



Retiree Over 65 Health Plan

Summary of Benefits and Coverage

Effective 01/01/2026

Benefits	Anthem Blue Traditional
Plan Year	January 1 through December 31
Deductible Individual	\$400
Member Coinsurance	20%
Out-of-Pocket Maximum (OOPM) *Amount Includes Deductible and is per person	\$1,500
Office Services	
Office Exam Physician – Illness Injury	20% after deductible
Office Exam Nurse Practitioner – Illness Injury	20% after deductible
Preventive Services¹	
Routine exams, tests and immunizations	No Charge
Routine Mammograms, pap tests and colonoscopies	No Charge
Tobacco Cessation	No Charge
Lab Charges²	
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
Surgical Expenses – Facility	20% after deductible

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Surgical Expenses – Physician	20% after deductible
Inpatient Care – Facility	20% after deductible
Inpatient Care – Physician	20% after deductible
Skilled Nursing Facility	20% after deductible
Additional Services	
Emergency Room Illness and Accident Benefit	20% after \$200 copay after deductible (copay is waived if admitted)
Ambulance Benefit	20% after deductible
Substance Abuse Benefit	20% after deductible
Mental Health Benefit	20% after deductible
Durable Medical Equipment	20% after deductible
Prosthetics/Orthotics	20% after deductible
Home Health Care	20% after deductible
Hospice Care	20% after deductible

*Employee Plus Children

Important Medical Plan Contacts	Phone	Web or Email Address
Anthem Customer Service	1-855-871-4901	www.anthem.com
Anthem Web Support Helpdesk	1-866-755-2680	Web_support@Anthem.com
Ball State University Employee Benefits	765-285-8461	www.bsu.edu/payroll or peb@bsu.edu

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.