



Traditional PPO Medical Plan

Description:	<ul style="list-style-type: none"> • 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

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. In the event of a discrepancy, the group contract language prevails.

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Annual deductible	IU Health = \$600 Individual / \$1,200 Family Encore/PHCS = \$1,200 Individual / \$2,400 Family Out of Network = \$1,200 Individual / \$2,400 Family
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) *Pre-certification is required for most inpatient and outpatient treatments	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)