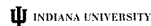


## Health Insurance

---



## 2010 Medical Care Plans

On this page: IU PPO \$900 Deductible | IU PPO Blue Access | IU HDHP PPO & HSA

> [Comparison table of all the plans](#)

### Similarities

- All plans use Anthem's Blue Access PPO network. This network provides access to quality care and saves money through Anthem's negotiated reimbursement rates. A higher level of benefits is received when using network providers.
- There are no pre-existing condition limits or waiting periods. After enrolling, coverage is effective from the first day of eligibility.
- Services are comprehensive and include those that are traditionally covered by medical insurance: medical, prescription, behavioral health, transplants, durable medical equipment, home health care, skilled nursing, physical, occupational, and speech therapies, and chiropractic services.
- Each plan's out-of-pocket expenses vary, but the types of services covered under the plans are the same.
- Preventive services are covered with only a copay—there is no deductible. Preventive services include physical exams, well-child visits, immunizations, lab tests (e.g., Pap, PSA, cholesterol), and other screening diagnostic services like mammograms and colonoscopies.
- Each plan has annual out-of-pocket maximums for individual and family levels. Once the maximum is met, the plan pays 100% for in-network covered services for the remainder of the year.
- There is no lifetime maximum benefit on medical services. Human organ and bone marrow transplants do have a \$2 million dollar lifetime maximum.
- All plans provide coverage in the US and overseas.

### Differences

- Premiums
- Out-of-pocket expenses (deductibles and copays)
- A unique tax-advantaged savings plan that is available to participants in the IU HDHP PPO & Medical Savings Plan.

#### IU PPO \$900 Deductible Plan [\(more information\)](#)

IU pays 90% of in-network medical costs once the plan deductible is reached. There is no deductible or copay when an Independent Laboratory Network provider is used for lab tests.

Retail and mail order prescription copays are based on a tiered drug list. In general, Tier 1 is generic drugs, Tier 2 is more cost effective brand drugs, and Tier 3 includes more expensive drugs. For drugs not on the list, the member pays 100% of the plan's discounted prescription cost.

#### IU PPO Blue Access Plan [\(more information\)](#)

The plan has no deductible and fixed-dollar copays for many in-network services (inpatient admissions, office visits, urgent care, emergency services, outpatient surgery). There is a 10% copay on some outpatient services such as MRIs, CAT scans, ultrasound, and injectible drugs (other than insulin). There is no deductible or copay when an Independent Laboratory Network provider is used for lab tests.

Retail and mail-order prescription copays are based on a tiered drug list. In general, Tier 1 is generic drugs, Tier 2 is cost effective brand drugs, and Tier 3 includes more expensive drugs. For drugs not on the list, the member pays 100% of the plan's discounted prescription cost.

#### IU HDHP PPO & Health Savings Account [\(more information\)](#)

This plan is somewhat different than traditional medical plans—it includes both comprehensive medical coverage (IRS-qualified High Deductible Healthcare Plan--HDHP) and a tax-advantaged savings account. The deductible applies to all covered services except preventive medical services and preventive prescriptions. After the deductible is met, a 20% copay applies to all covered services until the out-of-pocket maximum is met. The deductible and out-of-pocket maximums are applied differently than a traditional plan, and there are IRS eligibility restrictions on other medical coverage, so reading the plan details is important.

The true advantage of this plan is the personal savings account that is set up in the employee's name. The savings account is contributed to by the university and the employee. These savings can be used tax free to pay for medical expenses, like deductibles and copays, or saved to use in the future, even in retirement.

---

For all plans, to access information on background and licensing of individual doctors, nurses, chiropractors and pharmacists, search and verify licensing online or call (toll free) 888-333-7515.



Benefit plan information on these web pages is in a summary format and is not intended to replace actual plan documents. Indiana University reserves the right to amend or terminate all or any part of any benefit plan.

[Quick links, publications, forms, etc.](#)

Page updated: 11 December 2009  
UNIVERSITY HUMAN RESOURCE SERVICES  
Contact Benefits: [recben@indiana.edu](mailto:recben@indiana.edu)

Copyright © 2010 The Trustees of Indiana University | [Copyright Complaints](#)



## Compare 2010 Medical Care Plan Highlights

[IU PPO \\$900 Deductible](#) | [IU PPO Blue Access](#) | [IU HDHP PPO & Medical Savings](#) | [Compare Plans](#) | [Definitions](#)

	IU PPO \$900 Deductible		IU PPO Blue Access		IU HDHP PPO & Medical Savings Plan	
	view plan information >		view plan information >		view plan information >	
Monthly Rates	Employee Contribution	With Additional IU Subsidy	Employee Contribution	With Additional IU Subsidy	Employee Contribution	With Additional IU Subsidy
Employee Only	\$5.00	\$3.50	\$5.00	\$3.50	\$5.00	\$3.50
Employee w/ Child(ren)	\$10.00	\$7.00	\$10.00	\$7.00	\$10.00	\$7.00
Employee w/ Spouse	\$10.00	\$7.00	\$17.04	\$11.93	\$10.00	\$7.00
Family	\$39.74	\$27.82	\$76.42	\$53.50	\$10.00	\$7.00
Annual IU Contribution to Health Savings Account	Not Applicable		Not Applicable		\$300 for employee only coverage. \$750 when family members are covered.	
Provider Network	Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.		Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.		Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.	

