

2020-2021



Indiana University Professional Student Health Insurance Plan

[Anthem.com](https://www.anthem.com)

Anthem Blue Cross and Blue Shield

Keeping you at your personal best





Important notice

This is a brief description of your student health plan underwritten by Anthem Blue Cross and Blue Shield (Anthem). If you would like more details about your coverage and costs, you can find the complete terms in the policy or plan document online at [anthem.com](https://www.anthem.com).

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A young man and woman are smiling and looking at each other outdoors. The woman is wearing a dark puffer jacket with a fur-lined hood and a blue and white patterned scarf. The man is wearing a dark jacket and holding a tablet. A large teal circle is overlaid on the image, containing the text "Welcome to Anthem Blue Cross and Blue Shield".

**Welcome to
Anthem Blue
Cross and
Blue Shield**



As your new school year begins, it's important to understand your health care benefits and how they work.

Your Anthem Blue Cross and Blue Shield plan can help keep you at your personal best. This book will guide you through your plan benefits, with information about who is eligible, what is covered, how to access the right type of care when you need it, and more.

What you need to know about Anthem Blue Cross and Blue Shield



Who is eligible?

- › IU School of Medicine (IUSM), IU School of Dentistry (IUSD), IU School of Health and Human Sciences (SHHS), and IU School of Optometry (IUSO) students who are currently taking classes are automatically enrolled in this plan each semester, and are billed for the premium through their bursar account. Participation in this plan is mandatory for these professional students unless proof of comparable coverage and an enrollment waiver are submitted and approved by the waiver deadline. An email detailing the waiver process and any applicable deadlines is sent to eligible students each plan year.



Coverage is available for dependents too

Eligible students may also insure their dependents. This includes a spouse and children under the age of 26. Dependent eligibility is effective and expires concurrently with that of the insured student. There are two open enrollment periods to enroll a

dependent at the start of the fall semester and also the spring semester. In the case of a life event change, if the enrollment form is submitted within 30 days of the qualifying event, coverage will be backdated and begin on the date of the qualifying event. If the deadline has passed, your dependents may not enroll until the next coverage period, unless there has been a significant life change (i.e., marriage, birth, loss of prior coverage).

Please note, enrollment for students is automatic and premiums for students will be billed to their Bursar account. No enrollment form is required for students. Dependents should be enrolled using the options below. All dependent premiums are the responsibility of the student to pay.

Dependent enrollment must be completed and received no later than the Enrollment Deadline.

Here is how it works:

- › To enroll the dependent(s) of covered Professional Students, please complete the [Enrollment Form](#) available online on the University Health Plans website.

For information about **costs and dates of coverage**, please visit the [Human Resources > Benefits page](#) on the Indiana University website.





Important dates for the coverage period



Waiver deadlines

Waiver of this coverage will be authorized if the student has evidence of other health insurance coverage under a plan which provides benefits equivalent to this plan. Students on all campuses should submit their insurance waiver through the University Health Plans website at www.universityhealthplans.com/intro/Indiana.html.

Please contact the Student Insurance office at studenthc@iu.edu regarding information on how to waive the Professional Student Plan.

If you have **questions about enrollment and waiver options**, visit [University Health plans website](http://www.universityhealthplans.com).

Keep in touch with your benefits information



Student Health Center

BLOOMINGTON CAMPUS

IUB Student Health Center
600 N. Jordan Avenue
Bloomington, IN 47405

Phone Numbers:

Information: 1-812-855-4011
Appointments: 1-812-855-7688
Business Office: 1-812-855-2575
Sexual Assault Crisis Service,
24-hour hotline: 1-812-855-8900
Counseling and Psychological
Services: 1-812-855-5711

Please call for current hours.

<https://healthcenter.indiana.edu/>

INDIANAPOLIS CAMPUS

IUPUI Campus Health
Coleman Hall, Room 100
1140 West Michigan Street
1-317-274-8214
Please call for current hours.

IUPUI CAMPUS CENTER STUDENT HEALTH

Campus Center, Suite 213
420 University Blvd
1-317-274-2274

Please call for current hours.

<https://health.iupui.edu/>



Claims and coverage

1-844-412-0752
Anthem Blue Cross Life and
Health Insurance Company
P.O. Box 105187
Atlanta, GA 30348-5187
1-844-412-0752



Benefits, eligibility and enrollment

University Health Plans
universityhealthplans.com



General information

Student Insurance Specialists
1-812-856-4650
studenhc@iu.edu

Easy access to care

Access the care you need, in the way
that works best for you.



