

Indiana State Police Health Care Plan 2013

This explanation of the Indiana State Police Health Care Plan assumes that Anthem Allowed Amounts are used in the examples.

Annual Deductible

In-Network: Individual \$750 / Family \$1,500

Out-of-Network: Individual \$1,500/Family \$3,000

- A single person will pay a deductible of \$750 in-network or \$1,500 out-of-network.
- Each family member will pay no more than \$750 in-network (\$1,500 out-of-network) toward the family deductible of \$1,500 in-network (\$3,000 out-of-network).
- The family deductible of \$1,500 in-network (\$3,000 out-of-network) is a cumulative total for all family members.
- Claims for in-network services only apply to the in-network deductible.
- Claims for the out-of-network services only apply to the out-of-network deductible.

Co-insurance

In-network: 80%/20%

Out-of-network: 60%/40%

- Once the applicable annual deductible has been met, members will be responsible for a 20% co-insurance on in-network claims (non-Preventive Services) (40% co-insurance on out-of-network claims).
- If a family member reaches \$750 toward the \$1,500 in-network family deductible, that member will begin to pay 20% co-insurance on his claims. Other family members will still be contributing towards the \$750 that remains on the \$1,500 in-network family deductible.
- If a family member reaches \$1,500 toward the \$3,000 out-of-network family deductible, that member will begin to pay 40% co-insurance on his claims. Other family members will still be contributing toward the \$1,500 that remains on the \$3,000 out-of-network family deductible.
- Once the family has reached the \$1,500 in-network family deductible, all family members will then pay the 20% co-insurance on in-network claims.
- Once the family has reached the \$3,000 out-of-network family deductible, all family members will then pay the 40% co-insurance on out-of-network claims.

Annual Out-of-Pocket (OOP) Maximum

In-network Individual \$1,500 / Family \$3,000

Out-of-network Individual \$3,000 / Family \$6,000

- The 20% in-network co-insurance only accrues towards the in-network annual OOP maximum.
- The 40% out-of-network co-insurance only accrues towards the out-of-network annual OOP maximum.
- If a family member reaches \$1,500 towards the \$3,000 in-network family OOP maximum, that member will no longer pay the 20% co-insurance on their claims. Other family members are still contributing toward the \$1,500 that remains on the \$3,000 in-network family OOP maximum.
- If a family member reaches \$3,000 toward the \$6,000 out-of-network family OOP maximum, that member will no longer pay the 40% co-insurance on their claims. Other family members are still contributing toward the \$3,000 that remains on the \$6,000 out-of-network family OOP maximum.
- Once the family has reached the \$3,000 in-network family OOP maximum, all family members will no longer pay the 20% in-network co-insurance on claims.
- Once the family has reached the \$6,000 out-of-network family OOP maximum, all family members will no longer pay the 40% out-of-network co-insurance on claims.
- Once the applicable annual OOP maximum has been met, the plan pays 100% of covered charges for the rest of the plan year.

FAMILY SCENARIO

The Jones Family has four members:

- Jack Jones – Father
- Jill Jones – Mother
- Steven Jones – Son
- Stephanie Jones – Daughter

They have a \$1,500 annual family deductible and \$3,000 annual family OOP maximum.

“Preventative” doctor visits do not apply in the following examples. Claim examples accumulate in chronological order and assume the providers are in-network.

Claim #1:

- Jack Jones fell and broke his leg which required a doctor visit.
 - The doctor charged \$100 for the office visit.
 - The radiologist charged \$100 for the x-ray.
1. Jack is responsible for the \$100 doctor charge and the \$100 radiologist charge.
 2. \$200 will be applied toward his individual deductible of \$750.
 3. The same \$200 will also accumulate toward the family deductible of \$1,500.