MEDICAL			
In-Network Benefits:			
Deductibles	\$900 individual/\$2,700 family maximum.	No deductible.	\$1,200 employee-only/\$2,400 when family members are covered (applies to all services except wellness and preventive Rx).
Co-pays	After deductible, member pays 10% copay.	\$25 per primary care/\$35 per specialist office visit. \$50 urgent care. \$400 per hospital admission. \$150 per outpatient facility visit. 10% for other services.	After deductible, member pays 20% copay.
Out-of-Pocket Maximum	When deductible plus copays equal \$2,400 individual (\$7,200 family maximum) then there is no copay.	When copays equal \$2,400 (\$7,200 family maximum), then there is no copay.	When deductible plus copays equal \$2,500 (\$5,000 family maximum), then there is no copay.
Out-of-Network Benefits:			
Deductibles	\$900 individual/\$2,700 family maximum.	\$900 individual/\$2,700 family maximum.	\$2,400 individual/\$4,800 family maximum.
Co-pays	After deductible, member pays 30% copay.	After deductible, member pays 30% copay.	After deductible, member pays 40%.
Out-of-Pocket Maximum	When deductible plus copays equal \$2,400 (\$7,200 family maximum), then there is no copay. Patient pays all amounts above Maximum Allowable Amount.	When deductible plus copays equal \$2,400 (\$7,200 family maximum), then there is no copay. Patient pays all amounts above Maximum Allowable Amount.	When deductible plus copays equal \$5,000 (\$10,000 family maximum), then there is no copay. Patient pays all amounts above Maximum Allowable Amount.
Wellness Services	Covered with copay.	Covered with copay.	Covered with copay.
Vision	One routine eye exam per year, with copay.	One routine eye exam per year, with copay.	One routine eye exam per year, with copay.
Emergency Room and Urgent Care Facility	\$100 copay per visit.	\$100 copay per visit.	20% In-Network copay after deductible (40% out-of-network).
PRESCRIPTION DRUGS (Rx)			
In-Network copays	Retail (up to 30-day supply): \$8 Tier 1 \$25 Tier 2 \$45 Tier 3 100% non-covered Rx (with plan discounts)  Mail Order (up to 90-day supply): \$20 Tier 1 \$62 Tier 2 \$112 Tier 3 100% non-covered Rx (with plan discounts)  Specialty drugs only available through Mail Order.	Retail (up to 30-day supply): \$8 Tier 1 \$25 Tier 2 \$45 Tier 3 100% non-covered Rx (with plan discounts)  Mail Order (up to 90-day supply): \$20 Tier 1 \$62 Tier 2 \$112 Tier 3 100% non-covered Rx (with plan discounts)  Specialty drugs only available through Mail Order.	Retail (up to 30-day supply): 20% copay after deductible.*  Mail Order (up to 90-day supply): 20% copay after deductible.*  100% non-covered Rx (with plan discounts)  Specialty drugs only available through Mail Order.  * No deductible on preventive prescriptions
MENTAL HEALTH			
	Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.	Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.	Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.

UNIVERSITY OF KENTUCKY | Academics | Athletics | Research | Site Index | UK HealthCare | Search UK

HR | Benefits | Career Development | Compensation | Elder Care | Employee Relations | Employment | Records | Training | Wellness | Work-Life

benefits  
HUMAN RESOURCES AT UK

Search UK HR search

Home | Medical Plans | Other Benefits | Retirement | Retirees | Resources | Contact

## Health Plans - Plan Options

Understanding the Health Plans Offered at UK

The section below lists each health plan offered at UK and includes a brief description highlighting major differences between plans.

### UK-HMO Lexington Service Area (LSA):

The UK Health Maintenance Organization (UK-HMO) LSA requires members to utilize UK HealthCare facilities and UK HealthCare physicians. This focused network helps members reduce their total health care costs. If you choose the UK-HMO, you will pay the lowest premium available and the lowest out-of-pocket cost compared to the other health plans.

