



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.

2021 Benefit Comparison

*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.

| Benefits | 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 / \$1,000 \$1,500 / \$3,000 | \$1,000 / \$2,000 \$3,000 / \$6,000 | \$2,500 / \$5,000 \$7,000 / \$15,000 | \$4,000 / \$8,000 \$8,000 / \$16,000 | \$6,450 / \$12,900 \$12,900 / \$25,800 |
| Out of Pocket Maximum : Single Family | \$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% / 40% | 20% / 40% | 20% / 40% | 0% / 30% | 0% / 30% |
| Hospital Services | 20% / 40% | 20% / 40% | 20% / 40% | 0% / 30% | 0% / 30% |
| Office Visit | \$25 Co-pay / 40% | \$25 Co-pay / 40% | \$30 Co-pay / 40% | 0% / 30% | 0% / 30% |
| Urgent Care Facility | \$75 Co-pay | \$75 Co-pay | \$75 Co-pay | 0% / 30% | 0% / 30% |
| Outpatient Facility | 20% / 40% | 20% / 40% | 20% / 40% | 0% / 30% | 0% / 30% |
| Prescription Drug Co-pays (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 | 0% / 30% Preventive Rx covered 100% In-Network | 0% / 30% Preventive Rx covered 100% In-Network |
| 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 | 0% / 30% | 0% / 30% |
| Emergency Room | \$200 Co-pay | \$200 Co-pay | \$200 Co-pay + 20% | 0% / 30% | 0% / 30% |
| 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% / 30% | 0% / 30% |
| Ambulance | 20% | 20% | 20% | 0% | 0% |
| Outpatient Therapy | (Visits/calendar year) | (Visits/calendar year) | (Visits/calendar year) | (Visits/calendar year) | (Visits/calendar year) |
| Physical | 20 | 20 | 20 | 20 | 20 |
| Occupational | 20 | 20 | 20 | 20 | 20 |
| Speech | 20 | 20 | 20 | 20 | 20 |
| Cardiac Rehab. | 36 | 36 | 36 | 36 | 36 |
| Pulmonary Rehab. | 20 | 20 | 20 | 20 | 20 |
| Behavioral Health In-patient Physician Office | 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% / 30% | Admin. by Anthem Behavior Health and provider network 0% / 30% |

The benefit descriptions outlined in this presentation are intended to be a brief outline of coverage and are not intended to be a legal contract. 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.

