Your Summary of Benefits

University of Southern Indiana
Blue Access Health Savings
Accounts Effective January 1, 2020

Covered Benefits	Network	Non-Network
Embedded Deductible The single deductible does apply to family coverage. Network and Non-Network deductibles are combined.	Single: $2,800 Family: $5,600	
Out-of-Pocket Limit	Single: $5,000 Family: $10,000	Single: $10,000 Family: $20,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP)	20%	40%
LiveHealth Online	20%	40%
• Including Office Surgeries, allergy serum, allergy injections and allergy testing	20%	40%
Preventive Care Services Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams • Physician Home and Office Visits • Other Outpatient Services @ Hospital/Alternative Care Facility	No copayment/coinsurance	40%
Emergency and Urgent Care		
• **Emergency Room Services @ Hospital** (facility/other covered services)	20%	20%
• **Urgent Care Center Services**	20%	40%
Inpatient and Outpatient Professional Services Include but are not limited to: • Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	20%	40%
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: • 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) • 100 days for skilled nursing facility	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility • Surgery and administration of general anesthesia	20%	40%
Blue 11.0		

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Other Outpatient Services (including but not limited to): • Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. • Home Care Services (Network/Non-network combined) 100 visits (excludes IV Therapy) • Durable Medical Equipment and Orthotics (excluding Prosthetic Devices and Medical Supplies) • Prosthetic Devices • Physical Medicine Therapy Day Rehabilitation programs	20%	40%
• Hospice Care	20%	20%
• Ambulance Services	20%	20%
Accidental Dental Services $3,000 limit per occurrence (network and non-network combined)	20%	40%
Outpatient Therapy Services (Combined Network & Non-Network limits apply)		
• Physician Home and Office Visits (PCP/SCP)	20%	40%
• Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Cardiac Rehabilitation: 36 visits • Pulmonary Rehabilitation: 20 visits • Physical therapy: 20 visits • Occupational therapy: 20 visits • Manipulation therapy: 12 visits • Speech therapy: 20 visits	20%	40%
Behavioral Health Services[1]:		
• Inpatient Facility Services	20%	40%
• Physician Home and Office Visits (PCP/SCP)	20%	40%
• LiveHealth Online	20%	40%
• Other Outpatient Services @ Hospital/Alternative Care Facility.	20%	40%
Human Organ and Tissue Transplants • Acquisition and transplant procedures, harvest and storage.	20%	40%
Lifetime Maximum	Unlimited	Unlimited
Surgical Treatment of Morbid Obesity	Unlimited	Unlimited

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Notes:

- All medical and drug cost shares, deductibles and percentage (%) coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance, including 0%.
- Deductible applies to all prescription drug expenses for Rx plans. Once the deductible is met the appropriate copayment/ coinsurance applies. Copayments/coinsurance accumulate to the Medical OOP max. Once the Medical OOP max is met, no additional cost share applies.
- Once the family deductible is satisfied by either one member or all members collectively, then the additional percentage coinsurance will be required before the family out-of-pocket is satisfied. Does not apply to embedded deductible plans.
- Network and Non-network **Deductible,** copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month h which the child attains age 26
- 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- No Cost Share (NCS): No deductible/copayment/coinsurance up to the maximum allowable amount.
- Live Health Online (LHO) is covered at the PCP cost share.
- Benefit period = calendar year
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing – limited to 82 visits/Calendar Year and 164 visits/lifetime.
- Wigs limited to 1 per benefit period

1 We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.

Precertification:
Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-existing Exclusion Period: None

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

The benefits reflected in this quotation have been adjusted to comply with changes required by the Affordable Care Act beginning in 2014.
This benefit overview is for illustrative purposes and some content may be pending Indiana Department of Insurance approval.

Signature:______________________________________ Date:____________________