



# BALL STATE UNIVERSITY

High Deductible Wellness PPO Plan

Summary of Benefits and Coverage

Effective 01/01/2022

| Benefits   | Anthem BlueCard PPO Network  | Out-of-Network   |
|--|--|--|
| Plan Year  | January 1 through December 31  |  |
| Deductible<br>Individual or EE+CH*/Family                                  | \$1,300 or \$3,900 (3X the Individual)   | \$2,600 or \$7,800 (2X the INN* Deductibles)                                 |
|  | Only an individual portion of the family deductible (\$1,300 or \$2,600) can be met by any one family member; once an individual family member's deductible is met, that family member's benefits are paid at the appropriate coinsurance amount |  |
| Member Coinsurance   | 20%  | 50%  |
| Out-of-Pocket Maximum (OOPM*)<br>*Amount <b><i>Includes</i></b> Deductible | Individual = \$4,050<br>EE+CH/Family = \$9,750   | Individual = \$12,150 (3X INN OOPM)<br>EE+CH/Family = \$29,250 (3X INN OOPM) |
| <b>Office Services</b>   |  |  |
| Office Exam Physician – Illness Injury                                     | 20% after deductible   | 50% after deductible   |
| Office Exam Nurse Practitioner – Illness Injury                            | 20% after deductible   | 50% after deductible   |
| BSU Quick Care Clinic – Illness/Injury                                     | No Charge  |  |
| Chronic Disease Illness Visits   | 20% after deductible   | 50% after deductible   |
| <b>Preventive Services<sup>1</sup></b>                                     |  |  |
| Routine exams, tests and immunizations                                     | No Charge  | 50% after deductible   |
| Routine Mammograms, pap tests and colonoscopies                            | No Charge  | 50% after deductible   |
| Tobacco Cessation  | No Charge  | 50% after deductible   |
| <b>Lab Charges<sup>2</sup></b>   |  |  |
| LabCorp, Quest Diagnostic/LabCard and American Health Network              | No Charge  |  |
| Diagnostic Lab Charges – Physician/Facility                                | 20% after deductible   | 50% after deductible   |
| <b>Outpatient Services</b>   |  |  |
| Surgical Expenses – Facility   | 20% after deductible   | 50% after deductible   |
| Surgical Expenses – Physician  | 20% after deductible   | 50% after deductible   |
| Diagnostic X-ray Expenses – Facility                                       | 20% after deductible   | 50% after deductible   |
| Diagnostic X-ray Expenses – Physician                                      | 20% after deductible   | 50% after deductible   |
| Manipulation Therapy   | 20% after deductible; 24 Day Visit Limitation  | 50% after deductible; 24 Day Visit Limitation                                |
| Physical, Speech and Occupational Therapy                                  | 20% after deductible; 60 Day Visit Limitation  | 50% after deductible; 60 Day Visit Limitation                                |
| Cardiac Rehabilitation   | 20% after deductible; 36 Day Visit Limitation  | 50% after deductible; 36 Day Visit Limitation                                |



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| Pulmonary Rehabilitation                          | 20% after deductible; 20 Day Visit Limitation  | 50% after deductible; 20 Day Visit Limitation      |
| <b>Inpatient Services</b>                         |  |  |
| Pre-Admission Testing – Facility                  | 20% after deductible   | 50% after deductible                               |
| Pre-Admission Testing – Physician                 | 20% after deductible   | 50% after deductible                               |
| Surgical Expenses – Facility                      | 20% after deductible   | 50% after deductible                               |
| Surgical Expenses – Physician                     | 20% after deductible   | 50% after deductible                               |
| Inpatient Care – Facility                         | 20% after deductible   | 50% after deductible                               |
| Inpatient Care – Physician                        | 20% after deductible   | 50% after deductible                               |
| Skilled Nursing Facility                          | 20% after deductible   | 50% after deductible                               |
| <b>Additional Services</b>                        |  |  |
| Emergency Room Illness and Accident Benefit       | 20% after \$200 copay after deductible (copay is waived if admitted)-must satisfy emergency criteria |  |
| Ambulance Benefit                                 | 20% after deductible   |  |
| Substance Abuse Benefit                           | 20% after deductible   | 50% after deductible                               |
| Mental Health Benefit; Includes Residential Care  | 20% after deductible   | 50% after deductible                               |
| Durable Medical Equipment                         | 20% after deductible   | 50% after deductible                               |
| Prosthetics/Orthotics                             | 20% after deductible   | 50% after deductible                               |
| Home Health Care                                  | 20% after deductible   | 50% after deductible                               |
| Hospice Care                                      | 20% after deductible   | 50% after deductible                               |
| Bariatric Services for Morbid Obesity             | 20% after deductible; additional criteria required   | 50% after deductible; additional criteria required |
| ConditionCare Disease Management Solution Program | N/A  | N/A  |
| Estimate Your Cost Tool                           | N/A  | N/A  |
| Advanced Imaging Management (AIM)                 | N/A  | N/A  |

**\*Abbreviations:**

EE+CH = Employee Plus Children

INN = In-Network

OOPM = Out-of-Pocket-Maximum

<sup>1</sup> 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>2</sup> This benefit is for blood work lab charges only.