### UK- Regional Health Plan (RHP):

The UK-RHP (Regional Health Plan, formerly UK-HMO RSA) requires members to utilize either UK HealthCare facilities, UK HealthCare physicians, or a regional physician network (Humana UK-RHP network). Only employees living in qualifying counties may choose the UK-RHP. While the UK-RHP network additionally consists of regional providers throughout the state, UK-RHP members are required to utilize providers either in their specific county or at a UK HealthCare facility. If you choose the UK-RHP you will pay the lowest premium available and the lowest out-of-pocket cost compared to the other health care plans (other than the UK-HMO LSA).

### UK-PPO:

The UK Preferred Provider Organization (UK-PPO) allows members to not only utilize UK HealthCare facilities and UK HealthCare physicians, but also a larger provider network consisting of the Humana and ChoiceCare networks. Unlike the UK-HMO, the UK-PPO plan offers out-of-network coverage. The UK-PPO out-of-pocket costs, including premiums are slightly higher than the UK-HMO. For example, members will not only pay copayments, but also coinsurance and deductibles if enrolled in the UK-PPO.

### UK-PPO High:

The UK-PPO High plan allows members to not only utilize UK HealthCare facilities and UK HealthCare physicians, but also a larger physician network consisting of the Humana and ChoiceCare networks. Much like the UK-PPO, the PPO High offers out-of-network coverage and also consists of copayments, coinsurance and deductibles. However, the copayments, coinsurance and deductible levels are lower with the PPO High and the premiums are higher. The UK-PPO High offers flexibility at a high coverage level.

### Health Plans Links

- Overview
- Plan Options
  - UK-HMO and UK-RHP
  - UK-EPO
  - UK-PPO
  - UK Indemnity
- Employee Medical Services Guide (pdf)
- County Availability
- Rates
- Eligibility
- FAQ
- Enrollment Form

### Popular Pages

- NEW! Employee Medical Services Guide
- Benefits Book
- Benefits Glossary
- Eligibility Grid
- Employer Assisted Housing Program
- Employee Discount Program
- FAQ on .75 FTE
- Health Plan Summaries
- Health & Wellness
- HR Policies
- Loans and Withdrawals
- Military Leave FAQ
- Sponsored Dependents
- Staff Handbook
- Uniformed Services Leave

**UK-EPO:**

The UK Exclusive Provider Organization (UK-EPO) requires members to utilize either UK HealthCare facilities, UK HealthCare physicians, or the Humana and ChoiceCare networks.

Members enrolled in the UK-EPO will have access to a larger network of providers than the HMO, but like the UK-HMO members are required to see an in-network provider for coverage. The UK-EPO offers the highest level of coverage among all the Humana plans offered. If you choose the UK-EPO you will pay higher premiums, but have a larger network than the UK-HMO.

**UK Indemnity**

UK Indemnity is only available to those participants who live or travel out of state for extended periods of time. This plan offers the freedom to receive care from any physician for covered benefits.

What is a "Combined credit?"

The Employee + Family /Combined credit tier combines the Single credit and the Employee + Children credit, resulting in the same overall premium amount being deducted as would be deducted if each employee enrolled in a separate plan.

The advantage of choosing this tier is seen by those enrolled in the PPO and Indemnity plans that have individual and family deductibles. By enrolling all members of the family on one plan, employees may benefit from a lower overall deductible.

Please note, while the information on this site provides an overview of the health plans, we recommend members become familiar with the specifics of their plan prior to receiving care. For a more detailed description of the plans administered by CHA, information regarding participating providers, and claims inquiries call either (859) 232-8679 or (877) 855-9700 or visit [www.mc.uky.edu/ukhmo](http://www.mc.uky.edu/ukhmo). For a more detailed description of the plans administered by Humana, information regarding participating providers, and claims inquiries call (877) 857-1681 or visit [www.humana.com](http://www.humana.com).



**University of Kentucky - An Equal Opportunity University**  
Human Resources - 115 Scovell Hall - Lexington, KY 40506-0064  
Phone: (859) 257-9555 - Fax: (859) 323-8512  
Questions/Feedback: HR | HR Site  
About Human Resources  
Last Modified: April 14, 2010 | Off-site Link Disclaimer

Copyright © 2010 University of Kentucky



### Health Plans - UK-HMO and UK-RHP

**At a glance:** UK-HMO and UK-RHP (Regional Health Plan, formerly UK-HMO RSA) offer quality care through UK HealthCare facilities and physicians (UK-HMO) or other participating providers (UK-RHP). These plans offer the lowest monthly premiums and lowest out-of-pocket costs. No deductible. No out-of-network coverage.

For complete details on the UK UK-HMO plan, [click here](#). To find out if a provider is available under the UK-HMO plan, visit our Web site at [www.mc.uky.edu/ukhmo](http://www.mc.uky.edu/ukhmo).

