



BALL STATE UNIVERSITY

PPO Health Plan

Summary of Benefits and Coverage

Effective 01/01/2026

Benefits	Anthem BlueCard PPO Network	Out-of-Network
Plan Year	January 1 through December 31	
Deductible 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*) *Amount <u>Includes</u> Deductible	Individual = \$4,050 EE+CH/Family = \$9,750	Individual = \$12,150 (3X INN OOPM) EE+CH/Family = \$29,250 (3X INN OOPM)
Office Services		
Office Exam Physician – Illness Injury	20% after deductible	50% after deductible
Office Exam Nurse Practitioner – Illness Injury	20% after deductible	50% after deductible
Chronic Disease Illness Visits	20% after deductible	50% after deductible
Preventive Services¹		
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
Lab Charges²		
LabCorp, Quest Diagnostic/LabCard and American Health Network	No Charge	
Diagnostic Lab Charges – Physician/Facility	20% after deductible	50% after deductible
Outpatient Services		
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
Pulmonary Rehabilitation	20% after deductible; 20 Day Visit Limitation	50% after deductible; 20 Day Visit Limitation
Inpatient Services		



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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
Additional Services		
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

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.