

# MedBen Indiana HD

The High-deductible Choice for Health Savings Accounts

## Big Benefits at a Low Cost

MedBen Indiana HD provides your employees with an attractive benefits package while saving you benefits costs. The plan features medical care from area providers you know and trust. It also keeps out-of-pocket expenses in check with discounts on prescription drugs, vision exams and materials\*, and laboratory testing services. And, our around-the-clock Nurseline offers professional advice about health conditions, reducing the need for costly emergency room visits.

- Comprehensive Medical Coverage
- Broad Choice of Provider Networks
- Pharmacy Discounts
- Eye Care Discounts (VisionDirect)\*
- 24-hour Nurseline (TLC)
- Life Insurance and Accidental Death & Dismemberment (AD&D)
- Employee Online Claims and Benefits Information



\*May not be available in all areas.



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MUTUAL-HDIN-ER-005

## The Right Choice

MedBen Indiana HD is the right choice for employers looking to share more benefits responsibility with their plan participants. This fully insured plan features both a high deductible and a maximum out-of-pocket limit.

By choosing the MedBen Indiana HD option, your insurance premiums will be lower than with a traditional health plan.

## Adding an HSA?

MedBen Indiana HD is a "qualified" high-deductible health plan (HDHP), meaning it can be linked to a **Health Savings Account (HSA)** under IRS guidelines. When offering the plan with an HSA, you can help offset your employees' high deductible through tax-free employer contributions to the HSA. (To qualify for use with an HSA, the individual out-of-pocket HDHP maximum cannot exceed

\$5,950, and the family out-of-pocket maximum cannot exceed \$11,900, per 2010 IRS regulations.)

MedBen can assist you with HSA set-up, or you are welcome to work with your preferred bank.

## Maximize Savings

To maximize plan savings, you can add our **Worksite Wellness** program. We also offer a variety of benefits to complement your plan, including **dental, vision, disability and COBRA and HIPAA administration**. And, we administer **Health Reimbursement Arrangements (HRAs)** and **Flexible Savings Accounts (FSAs)**. MedBen has the tools to create a benefits package to keep your employees healthy while respecting your bottom line.

To learn more, please contact our Sales Service Representative at (888) 633-2366 or [marketing@medben.com](mailto:marketing@medben.com).

## DEDUCTIBLE-ONLY OPTION

Under the **deductible-only option**, once the employee has met the deductible, MedBen pays 100% of eligible claim costs up to set contract maximums, with **no applicable coinsurance options**.

### Employee Deductible Options

Individual In-network	\$2,400	\$3,000	\$4,000	\$5,000
Individual Out-of-network	\$4,800	\$6,000	\$8,000	\$10,000

**Family deductible is 2 times the individual deductible.**

*Employee deductible is for the calendar year.*

## DEDUCTIBLE /COINSURANCE OPTION

The **deductible/coinsurance option** features an **employee coinsurance level of 20% in-network and 40% out-of-network** once the deductible is met.

### Employee Deductible Options

Individual In-network	\$2,400	\$3,000	\$4,000
Individual Out-of-network	\$4,800	\$6,000	\$8,000

**Family deductible is 2 times the individual deductible.**

*Employee deductible is for the calendar year.*

### Employee Coinsurance Limit Options

Individual In-network	\$5,000	\$10,000	\$15,000
Individual Out-of-network	\$10,000	\$20,000	\$30,000

**Family maximum is 2 times the individual maximum.**

*Employee coinsurance limit is for the calendar year.*

**Please note that an HDHP cannot qualify for use with an HSA if employee contributions exceed IRS out-of-pocket maximums.**

WELLNESS SERVICES	In Network	Out of Network
<b>Well Adult Care</b> – Includes one routine physical exam per year and routine gynecological care	\$20 Copay	Not Covered
<b>Well Baby &amp; Child Care</b> – Includes routine exams and immunizations	\$20 Copay	Not Covered
<b>Routine Screening Mammography</b> One per year, age 35 and older	Paid at 100%, No Deductible	Deductible and Coinsurance
<b>Cytologic Screening</b> – One per year	\$20 Copay	Deductible and Coinsurance
<b>Colorectal Cancer Screening* / Prostate Exam</b> – One per year for ages 50 and over	\$20 Copay	Deductible and Coinsurance