To view complete plan details on the UK-RHP plan, [click here](#). To view a map of the Regional Health Plan service area, [click here](#). Coverage is provided for emergency care at a non-participating facility only if your condition is an Emergency Medical Condition as determined by the plan.

#### UK-HMO Summary of Health Plan Benefits

The UK-HMO offers an excellent value for your premium dollar. There are no deductibles to meet and no copayments for routine physicals or well child care when services are provided by a network primary care physician.

#### UK-HMO Factors to Consider:

- Lexington Service Area network consists of UK HealthCare facilities (including Chandler Hospital, Good Samaritan Hospital, and Kentucky Clinics) and UK HealthCare physicians.
- Regional Health Plan Area network includes the UK HealthCare facilities, UK HealthCare physicians and select Humana/ChoiceCare providers (use the UKHMO RHP provider link on the Humana page).
- No referrals are required for specialty care services provided within the network.
- No deductibles to meet.
- No coverage for out-of-network services unless it is life or limb threatening.
- Covered transplants include kidney, liver, pancreas, kidney/pancreas, heart, lung, heart/lung, bone marrow and cornea transplants.

#### Prior authorization is required for the following services:

Durable medical equipment (over \$750), home health care and hospice services and other services as listed in the certificate of coverage. Available urgent care options include: Urgent Treatment Centers in Lexington (Dove Run Road, Custer Drive, and Boardwalk Street), Nicholasville (Bellaire Drive) as well as the UK Children's Twilight Clinic.

#### UK-HMO and UK-RHP Summary of Health Plan Benefits

2010-2011	Major Plan Benefits	Benefits for Covered Services Provided at Participating Providers
Lifetime Maximum Benefit		Unlimited
Copayment Limits	Individual and Family	N/A
Preventive Care	Routine Pap smears, mammograms, PSA,	<b>100%</b>

**UNIVERSITY OF KENTUCKY**

**Health Plans – UK-HMO and UK-RHP**

[http://www.uky.edu/HR/benefits/health\\_hmo.html](http://www.uky.edu/HR/benefits/health_hmo.html)

	<p>screening colonoscopy and sigmoidoscopy</p> <p>Routine child care and immunizations (through age 18)</p> <p>Routine adult physical exam (19 years and above, one per plan year)</p>	
Physician Services	Office visits (excludes certain diagnostic lab and X-ray)	<b>100%</b> after <b>\$10</b> copayment for primary care physician, <b>100%</b> after <b>\$20</b> copayment for specialist
	Lab tests and X-rays Diagnostic tests	<b>100%</b>
	Allergy injections	<b>100%</b> after <b>\$5</b> copayment
	Inpatient services Outpatient surgery and diagnostics Physician visits to emergency room	<b>100%</b>
Hospital Services	Inpatient care (semi-private room and board, nursing care, ICU)	<b>100%</b> after <b>\$150</b> copayment per admission
	Organ transplants Outpatient nonsurgical care Outpatient tests, lab and X-ray, and other diagnostic tests Ancillary services	<b>100%</b>
	Outpatient surgery Out patient Diagnostic Testing (High Costs - MRI, MRA, CT and PET scans)	<b>100%</b> after <b>\$50</b> copayment
Emergent/Urgent Services	Emergency Room	<b>100%</b> after <b>\$75</b> copayment (waived if admitted)
	Urgent Treatment Center	<b>100%</b> after <b>\$25</b> copayment
	UK Children's Twilight Clinic	<b>100%</b> after <b>\$15</b> copayment

**UNIVERSITY OF KENTUCKY**

Health Plans – UK-HMO and UK-RHP

[http://www.uky.edu/HR/benefits/health\\_hmo.html](http://www.uky.edu/HR/benefits/health_hmo.html)

Other Medical Services	Skilled nursing facility (up to 30 days per plan year) Ambulance Hospice	<b>100%</b>
	Home health care (up to 60 visits per year)	<b>80%</b>
	Durable medical equipment, orthotics and prosthetics	<b>80%</b> , maximum member responsibility of <b>\$400</b> per plan year for all services combined
	Hearing aids	<b>\$1,400 benefit every 36 months</b> for children under 18
	Speech therapy, pulmonary rehab therapy, physical, occupational therapy, cardiac rehab, manipulative therapy, hydrotherapy and acupuncture therapy (limited to 45 visits per plan year, combined)	<b>100%</b> after <b>\$15</b> copayment per visit for all therapies
Mental Health and Substance Abuse	Inpatient mental health or substance abuse (up to 60 days/plan year)	<b>100%</b> after <b>\$150</b> copayment
	Outpatient mental health or substance abuse (up to 20 visits/plan year)	<b>100%</b> after <b>\$20</b> copayment

Copyright © 2010 University of Kentucky



## Health Plans - UK-EPO

**At a glance:** provides care through a broader network, including UK HealthCare facilities and physicians and Humana/ChoiceCare networks. No out-of-network coverage. [Click here](#) for full plan details.