On the Explanation of Benefits from Anthem for Jack, the information will read:

Individual Deductible	Met \$200	Remaining \$550
Family Deductible	Met \$200	Remaining \$1,300
Individual Out-of-Pocket	Met \$0	Remaining \$1,500
Family Out-of-Pocket	Met \$0	Remaining \$3,000

Claim #2:

- Jack Jones now has to have surgery for his broken leg.
 - The total charged for the procedure was \$10,000.
1. Jack is responsible for \$550 which will be applied toward his individual deductible of \$750 and his family deductible of \$1,500. (Jack will not contribute more that \$750 toward the family deductible.)
 2. Now Jack has met his deductible, he is responsible for 20% of the remaining balance.
 $\$10,000 - \$550 = \$9,450$. 20% of \$9,450 is \$1,890
 3. Because an individual family member cannot contribute more than \$1,500 towards the family OOP, only \$1,500 of the \$1,890.00 Jack paid will be applied to the \$1,500 individual OOP and to the \$3,000 family OOP.

On the Explanation of Benefits from Anthem for Jack, the information will read:

Individual Deductible	Met \$750	Remaining \$0
Family Deductible	Met \$750	Remaining \$750
Individual Out-of-Pocket	Met \$1,500	Remaining \$0
Family Out-of-Pocket	Met \$1,500	Remaining \$1,500

FACTS:

- A. Jack Jones has accumulated all he can toward the family deductible and the family OOP maximums. Any services Jack receives for the remainder of the plan year are paid by the plan at 100%.
- B. The claims for Jill, Steven, and Stephanie will still accumulate toward their individual deductible, the family deductible, and the family OOP maximum.

Claim #3:

- Jill Jones visited the doctor for an ear infection.
 - The doctor charged \$100.
1. Jill is responsible for the \$100 doctor charge.
 2. \$100 will be applied toward Jill's individual deductible.
 3. \$100 will be applied toward the remaining family deductible of \$1,500.
 4. Nothing is applied to the family OOP maximum until the family deductible is met.

On the Explanation of Benefits from Anthem for Jill, the information will read:

Individual Deductible	Met \$100	Remaining \$650
Family Deductible	Met \$850	Remaining \$650
Individual Out-of-Pocket	Met \$0	Remaining \$1,500
Family Out-of-Pocket	Met \$1,500	Remaining \$1,500

Claim #4:

- Steven Jones visited the doctor for his allergies.
 - The doctor performed skin tests and charged \$300 for the visit.
1. Steven is responsible for the \$300 doctor charge.
 2. \$300 will be applied toward Steven's individual deductible and the remaining family deductible of \$650.
 3. Nothing is applied toward the remaining family OOP maximum of \$1,000 because the family deductible has not yet been met.

On the Explanation of Benefits from Anthem for Steven, the information will read:

Individual Deductible	Met \$300	Remaining \$350
Family Deductible	Met \$1,150	Remaining \$350
Individual Out-of-Pocket	Met \$0	Remaining \$1,500
Family Out-of-Pocket	Met \$1,500	Remaining \$1,500

Claim #5:

- Stephanie Jones visited the emergency room for breathing issues at midnight.
- The charge for the visit was \$1,500.

The individual deductible of \$750 is applied for Stephanie.

1. Stephanie is responsible for the \$350 which is applied to the remaining family deductible of \$350, and leaves a balance of \$1,150 on the claim. ($\$1,500 - \$350 = \$1,150$)

2. Since the annual family deductible has been met, the family now only pays 20% of the remaining charges up to the annual family OOP maximum of which \$1,500 remains.
3. Stephanie is now responsible for \$230 which is applied to the family OOP maximum. (20% of \$1,150 is \$230).

On the Explanation of Benefits from Anthem for Stephanie, the information will read:

Individual Deductible	Met \$750	Remaining \$0
Family Deductible	Met \$1,500	Remaining \$0
Individual Out-of-Pocket	Met \$230	Remaining \$1,270
Family Out-of-Pocket	Met \$1,730	Remaining \$1,270

FACTS:

- A. Jack has accumulated all he can toward the family deductible and the family out-of-pocket maximums. Any services Jack receives for the remainder of the plan year are paid by the plan at 100% of covered charges.
- B. Jill, Steven, and Stephanie will continue to pay 20% of future claims until the end of the plan year.
- C. The 20% they pay will continue to accrue to the family OOP maximum of which \$1,270 remains.
- D. Once they have met the remaining annual family OOP maximum, the plan pays 100% of covered charges.

PLEASE NOTE: The scenarios above represent services provided by in-network providers. Services provided by an out-of-network provider are calculated in the same manner; however, the out-of-network deductible, co-insurance rate, and OOP maximums are applied.