

Ball State University
Health Care Plan Comparison
 Premiums effective July 1, 2008

Description	PPO Plan						Traditional Plan
	High Deductible HSA Qualified Option		High Deductible Wellness Option		Low Deductible Option		
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Employee Premium (per month)	12-month: \$78.84 for single per month 10-month: \$94.60 for single per month		12-month: \$108.86 for single per month 10-month: \$130.64 for single per month		12-month: \$156.20 for single per month 10-month: \$187.44 for single per month		12-month: \$277.92 for single per month 10-month: \$333.50 for single per month
	12-month: \$204.68 for family per month 10-month: \$245.62 for family per month		12-month: \$282.58 for family per month 10-month: \$339.10 for family per month		12-month: \$405.46 for family per month 10-month: \$486.56 for family per month		12-month: \$721.48 for family per month 10-month: \$865.78 for family per month

Medical							
Deductible <i>All services subject to deductible unless otherwise noted.</i>	\$1,500 for single and \$3,000 for family (family deductible must be reached before benefits are payable excluding certain preventive prescriptions.)		\$1,000 per person and \$2,000 per family		\$200 per person and \$400 per family		\$200 per person and \$400 per family
Out-of-Pocket Maximum	<u>Single plan:</u> \$1,000 per yr for endorsed + deductible \$1,500 per yr for nonendorsed + deductible <u>Family plan:</u> \$2,000 per yr for endorsed + deductible \$3,000 per family per yr for nonendorsed + deductible	<u>Single plan:</u> \$2,000 per yr + \$2,000 per admission for inpatient services. <u>Family plan:</u> \$4,000 per yr + \$2,000 per admission for inpatient services. Total, including deductible not to exceed: \$5,500 per yr Single Plan \$11,000 per yr Family Plan	\$2,000 per person per yr for endorsed + deductible \$3,000 per person per yr for nonendorsed + deductible	\$4,000 per person per yr + \$2,000 per admission for inpatient + deductible	\$1,000 per person per yr for endorsed + deductible \$1,500 per person per yr for nonendorsed + deductible	\$2,000 per person + \$2,000 per admission for inpatient + deductible	\$2,000 per person per yr + deductible Separate maximum of \$2,000 per hospital or facility inpatient admission after meeting deductible
Lifetime Maximum	\$2.0 million per person (combined medical and prescription)						
Wellness Benefits:							
Approved Routine Tests	80% endorsed 70% nonendorsed NOT subject to deductible	60%	80% endorsed 70% nonendorsed NOT subject to deductible	60%	80% endorsed 70% nonendorsed NOT subject to deductible	60%	60% usual and customary
Routine Office Visits	80% endorsed 70% nonendorsed NOT subject to deductible Maximum \$200 per visit	60% maximum \$200 per visit	80% endorsed 70% nonendorsed NOT subject to deductible Maximum \$200 per visit	60% maximum \$200 per visit	80% endorsed 70% nonendorsed NOT subject to deductible Maximum \$200 per visit	60% maximum \$200 per visit	60% usual and customary maximum \$80 per visit
Chronic Disease Physician Office Visits	80% endorsed 70% nonendorsed	60%	80% endorsed 70% nonendorsed NOT subject to deductible	60%	80% endorsed 70% nonendorsed NOT subject to deductible	60%	60% usual and customary
Regular Physician Office Visits	80% endorsed 70% nonendorsed	60%	80% endorsed 70% nonendorsed	60%	80% endorsed 70% nonendorsed NOT subject to deductible	60%	60% usual and customary
Quick Clinic (Nurse Practitioner)	100% <i>must pay at time of service and file claim</i>		100% NOT subject to deductible		100% NOT subject to deductible		60% NOT subject to deductible <i>must pay at time of service and file claim</i>
Nurse Practitioners as Specified	80%		80% NOT subject to deductible		80% NOT subject to deductible		60% usual and customary NOT subject to deductible
Training & Education: Diabetic, Asthma & Nutrition	<i>No limit on number of sessions, must be prescribed by medical doctor and must be provided by certified educator in the field. Certain other limitations may apply.</i>						
	100%		100% NOT subject to deductible				

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	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Hospital In-Patient	80%	60%	80%	60%	80%	60%	60% usual and customary
<i>Pre-cert required within 48 hours</i>							
Hospital Out-Patient	80%	60%	80%	60%	80%	60%	60% usual and customary
Mental, Nervous, and Substance Abuse	80% endorsed 70% nonendorsed	60%	80% endorsed 70% nonendorsed	60%	80% endorsed 70% nonendorsed	60%	60% usual and customary
<i>Pre-certification required after 12 out-patient or physician visits per calendar year. Lifetime substance abuse benefit limited to 60 inpatient days per person.</i>							
Lab Charges: PA Labs (Pathologists' Associated), American Health Network, and Lab One	100% when billed directly by PA Labs (Pathologists' Associated), American Health Network, or Lab One		100% NOT subject to deductible when billed directly by PA Labs (Pathologists' Associated), American Health Network, or Lab One				
Other Labs and Physicians	80%						60%

Prescription Drugs - No PPO Network for Prescription Drugs

Deductible <i>All services subject to deductible unless otherwise noted.</i>	Included in medical deductible	\$25 per person per year and \$50 per family per year					
Out-of-Pocket Maximum	Included in medical out of pocket maximum	\$1,000 per person per year					
Retail Benefit:							
Non-Maintenance Drugs:							
Generic Drugs	90%	90%	90%	90%	90%	80%	80%
Name Brand Drugs	80%	80%	80%	80%	80%	80%	80%
Maintenance Drugs:							
Generic Drugs	75%	75%	75%	75%	75%	65%	65%
Name Brand Drugs	65%	65%	65%	65%	65%	65%	65%
Preventive Medication	Same % as other drugs NOT subject to medical deductible	Same % as other drugs					
Mail Order Maintenance Drugs:							
Generic Drugs	90%	90%	90%	90%	90%	80%	80%
Name Brand Drugs	80%	80%	80%	80%	80%	80%	80%

Dental - NO PPO Network for Dental Coverage

Deductible <i>All services subject to deductible unless otherwise noted.</i>	\$50 per person and \$100 per family						
Benefit	First \$50 per person preventive; 80% usual and customary otherwise						80% usual and customary
Maximum Benefit	\$1,500 per person per year						
Orthodontia Maximum Benefit	\$500 per person per year (separate from dental maximum)						\$1,000 per person per course of treatment (included in dental maximum)

For a listing of In-Network and AHDI endorsed providers: www.ihnppo.com or call 1-888-446-6670.

For additional information please go to www.bsu.edu/payroll.