The Humana/ChoiceCare networks may be accessed on Humana's website at: [www.humana.com](http://www.humana.com).

### UK-EPO Summary of Health Plan Benefits

The UK-EPO Option is very similar to an HMO in the way benefits are applied. If you choose the UK-EPO, you must receive treatment from an in-network provider. Only emergency services, or urgent services received while out of the service area, are covered when provided by out-of-network providers or facilities. When you use in-network providers, you will have a \$25 copayment for primary care visits and a \$40 copayment for specialist visits.

### UK-EPO Factors to Consider:

- Large provider network, including UK HealthCare facilities (such as Chandler Hospital, Good Samaritan Hospital, Kentucky Clinics), UK HealthCare physicians and the Humana and ChoiceCare networks.
- No referrals required for specialty care services.
- No coverage for out-of-network services, unless it is a life- or limb-threatening emergency.
- No deductibles to meet.

**Prior authorization is required for the following services:** inpatient hospital services; inpatient mental health, alcohol and/or chemical dependency services; outpatient mental health, alcohol and/or chemical dependency services; and skilled nursing facility services. Failure to obtain prior authorization will result in a 50% benefit penalty.

### UK-EPO Summary of Health Plan Benefits

2010-2011	Major Plan Benefits	UK HealthCare Providers*	Benefits for Covered Services Provided at Participating Providers
Lifetime Maximum Benefit		Unlimited	Unlimited
Copayment Limits	Individual and Family	N/A	N/A
Preventive Care	Routine immunizations	<b>100%</b> after <b>\$15</b> copay per primary	<b>100%</b> after <b>\$25</b> copay per primary care visit,

	(through age 18) Routine Pap smears and mammograms Routine child care (through age 18) Routine adult physical exam (19 years and above, one per plan year)	care visit, <b>100%</b> after <b>\$30</b> copay per specialist visit	<b>100%</b> after <b>\$40</b> copay per specialist visit
Physician Services	Office visits (excludes certain diagnostic lab and X-ray)	<b>100%</b> after <b>\$15</b> copay per primary care visit, <b>100%</b> after <b>\$30</b> copay per specialist visit	<b>100%</b> after <b>\$25</b> copay per primary care visit, <b>100%</b> after <b>\$40</b> copay per specialist visit
	Lab tests and X-rays Diagnostic tests	<b>100%</b> after office visit copay	<b>100%</b> after office visit copay
	Allergy injections	<b>100%</b>	<b>100%</b> after <b>\$5</b> copay
	Inpatient services Outpatient surgery and diagnostics Physician visits to emergency room	<b>100%</b>	<b>100%</b>
Hospital Services	Inpatient care (semi-private room and board, nursing care, ICU)	<b>100%</b> after <b>\$300</b> copay per admission (limited to two copays per plan per year)	<b>100%</b> after <b>\$500</b> copay per admission (limited to two copays per plan per year)
	Outpatient surgery	<b>100%</b> after <b>\$100</b> copay per procedure	<b>100%</b> after <b>\$150</b> copay per procedure
	Outpatient nonsurgical care Outpatient tests,	<b>100%</b>	<b>100%</b>

	lab and X-ray Ancillary services		
	Emergency room	<b>100%</b> after <b>\$75</b> copay (waived if admitted)	<b>100%</b> after <b>\$75</b> copay (waived if admitted)
	Organ transplants	<b>100%</b>	<b>100%</b>
Other Medical Services	Skilled nursing facility (up to 100 days per plan year) Home health care (up to 100 visits per plan year) Ambulance Hospice	<b>100%</b>	<b>100%</b>
	Durable medical equipment	<b>80%</b> up to <b>\$400</b> member cost per year	<b>80%</b> up to <b>\$400</b> member cost per year
	Physical, speech, hydrotherapy, occupational and acupuncture therapy (limited to 30 visits per plan year combined)	<b>100%</b> after <b>\$30</b> copay per visit	<b>100%</b> after <b>\$40</b> copay per visit
Mental Health and Substance Abuse	Inpatient (up to 31 days per plan year)	<b>100%</b> after <b>\$300</b> copay per admission	<b>100%</b> after <b>\$500</b> copay per admission
	Outpatient (up to 20 visits per plan year)	<b>70%</b>	<b>70%</b>

\* - You may search for UK HealthCare Providers online at [www.humana.com](http://www.humana.com).

### Health Plans - UK-PPO

**At a glance:** UK-PPO provides care through a broader network, including UK HealthCare facilities and physicians, Humana/ChoiceCare networks. Out-of-network coverage is available, slightly higher premium than UK-HMO. [Click here](#) for full plan details.

