



## Quality Plan - Out of Area

Not available to employees who resided in the following counties: Benton, Blackford, Boone, Brown, Carroll, Clinton, Delaware, Hamilton, Hancock, Hendricks, Howard, Johnson, Lawrence, Marion, Martin, Monroe, Morgan, Owen, Tippecanoe, Tipton, Vermillion, Vigo and White.

The chart below provides a brief overview of the Quality Plan Out of Area plan coverage. Please refer to the online Employee Handbook for complete Plan provisions.

Description:	Available only to those with no reasonable access to a IU Health Business Solutions Network physician or IU Health-affiliated facility. This plan has the same premiums and coverage levels as QUALITY PLAN I -SELECT, but with the expanded network of QUALITY PLAN II.
Plan Document:	<a href="#">IU Health EHP Plan Document</a>
Physicians Lookup:	<a href="#">Encore Network – Indiana Residents</a> <a href="#">PHCS Network – Residents Outside Indiana</a>
Facilities Lookup:	<a href="#">Encore Network – Indiana Residents</a> <a href="#">PHCS Network - Residents Outside Indiana</a>

	Quality Plan -Out of Area
Annual Deductible* (charges for labs and x-rays; inpatient and outpatient charges)	\$400/person (max. \$800/family) (Deductible waived for FT base pay < \$32,496 in 2012)
Physician Network	Encore – Indiana residents PHCS Network – Residents outside Indiana
Office Visit Co-payment/Visit	\$20 primary care \$35 specialist
CVS Minute Clinic (covered locations only) Co-payment/Visit	\$20
Urgent Care Co-payment/Visit	\$35
ER Co-payment/Visit for Emergency Treatment for Life-Threatening Condition (if not admitted)	\$100 (waived if admitted)
Co-pays** Advanced Imaging Outpatient Hospital Inpatient Hospital	\$100 per visit \$100/day \$100/admittance
Facilities Network	Encore - Indiana residents PHCS Network - Residents outside Indiana
Coinsurance for Inpatient or Outpatient Treatment *** (chart shows the employee's responsibility; plan pays balance of covered charges)	Encore & PHCS Network Facilities: 10% of covered charges up to annual out-of-pocket maximum of: \$2,000/person (maximum \$4,000/family)

\*The annual deductible and co-pays for inpatient/outpatient hospitalizations, advanced imaging, urgent care, emergency room and prescription drug benefits do not apply to the annual out-of-pocket maximums

\*\*Annual Inpatient/Outpatient and Advanced Imaging combined co-pay maximum is \$600 per family

\*\*\* Pre-certification is required for most inpatient and outpatient treatment