for a provider directory.</td>
<td>Only from IU Health network providers</td>
<td>IU Contribution: $1,500 employee-only coverage $3,000 all other coverage levels. Contribution is deposited with the employee’s 2nd paycheck in January. Employee Contribution: Minimum $100 (25% monthly)</td>
<td>Plan pays 100%</td>
<td>Out-of-Network: Paid as in-network when 50+ miles from home</td>
<td>In-Network Benefts Deductible: $2,500 employee-only coverage $5,000 all other coverage levels.</td>
<td>Out-of-Pocket Maximum: $3,000 employee-only coverage $6,000 all other coverage levels.</td>
<td>Out-of-Pocket Limit for In-Network Prescriptions: Employee-only: $5,500. All other coverage levels: $8,600.</td>
<td>Exams and Eyewear: Routine eye exam ($10 copay) and eyewear (frames, lenses, or contacts) with specific allowances. IU Health members use EyeMed network &amp; ID card. Anthem members use Blue View Vision network &amp; Anthem ID card.</td>
</tr>
</tbody>
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### Out-of-Pocket Maximum

- Out-of-Network: Paid as in-network when 50+ miles from home
- In-Network: Paid as in-network when 50+ miles from home

### Coinsurance

- In-Network: 20%
- Out-of-Network: 40%

### Deductible

- In-Network: $2,500 employee-only coverage $5,000 all other coverage levels
- Out-of-Network: $3,000 employee-only coverage $6,000 all other coverage levels

### Preventive Services

- Plan pays 100%

### Urgent Care

- In-Network: 20% coinsurance after deductible
- Out-of-Network: Paid as in-network when 50+ miles from home

### Mental Health

Covered as any other illness through IU Health network providers. Prior authorization is required.

### Prescription Drugs

#### Tier 1

- Retail at CVS Pharmacies (up to 30-day supply): 20% coinsurance after deductible

#### Tier 2

- Mail Order (up to 90-day supply): 20% coinsurance after deductible

#### Tier 3

- Specialty Drugs (up to 30-day supply): 20% coinsurance after deductible

### Preventive Prescription Exceptions

All plans pay 100% for generic contraceptives, pediatric sodium fluoride, low dose aspirin, folic acid. Vitamin D for age 65 and older, Tamoxifen, Raloxifene, and iron. 100% coverage for tobacco cessation products and nicotine replacement (up to 180-day supply annually). Over the counter products require a prescription for coverage.

### Preventive Services

Covered as any other illness through IU Health network providers. Prior authorization is required.

### Exams and Eyewear

Routine eye exam ($10 copay) and eyewear (frames, lenses, or contacts) with specific allowances. IU Health members use EyeMed network & ID card. Anthem members use Blue View Vision network & Anthem ID card.