OUTPATIENT SERVICES (Other than maternity, mental health, drug abuse and alcoholism)	In Network	Out of Network
<b>Diagnostic Mammography</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Office Visits</b> – Includes diagnostic x-ray and laboratory services performed in the office	Deductible and Coinsurance	Deductible and Coinsurance
<b>Outpatient Diagnostic X-ray and Laboratory Services Not Performed in the Office</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Outpatient Surgery</b> – Includes surgery performed in the office	Deductible and Coinsurance	Deductible and Coinsurance
<b>Outpatient Hospice Care</b> (Subject to \$10,000 lifetime maximum for inpatient/outpatient and in-network/out-of-network combined)	Deductible and Coinsurance	Deductible and Coinsurance

INPATIENT SERVICES	In Network	Out of Network
<b>Inpatient Hospital Care</b> – Includes maternity	Deductible and Coinsurance	Deductible and Coinsurance
<b>Inpatient Hospice Care</b> (Subject to \$10,000 lifetime maximum for inpatient/outpatient and in-network/out-of-network combined)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Inpatient Physician Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Skilled Nursing and Sub-acute Care</b> (Subject to a maximum of 100 days per year for in-network/out-of-network combined)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Urgent Care Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Emergency Care Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Follow-up Care at ER</b>	Not Covered	Not Covered

MATERNITY	In Network	Out of Network
<b>Pre- and Post-Natal Care</b> – Includes delivery and in-hospital physician visits for mother & baby	Deductible and Coinsurance	Deductible and Coinsurance

OTHER MEDICAL SERVICES	In Network	Out of Network
<b>Inpatient Mental Health Services</b> (Subject to a maximum of 20 days per year for in-network/out-of-network combined, if less than 50 employees)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Outpatient Mental Health Services</b> (Subject to a maximum of 20 visits per year for in-network/out-of-network combined, if less than 50 employees)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Inpatient Alcoholism and Drug Abuse</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Outpatient Alcoholism and Drug Abuse</b> (Subject to a maximum benefit of \$550 per year)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Physical Therapy and Non-Surgical Spinal or Vertebral Column Treatment</b> (Subject to a max. benefit of \$1,000 per year for in-network/out-of-network combined)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Occupational Therapy</b> (Subject to a max. benefit of \$1,000 per year for in-network/out-of-network combined)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Restorative Speech Therapy</b> (Subject to a max. benefit of \$1,000 per year for in-network/out-of-network combined)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Home Health Care Services</b> (Subject to a max. benefit of 100 visits per year for in-network/out-of-network combined; 4 hrs. = 1 visit)	Deductible and Coinsurance	Deductible and Coinsurance
<b>TMJ</b> (Subject to a lifetime max. benefit of \$1,000 for in-network/out-of-network combined)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Durable Medical Equipment</b> (Subject to a max. of \$3,000 per year for in-network/out-of-network combined)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Organ Transplants</b> – Includes allogenic donor searches	Deductible and Coinsurance; limited to \$1,000,000 lifetime max.	Deductible and Coinsurance; limited to \$5,000 per transplant and \$1,000 per trans- plant for allogenic donor searches
<b>Ground Ambulance</b> (Subject to a lifetime max. benefit of \$1,000 for in-network/out-of-network combined)	Deductible and Coinsurance	Deductible and Coinsurance
<b>Air Ambulance</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Prescription Drugs</b> (Per prescription or refill, subject to dispensing limits)	Deductible and Coinsurance (if purchased through discount program)	Deductible and 50% Coinsurance
<b>Lifetime Maximum – \$2,000,000 in-network and out-of-network combined</b>		

This brochure contains only a partial description of the policy provisions. The complete terms will be set forth in the certificate of coverage (CMM-CERT-HDHP/IN), group term life certificate (MBM-LIFE-001), policy (MBM-COMP-GM003), vision certificate (VPA-CERT-001) and dental certificate (PDP-CERT-12/91) issued by Medical Benefits Mutual Life Insurance Co.

\* A Colonoscopy is not considered a Wellness Service.