# Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Anthem Blue Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year</strong></td>
<td>January 1 through December 31</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$400</td>
</tr>
<tr>
<td><strong>Member Coinsurance</strong></td>
<td>20%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (OOPM)</strong></td>
<td>$1,500</td>
</tr>
<tr>
<td>*Amount Includes Deductible and is per person</td>
<td></td>
</tr>
</tbody>
</table>

## Office Services

- **Office Exam Physician – Illness Injury**: 20% after deductible
- **Office Exam Nurse Practitioner – Illness Injury**: 20% after deductible
- **BSU Quick Care Clinic – Illness/Injury**: Not Covered

## Preventive Services

- **Routine exams, tests and immunizations**: No Charge
- **Routine Mammograms, pap tests and colonoscopies**: No Charge
- **Tobacco Cessation**: No Charge

## Lab Charges

- **LabCorp, Quest Diagnostic/LabCard and American Health Network**: No Charge
- **Diagnostic Lab Charges – Physician/Facility**: 20% after deductible

## Outpatient Services

- **Surgical Expenses – Facility**: 20% after deductible
- **Surgical Expenses – Physician**: 20% after deductible
- **Diagnostic X-ray Expenses – Facility**: 20% after deductible
- **Diagnostic X-ray Expenses – Physician**: 20% after deductible
- **Chiropractic/Manipulation Services**: 20% after deductible
- **Physical, Speech and Occupational Therapy**: 20% after deductible

## Inpatient Services

- **Pre-Admission Testing – Facility**: 20% after deductible
- **Pre-Admission Testing – Physician**: 20% after deductible
### Summary of Benefits and Coverage

**Retiree Over 65 Health Plan**  
**Effective 01/01/2022**

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Expenses – Facility</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Surgical Expenses – Physician</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Inpatient Care – Facility</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Inpatient Care – Physician</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

**Additional Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Illness and Accident Benefit</td>
<td>20% after $200 copay after deductible (copay is waived if admitted)</td>
</tr>
<tr>
<td>Ambulance Benefit</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Substance Abuse Benefit</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Mental Health Benefit</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Prosthetics/Orthotics</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

*Employee Plus Children

<table>
<thead>
<tr>
<th>Important Medical Plan Contacts</th>
<th>Phone</th>
<th>Web or Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Customer Service</td>
<td>1-855-871-4901</td>
<td><a href="http://www.anthem.com">www.anthem.com</a></td>
</tr>
<tr>
<td>Anthem Web Support Helpdesk</td>
<td>1-866-755-2680</td>
<td><a href="mailto:Web_support@Anthem.com">Web_support@Anthem.com</a></td>
</tr>
<tr>
<td>Ball State University Employee</td>
<td>765-285-8461</td>
<td><a href="http://www.bsu.edu/payroll">www.bsu.edu/payroll</a> or <a href="mailto:peb@bsu.edu">peb@bsu.edu</a></td>
</tr>
</tbody>
</table>

1 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.

2 This benefit is for blood work lab charges only.