Sydney Health app

With the Sydney Health¹ app through Anthem Blue Cross and Blue Shield, you have instant access to:

- › Your member ID card.
- › The Find a Doctor tool.
- › More information about your plan benefits.
- › Health tips that are tailored to you.
- › LiveHealth Online and 24/7 NurseLine.
- › Student support specialists (through click-to-chat or by phone).

Access the Sydney Health app

Go to the App StoreSM or Google PlayTM and search for the Sydney Health app to download it today.



LiveHealth Online

From your mobile device or computer with a webcam, you can use LiveHealth Online to visit with a board-certified doctor, psychiatrist or licensed therapist through live video.²

To use, go to your Sydney Health app or www.livehealthonline.com. You can also download the free LiveHealth Online app to sign up.



24/7 NurseLine

Call **1-844-545-1429** to speak to a registered nurse who can help you with health issues like fever, allergy relief, cold and flu symptoms and where to go for care. Nurses can also help you enroll in health management programs if you have specific health conditions, remind you about scheduling important screenings and exams, and more.



Provider finder

Use www.anthem.com/find-doctor/ to find the right doctor or facility close to where you are.

¹ Sydney Health is a service mark of CareMarket, Inc.

² Appointments subject to availability of a therapist. Psychologists or therapists using LiveHealth Online cannot prescribe medications. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.



Your summary of benefits

Anthem Blue Cross and Blue Shield

Student health insurance plan:
Indiana University Professional

Your network:
Blue Access PPO

Medical

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Deductible (Single/Family)		
	Single: \$350 / Family: \$700	Single: \$350 / Family: \$700
Out-of-Pocket Limit (Single/Family)		
	Single: \$5,000 / Family: \$10,000	Single: \$5,000 / Family: \$10,000
Indiana University Health Center		
	\$15 copay	
Physician Home and Office Services (PCP/SCP)*		
Primary Care Office Visit to treat an injury or illness	\$25 copay after deductible	40%
Specialist Care Office Visit	\$25 copay after deductible	40%
Other Services in an Office		
Including Office Surgeries and allergy serum:		Not Covered
Allergy injections (PCP and SCP)	\$25 copay after deductible	40%
Allergy testing	20%	40%
MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products	20%	40%
Preventive Care Services		
Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening	No copayment/ coinsurance	40%

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Emergency Room Services facility/other covered services (copayment waived if admitted)	\$100 copay after deductible	\$100 copay after deductible
Urgent Care Center Services	\$50 copay after deductible	40%
MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products	20%	40%
Allergy injections	\$25 copay after deductible	40%
Allergy testing	20%	40%
Inpatient and Outpatient Professional Services		
Include, but are not limited to: Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	Inpatient: 20% Outpatient: \$50 copay after deductible	40%
Inpatient Facility Services (Network/Non-Network combined) Unlimited days	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility		
Surgery and administration of general anesthesia	20%	40%
Other Outpatient Services (including but not limited to):	20%	40%
Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.	20%	40%
Home Care Services (Network/Non-Network combined) 100 visits (excludes IV Therapy)	20%	40%
Durable Medical Equipment, Orthotics and Prosthetics	20%	20%
Physical Medicine Therapy Day Rehabilitation programs	20%	20%
Hospice Care	20%	40%
Ambulance Services	20%	20%
Outpatient Therapy Services (Combined Network & Non-Network limits apply)		
Physician Home and Office Visits (PCP/SCP)	\$25/\$25 copay after deductible	40%
Other Outpatient Services @ Hospital/ Alternative Care Facility	20%	40%
Limits apply to: Physical therapy: 60 visits Occupational therapy: 60 Visits Manipulation therapy: 12 visits Speech therapy: 20 visits Cardiac Rehabilitation: unlimited Pulmonary Rehabilitation: unlimited		

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Accidental Dental: \$3,000 limit per accident (Network and Non-Network combined)	20%	20%
Behavioral Health Services		
Mental Illness and Substance Abuse¹:		
Inpatient Facility Services	20%	40%
Physician Home and Office Visits (PCP/SCP)	\$25/\$25 copay after deductible	40%
Other Outpatient Services, Outpatient Facility @ Hospital/ Alternative Care Facility, Outpatient Professional	20%	40%
Human Organ and Tissue Transplants²		
Acquisition and transplant procedures, harvest and storage	20%	40%
Prescription Drug Options: National Formulary Network Tier structure equals 1/2/3		
Network Retail Pharmacies: (30-day supply) Includes diabetic test strip	\$10/\$40/\$60	50% ³
Home Delivery Service: (90-day supply) Includes diabetic test strip	\$20/\$80/\$120	Not covered
<p>Member may be responsible for additional cost when not selecting the available generic drug. Members have additional cost with retail supply greater than 30 days. Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.</p>		