The Humana/ChoiceCare networks may be accessed on Humana's website at: [www.humana.com](http://www.humana.com).

#### UK-PPO Summary of Benefits

With the PPO option, participating providers agree to accept Humana's determination of reasonable allowable charges as payment in full. The PPO plan provides a large number of providers, including UK HealthCare facilities (such as Chandler Hospital, Good Samaritan Hospital, and Kentucky Clinics), UK HealthCare physicians and Humana/ChoiceCare networks.

Under either PPO: copayments, deductibles and expenses for mental health and substance abuse do NOT accrue toward the maximum out-of-pocket limit.

#### UK-PPO Factors to Consider:

- Lower copayments when using UK Healthcare providers for certain procedures.
- 50% benefit after meeting your deductible when using an out-of-network provider.
- Lowest PPO premium; slightly higher premium than HMO.
- Covered transplants include kidney, liver, pancreas, kidney/pancreas, heart, lung, heart/lung, bone marrow and cornea transplants.
- Deductible does not apply to in-network preventive services.

**Prior authorization is required for the following services:** durable medical equipment (over \$750), home health care and hospice services and other services as listed in the certificate of coverage.

#### UK-PPO Option Summary of Health Plan Benefits

2010-2011	Major Plan Benefits	UK Healthcare Providers*	In-Network	Out-of-Network
Lifetime Maximum Benefit		Unlimited	Unlimited	Unlimited
Out-of-Pocket Amount	Annual Deductible	<b>\$500</b> /member, <b>\$1,000</b> /family	<b>\$500</b> /member, <b>\$1,000</b> /family	<b>1,500</b> /member, <b>\$3,000</b> /family
	Out-of-pocket max (excludes deductible and mental health expenses)	<b>\$1,500</b> /member, <b>\$3,000</b> /family	<b>\$1,500</b> /member, <b>\$3,000</b> /family	<b>\$4,500</b> /member, <b>\$9,000</b> /family
Preventive Care	Routine child care and immunizations	<b>100%</b> after <b>\$15</b> copay per visit	<b>100%</b> after <b>\$25</b> copay per visit	<b>50%</b> after deductible

UNIVERSITY OF KENTUCKY

Health Plans – UK-PPO

[http://www.uky.edu/HR/benefits/health\\_ppo.html](http://www.uky.edu/HR/benefits/health_ppo.html)

	(through age 18) Routine Pap smears and mammograms Routine adult physical exam (19 years and above, one per plan year) Routine outpatient lab tests and X-rays			
Physician Services	Office visits (excludes diagnostic lab and X-ray)	<b>100%</b> after \$15 copay per primary care visit or <b>\$30</b> copay per specialist visit	<b>100%</b> after \$25 copay per primary care visit or <b>\$40</b> copay per specialist visit	<b>50%</b> after deductible
	Lab tests, X-rays and diagnostic tests	<b>100%</b> after office visit copay	<b>100%</b> after office visit copay	<b>50%</b> after deductible
	Allergy injections	<b>100%</b>	<b>100%</b> after \$5 copay per visit	<b>50%</b> after deductible
	Inpatient services Outpatient surgery and diagnostic tests	<b>80%</b> after deductible	<b>80%</b> after deductible	<b>50%</b> after deductible
	Physician visits to emergency room	<b>80%</b>	<b>80%</b>	<b>50%</b> after deductible
Hospital Services	Inpatient care (semi-private room and board, nursing care, ICU) Outpatient surgery Outpatient nonsurgical care Outpatient	<b>80%</b> after deductible	<b>80%</b> after deductible	<b>50%</b> after deductible

UNIVERSITY OF KENTUCKY

Health Plans – UK-PPO

[http://www.uky.edu/HR/benefits/health\\_ppo.html](http://www.uky.edu/HR/benefits/health_ppo.html)

	tests, lab and X-ray Ancillary services Organ transplants			
	Emergency Room	<b>80%</b> after <b>\$75</b> copay per visit (waived if admitted)	<b>80%</b> after <b>\$75</b> copay per visit (waived if admitted)	<b>50%</b> after deductible
Other Medical Services	Skilled nursing facility (up to 100 days per plan year) Home health care (up to 100 visits per plan year) Durable medical equipment Hospice services	<b>80%</b> after deductible	<b>80%</b> after deductible	<b>50%</b> after deductible
	Ambulance	<b>80%</b> after deductible	<b>80%</b> after deductible	<b>50%</b> after deductible
	Physical, speech, hydrotherapy, occupational and acupuncture therapy (limited to 30 visits per plan year, combined)	<b>100%</b> after <b>\$30</b> copay per visit	<b>100%</b> after <b>\$40</b> copay per visit	<b>50%</b> after deductible
Mental Health and Substance Abuse	Inpatient (up to 31 days/plan year) Outpatient (up to 20 visits/plan year)	<b>80%</b> after deductible	<b>80%</b> after deductible	<b>50%</b> after deductible

\* - You may search for UK HealthCare providers online at [www.humana.com](http://www.humana.com).

