

Which Medical Plan is Best?

Employees often ask this question. Choosing a medical plan is a personal decision that should be based on the unique medical needs and preferences of each employee. Each type of medical plan has features that may be considered beneficial by some employees or limited by others. No one can tell you which plan to select, but below are some areas that you will want to consider. Additional information on selecting a medical plan is available on the University Human Resource Services (UHRS) Web site at www.indiana.edu/~uhrs. Medical plan customer service numbers for network and coverage inquiries are listed in the back of this booklet.

Provider Networks

- What network does the plan use? Are your providers in the network?
- If your providers are not In-Network, are you willing to change providers or pay more for services? (Out-of-Network costs, especially amounts above Usual & Reasonable, can be significant.)

Covered Services

- All plans cover most recommended preventive services with no deductible. These services include mammograms, childhood immunizations, annual physicals, pap tests, and most other commonly recommended screening tests.
- All plans cover a routine "wellness" eye exam and diabetic preventive exam with no deductible.
- The copays and deductibles are listed in the "2008 Medical Plans Distinguishing Features" table in this booklet. More details are provided in the plan summaries and plan booklets available on the UHRS Web site and at Open Enrollment information sessions.
- Do you have special needs such as medical equipment, prosthetics, therapies, or skilled nursing? If so, you will want to ask how these are paid in the plans you are considering.
- If you use maintenance prescription drugs, what will the copays be in each plan? Are you willing to change prescriptions to have a lower copay?

Total Plan Costs

- What is the total cost of each medical plan you are considering? The total cost includes both what you will pay in paycheck contributions (premiums) and what you will pay when you receive services (out-of-pocket expenses). Both are important. Don't automatically reject the PPO \$900 Deductible plan without considering the total cost of alternative plans. Looking at only one cost does not give a complete picture of how much you will pay for medical care.
- Have you considered the TSB Plan to save money on out-of-pocket costs?