



## Quality Plan - High Deductible Health Plan (HDHP) - 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.

Description:	Available only to those with no reasonable access to a IU Health Select Network physician or IU Health-affiliated facility. This plan has the same premiums and coverage levels as QUALITY PLAN I - HDHP, 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>

The HDHP is coupled with a tax-advantage Health Savings Account (HSA) to help pay for eligible expenses prior to the deductible being met. The participant may contribute pre-tax dollars up to the annual limits, into their HSA. IU Health will make employer contributions on a per-pay basis into participating employees' HSA. Please refer to the online Employee Handbook for additional information on the HSA.

Employer HSA Contribution*	\$500/person	\$1,000/family
Employee HSA Contribution Limits**	\$2,600/person	\$5,250/family

\*Employer contributions will be prorated over 24 pays.

\*\*Employees age 55 or older may contribute an additional \$1,000 annually

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

	Quality Plan - HDHP - Out of Area
Annual Deductible	\$1,750/person \$3,500/family
Physician Network	Encore – Indiana residents PHCS Network – Residents outside Indiana
Office Visit Co-payment/Visit	20% primary care physician (PCP) (after deductible has been met) 20% specialist (after deductible has been met)
CVS Minute Clinic (covered locations only) Co-payment/Visit	20% (after deductible has been met)
Urgent Care Co-payment/Visit	20% (after deductible has been met)
ER Co-payment/Visit for Emergency Treatment for Life-Threatening Condition (if not admitted)	20% (after deductible has been met)
Advanced Imaging Outpatient Hospital Inpatient Hospital	20% per visit (after deductible has been met) 20%/day (after deductible has been met) 20%/admittance (after deductible has been met)
Facilities Network	Encore Network – 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: 20% of covered charges (after deductible has been met) up to annual out-of-pocket maximum of: \$4,250/person \$8,500/family (Deductible and coinsurance apply towards the above out-of-pocket maximum amounts)
*Pre-certification is required for most inpatient and outpatient treatments	