Copyright © 2010 University of Kentucky



**Health Plans - UK Indemnity**

**At a glance:** The UK Indemnity plan is available to out-of-state residents and Medicare-eligible retirees.

Summary of UK Indemnity Health Plan Benefits

The UK Indemnity option is only available to those participants who live or travel out of state for extended periods of time.

Indemnity plans offer the freedom to receive care from any physician. [Click here](#) for full plan details. **For covered services, there is an annual deductible that must be met before the health plan begins paying a benefit.**

UK Indemnity Factors to Consider:

- Complete freedom to receive services from any provider.
- If you will be out of the UK-HMO, UK-PPO, or UK-EPO plan service areas for more than 120 days (4 months), you must elect the UK Indemnity plan.
- Deductibles, expenses for mental health and substance abuse and prescription coinsurance do NOT accrue toward the maximum out-of-pocket limit.
- Covered transplants include kidney, liver, pancreas, kidney/pancreas, heart, lung, heart/lung, bone marrow and cornea transplants.

**Prior authorization is required for the following services:** inpatient hospital services; inpatient mental health, alcohol and/or chemical dependency services; outpatient mental health, alcohol and/or chemical dependency services; and skilled nursing facility services. Failure to obtain prior authorization will result in a 50% benefit penalty.

UK Indemnity Option Summary of Health Plan Benefits

2010-2011	Major Plan Benefits	Benefits for Covered Services
Out-of-Pocket Amount	Annual deductible Out-of-pocket maximum (excludes deductible, prescription coinsurance, and mental health expenses)	<b>\$500</b> per member/ <b>\$1,000</b> per family <b>\$1,500</b> per member/ <b>\$3,000</b> per family
Lifetime Maximum Benefit		Unlimited
Preventive Care	Routine mammogram and Pap smears Routine child care and immunizations (through age 18) Routine adult physical exam (19 years and above, one per plan year)	<b>80%</b> after deductible
Physician Services	Routine outpatient laboratory tests and X-rays Office visits (excludes	<b>80%</b> after deductible

	certain diagnostic lab and X-rays) Lab tests and X-rays Allergy injections Inpatient services Outpatient surgery and diagnostic tests	
Hospital Services	Inpatient care (semiprivate room and board, nursing care, ICU) Physician visits to emergency room Outpatient surgery, outpatient nonsurgical care Outpatient tests, lab and X-ray Ancillary services Organ Transplants	<b>80%</b> after deductible
	Emergency room	<b>80%</b> after <b>\$75</b> copay per visit (waived if admitted)
Other Medical Services	Skilled nursing facility (up to 100 days per plan year) Home health care (up to 100 visits per plan year) Ambulance Hospice Durable medical equipment Physical, speech, hydrotherapy, occupational and acupuncture therapy (limited to 30 visits per condition, per plan year, combined)	<b>80%</b> after deductible
Mental Health and Substance Abuse	Inpatient (up to 31 days per plan year) Outpatient (up to 20 visits per plan year)	<b>80%</b> after deductible

Copyright © 2010 University of Kentucky

## Health Plans - FAQ

1. [What is the difference between UK-PPO and UK-EPO? What does this mean?](#)
2. [Is the family combined credit \(called "spousing"\) still available?](#)
3. [What is the network for UK-PPO?](#)
4. [Will I receive a health and prescription ID card each year?](#)
5. [Will I receive a dental ID card each year?](#)
6. [Will I receive a vision ID each year?](#)
7. [Can UK-HMO Regional participants utilize both the UK Medical Center physicians in Lexington and the physicians in the county where they reside?](#)
8. [Is the live or work option only available to persons who have the UK Indemnity plan option?](#)
9. [What is an Indemnity plan?](#)
10. [When are enrollment forms due?](#)
11. [When can I change my health insurance elections?](#)
12. [What is a qualified change in family status?](#)

1. What is the difference between UK-PPO and UK-EPO? What does this mean?

UK-PPO is a preferred provider organization health plans (PPO). The differences between the plans are the premiums, deductibles, copayments and coinsurances that apply for each plan. The UK-EPO (Exclusive Provider Organization) plan is the same as an HMO (Health Maintenance Organization). A network provider must be used in order to receive a benefit unless benefits are received for a life or limb threatening medical emergency.

