



Traditional PPO Medical Out of Area 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 PHCS/MultiPlan providers and facilities
Plan Document:	IU Health EHP Summary Plan Document
Physician/Facilities Lookup:	PHCS/MultiPlan

The chart below provides a brief overview of the Traditional PPO Medical OOA 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.

	Traditional PPO Medical OOA Plan
Annual deductible	PHCS/MultiPlan = \$600 Individual / \$1,200 Family Out of Network = \$1,200 Individual / \$2,400 Family
Office visit copayment/visit	PHCS/MultiPlan = \$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	PHCS/MultiPlan = 20% (after deductible satisfied) Out of Network = 60% (after deductible satisfied)
Out-of-pocket maximum (OOPM)	PHCS/MultiPlan = \$3,750 Individual / \$7,500 Family Out of Network = \$6,500 Individual / \$13,000 Family (Deductible, copays and coinsurance apply toward the above out-of-pocket maximum amounts)