



The IDA Insurance Trust is a multiple employer welfare arrangement. The multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of the Indiana. State insurance guaranty funds are not available for the IDA Insurance Trust.

2018 Benefit Comparison

Benefits	TRAD. \$500	PPO \$500	PPO \$1,000	PPO \$2,500	HSA \$4,000/\$8,000	HSA \$6,450/\$12,900
		Network / Non-Network	Network / Non-Network	Network / Non-Network	Network / Non-Network	Network / Non-Network
Deductible: Single Family	\$500 \$1,500	\$500 / \$1,000 \$1,500 / \$3,000	\$1,000 / \$2,000 \$3,000 / \$6,000	\$2,500 / \$5,000 \$7,500 / \$15,000	\$4,000 / \$8,000 \$8,000 / \$16,000	\$6,450 / \$12,900 \$12,900 / \$25,800
Out of Pocket Maximum : Single Family	\$3,000 \$6,000	\$2,000 / \$4,000 \$4,000 / \$8,000	\$3,000 / \$6,000 \$6,000 / \$12,000	\$6,000 / \$12,000 \$12,000 / \$24,000	\$4,000 / \$8,000 \$8,000 / \$16,000	\$6,450 / \$12,900 \$12,900 / \$25,800
Coinsurance*	20%	20% / 40%	20% / 40%	20% / 40%	0%	0%
Hospital Services	20%	20% / 40%	20% / 40%	20% / 40%	0%	0%
Office Visit	20%	\$25 Co-pay / 40%	\$25 Co-pay / 40%	\$30 Co-pay / 40%	0%	0%
Urgent Care Facility	20%	\$75 Co-pay	\$75 Co-pay	\$75 Co-pay	0%	0%
Outpatient Facility	20%	20% / 40%	20% / 40%	20% / 40%	0%	0%
Prescription Drug Co-pay applies at all Anthem participating network pharmacies (30 day supply max.)	\$200 Deductible** \$15 Tier 1 \$40 Tier 2 \$60 Tier 3	\$200 Deductible** \$15 Tier 1 \$40 Tier 2 \$60 Tier 3	\$200 Deductible** \$15 Tier 1 \$40 Tier 2 \$60 Tier 3	\$200 Deductible** \$15 Tier 1 \$40 Tier 2 \$60 Tier 3	0%	0%
Anthem Mail Order Prescription Drug (up to 90 day supply)	\$15 Tier 1 \$100 Tier 2 \$180 Tier 3	\$15 Tier 1 \$100 Tier 2 \$180 Tier 3	\$15 Tier 1 \$100 Tier 2 \$180 Tier 3	\$15 Tier 1 \$100 Tier 2 \$180 Tier 3	0%	0%
Emergency Room	20%	\$200 Co-pay	\$200 Co-pay	\$200 Co-pay	0%	0%
Human Organ Transplant	0% in network 50% out-of-network	0% in-network 50% out-of-network	0% in-network 50% out-of-network	0% in-network 50% out-of-network	0%	0%
Ambulance	20%	20%	20%	20%	0%	0%
Outpatient Therapy Services Spinal Manipulations	12 visits per calendar year	12 visits per calendar year	12 visits per calendar year	12 visits per calendar year	0%	0%
Behavioral Health In-patient Physician Office	20% 20%	Admin. by Anthem Behavior Health and network providers 20% / 40% \$25 Co-pay / 40%	Admin. by Anthem Behavior Health and network providers 20% / 40% \$25 Co-pay / 40%	Admin. by Anthem Behavior Health and network providers 20% / 40% \$30 Co-pay / 40%	Admin. by Anthem Behavior Health and provider network 0%	Admin. by Anthem Behavior Health and provider network 0%

*Coinsurance percentages indicate your share of billed services after you have met your deductible.

**Prescription deductible does not apply to Generic prescriptions.

***Maternity coverage is included on all IDA Group Health Plans.