

Plan Design Summary	ISU PPO		ISU HDHP	
Plan Name	Open Access Plus Plan	Open Access Plus Plan	HDHP	HDHP
Plan Scenario				
Plan Tier	2-Tier: In-Network	2-Tier: Out-of-Network	2-Tier: In-Network	2-Tier: Out-of-Network
Fund				
Fund Type	None	None	HSA	HSA
Fund Amount	N/A	N/A	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
Medical Deductible, OOP Max, Coinsurance				
Deductible	\$500 Individual \$1,500 Family		\$2,000 Individual \$4,000 Family No Family Individual	\$6,000 Individual \$18,000 Family No Family Individual
OOP Max	\$3,500 Individual \$7,000 Family	\$9,000 Individual \$18,000 Family	\$5,000 Individual \$10,000 Family Family Individual	\$19,650 Individual \$39,300 Family Family Individual
Deductible/OOP Max Type	Embedded	Embedded	Family/Embedded	Family/Embedded
Coinsurance	20%	50%	20%	50%
Medical Services				
Inpatient Hospital	20%	50%, \$200 Copay Per Admit	20%	50%
Emergency Room	\$200 Copay	\$200 Copay	20%	50%
Urgent Care	\$50 Copay	\$50 Copay	20%	50%
PCP Office Visit	\$25 Copay	50%	20%	50%
Preventive Care/Well Baby	Fully Covered	50%	Fully Covered	50%
Specialist Office Visit	\$40 Copay	50%	20%	50%
Psychiatry	\$25 Copay	50%	20%	50%
Physical Medicine/Rehab	20% ¹	50% ¹	20% ¹	50% ¹
Chiropractic	\$25 Copay ¹	50% ¹	20% ¹	50% ¹
Home Health	20% ²	50% ²	20% ²	50% ²
Ambulance	20%	20%	20%	20%
All Other Medical	20%	50%	20%	50%
RX Deductible, OOP Max, Coinsurance				
RX Deductible	N/A	N/A	Combined with Medical Deductible	Combined with Medical Deductible
RX OOP Max	\$2,500 Individual \$5,000 Family	N/A	Combined with Medical OOP Max	Combined with Medical OOP Max
RX Coinsurance	50%	N/A	20% after deductible	N/A
Prescription Drug Services				
Retail Generic	\$10 Copay + 10%	Excluded	20% after deductible*	Excluded
Retail Brand Formulary	\$20 Copay + 20%	Excluded	20% after deductible*	Excluded
Retail Non-Formulary	\$20 Copay + 50%	Excluded	20% after deductible*	Excluded
Retail Specialty	CVS Specialty (See below)	Excluded	20% after deductible*	Excluded
Mail Generic (90-day)	\$10 Copay + 10%	Excluded	20% after deductible*	Excluded
Mail Brand Formulary (90-day)	\$20 Copay + 20%	Excluded	20% after deductible*	Excluded
Mail Non-Formulary (90-day)	\$20 Copay + 50%	Excluded	20% after deductible*	Excluded
Specialty (CVS Specialty Pharm)	30%	Excluded	20% after deductible*	Excluded

¹Limited to 60 services

²Limited to 100 services

*Certain preventative and maintenance will bypass deductible and go right to 20% coinsurance