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 State of Indiana. State insurance guaranty funds are not available for the IDA Insurance Trust.



Benefits	PPO \$500 Network / Non-Network	PPO \$1,000 Network / Non-Network	PPO \$2,500 Network / Non-Network	HDHP \$4,000/\$8,000 <i>Network / Non-Network</i>	HDHP \$6,450/\$12,900 <i>Network / Non-Network</i>	
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	Kidney Transpl are currently covered the sa as any other illr for all IDAIT pla designs. Effective 1/1/20 they will be cov under the Hum Organ Transpla benefit. As suc they must be performed at facilities design as Anthem Cerr of Excellence, including Blue Distinction Cen for Transplant of Anthem Center Medical Excelle facilities to be p at the In-Network level of benefits These provider be viewed at https://www.bc m/blue-distincti center/facility/m . Approved kid transplants not provided by the facilities will be covered at the of-Network leve benefits.
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%	0%	
Hospital Services	20% / 40%	20% / 40%	20% / 40%	0%	0%	
Office Visit	\$25 Co-pay / 40%	\$25 Co-pay / 40%	\$30 Co-pay / 40%	0%	0%	
Urgent Care Facility	\$75 Co-pay	\$75 Co-pay	\$75 Co-pay	0%	0%	
Outpatient Facility	20% / 40%	20% / 40%	20% / 40%	0%	0%	
Prescription Drug Co-pay applies at all EpiphanyRx 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	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	0%	0%	
Emergency Room	\$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%	0%	
Ambulance	20%	20%	20%	0%	0%	
Outpatient Therapy Physical Occupational Speech Cardiac Rehab. Pulmonary Rehab.	(Visits/calendar year) 20 20 20 36 20	(Visits/calendar year) 20 20 20 20 36 20	(Visits/calendar year) 20 20 20 20 36 20	(Visits/calendar year) 20 20 20 20 36 20	(Visits/calendar year) 20 20 20 36 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%	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.