## Traditional PPO Medical Plan

**Description:**
- Offers a broad network of physicians and facilities
- Deductible, coinsurance and out-of-pocket maximums amounts are based on where services are received
- Highest level of coverage when using IU Health Business Solutions providers and facilities

**Plan Document:**
- IU Health EHP Summary Plan Document

**Physician/Facilities Lookup:**
- IU Health Business Solutions Network Online Directory
- Encore Network Online Directory
- PHCS Online Directory (Residents Outside Indiana)
- PHCS/MultiPlan (Travel)
- Paoli Team Members Online Directory

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### Traditional PPO Medical Plan

| Description | IU Health = $600 Individual / $1,200 Family  
Encore/PHCS = $1,200 Individual / $2,400 Family  
Out of Network = $1,200 Individual / $2,400 Family |
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<td>Annual deductible</td>
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| Office visit copayment/visit | IU Health = $20 copay primary care / $35 copay specialist  
Encore/PHCS = $20 copay primary care / $35 copay specialist  
Out of Network = 60% |
| Urgent care copayment/visit | $20 copay |
| ER copayment/visit for emergency treatment (if not admitted) – non-emergency care at ER is not covered | $200 copay (waived if admitted) |
| Coinsurance for inpatient or outpatient treatment * (chart shows the team member’s responsibility; plan pays balance of covered charges) | IU Health = 20% (after deductible satisfied)  
Encore/PHCS = 40% (after deductible satisfied)  
Out of Network = 60% (after deductible satisfied) |
| Out-of-pocket maximum (OOPM) | IU Health = $3,750 Individual / $7,500 Family  
Encore/PHCS = $5,500 Individual / $11,000 Family  
Out of Network = $6,500 Individual / $13,000 Family (Deductible, copays and coinsurance apply toward the above out-of-pocket maximum amounts) |

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The chart below provides a brief overview of the Traditional PPO Medical plan coverage. Additional plan information may be found on the IU Health Plans website at [myiuhealthplans.com](http://myiuhealthplans.com). In the event of a discrepancy, the group contract language prevails.