[Top](#)

2. Is the family combined credit (called "spousing") still available?

Yes. When both husband and wife are regular full-time UK employees, the single coverage tier credit is combined with the employee plus children coverage tier credit, and both credits are applied toward the cost of the family premium. The out of pocket cost is exactly the same as one employee being on a single plan and the other employee being on an employee plus children plan. There is no benefit in combining credits if you are in the UK-HMO, or UK-EPO plan. However, there is an advantage of combining credits in the PPO plans that have a family maximum on deductibles. Employees may have a lower deductible amount to meet in one family plan versus in two separate plans.

[Top](#)

3. What is the network for UK-PPO?

There are actually two networks available when participating in the UK-PPO and UK-EPO plan. They are Humana/ChoiceCare. Both networks may be accessed on Humana's website: [www.humana.com](http://www.humana.com).

[Top](#)

4. Will I receive a health and prescription ID card each year?

UK-HMO members will receive a new ID card. UK-PPO and UK-EPO members will typically NOT receive a new ID card unless you are enrolling in one of these plans from a different plan. Prescription plan cards will not be reissued each year. Members will use the same ID card year to year.

[Top](#)

5. Will I receive a dental ID card each year?

UK Dental members will NOT receive an ID card. UK Dental verifies member eligibility electronically. Delta Dental does send ID cards to new members.

[Top](#)

6. Will I receive a vision ID each year?

EyeMed members will receive a new ID card each year.

[Top](#)

7. Can UK-HMO Regional participants utilize both the UK Medical Center physicians in Lexington and the physicians in the county in which they reside?

Yes, if you have the UK-HMO Regional plan you have access to the network hospitals and physicians in the county where you live. You may also use the UK Medical Center and UK physicians.

[Top](#)

8. Is the live or work option only available to persons who have the UK Indemnity plan option?

Yes, it is. The UK Indemnity plan will be offered to the areas out of state. So if you live in Indiana, but work in Louisville, you may choose the plans that are available in Jefferson County where you work or in Indiana where you live.

[Top](#)

9. What is an Indemnity plan?

The Indemnity plan is a traditional health plan with a deductible and coinsurance. It does not have a network requirement and is only offered to participants who live outside of Kentucky. When participants use one of the Humana/Choice Care network providers, a discount is provided.

[Top](#)

10. When are enrollment forms due?

Return your completed form(s) to the Employee Benefits Office at 112 Scovell Hall. If you are a new employee, you have 30 days from your hire date to submit your forms. Otherwise, you must wait to enroll at next year's Open Enrollment period.

[Top](#)

11. When can I change my health insurance elections?

Because the University of Kentucky deducts premiums for health, dental and vision insurance as well as flexible spending benefit plans on a pre-tax basis, the benefit choices you make now may not be changed unless you have a qualified change in family status, as defined by Internal Revenue Code, Section 125. The choices you make during Open Enrollment will be in effect from July 1, 2008 through June 30, 2009.

[Top](#)

12. What is a qualified change in family status?

A qualified change in family status is defined as: marriage, divorce, birth or adoption of a child, death of a spouse or child, dependent child reaches the age limit or gets married, change in employment status of you or your spouse from full-time to part-time and vice versa, termination of employment by you or your spouse and open enrollment of a spouse.

[Top](#)

Copyright © 2010 University of Kentucky

### 2010-11 Health Plans - Rates

Benefits Structure	Coverage Level	Monthly Rate	UK Credit for Regular Full-Time Employees	Monthly Cost for Regular Full-Time Employees
<b>UK-HMO Lexington Service Area</b>	Employee Only	\$453	\$427	\$ 26
	Employee + Child(ren)	\$679	\$549	\$130
	Employee + Spouse/ Sponsored Dependent	\$905	\$652	\$253
	Employee + Family	\$1132	\$759	\$373
<b>UK-RHP Regional Health Plan</b>	Employee Only	\$453	\$427	\$ 26
	Employee + Child(ren)	\$679	\$549	\$130
	Employee + Spouse/ Sponsored Dependent	\$905	\$652	\$253
	Employee + Family	\$1132	\$759	\$373
<b>UK-PPO Administered by Humana</b>	Employee Only	\$453	\$427	\$26
	Employee + Child(ren)	\$679	\$549	\$130
	Employee + Spouse/ Sponsored Dependent	\$906	\$652	\$253
	Employee + Family	\$1132	\$759	\$373
<b>UK-EPO Administered by Humana</b>	Employee Only	\$577	\$427	\$150
	Employee + Child(ren)	\$866	\$549	\$317
	Employee + Spouse/ Sponsored Dependent	\$1154	\$652	\$502
	Employee + Family	\$1443	\$759	\$684
<b>UK Indemnity Administered by Humana</b>	Employee Only	\$453	\$427	\$26
	Employee + Child(ren)	\$679	\$549	\$130
	Employee + Spouse/ Sponsored Dependent	\$906	\$652	\$253
	Employee + Family	\$1132	\$759	\$373

Copyright © 2010 University of Kentucky