

Plan Type	Deductible	Out-of-Pocket Max	Coinsurance	PCP	SPC	ER
HMO	\$0	\$1,500	10%	\$25 per visit	\$50 per visit	10%
HMO	\$0	\$1,500	20%	\$25 per visit	\$50 per visit	20%
POSC	\$250	\$1,250	0%	\$25 per visit	\$50 per visit	\$150 per visit
POSC	\$250	\$1,250	20%	\$40 per visit	\$65 per visit	\$150 per visit
HMO, POS	\$500	\$1,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
POSC	\$500	\$2,500	0%	\$25 per visit	\$50 per visit	\$150 per visit
POSC	\$500	\$2,500	0%	\$40 per visit	\$65 per visit	\$150 per visit
POSC	\$500	\$2,500	20%	\$25 per visit	\$50 per visit	\$150 per visit
POSC	\$500	\$2,500	20%	\$40 per visit	\$65 per visit	\$150 per visit
HMO, POS	\$1,000	\$2,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
POSC	\$1,000	\$3,000	0%	\$10 per visit	\$25 per visit	\$200 per visit
POSC	\$1,000	\$3,000	0%	\$25 per visit	\$50 per visit	\$200 per visit
POSC	\$1,000	\$3,000	20%	\$10 per visit	\$25 per visit	\$200 per visit
POSC	\$1,000	\$3,000	20%	\$25 per visit	\$50 per visit	\$200 per visit
HMO*, POS*	\$1,500	\$1,500	0%	Deductible, 0%	Deductible, 0%	Deductible, 0%
HMO, POS	\$1,500	\$3,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS	\$1,500	\$3,000	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS	\$1,500	\$3,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO*, POS*	\$1,500	\$3,000	20%	Deductible, 20%	Deductible, 20%	Deductible, 20%
HMO, POS	\$2,000	\$4,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS	\$2,000	\$4,000	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS	\$2,000	\$4,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS	\$2,500	\$5,000	20%	\$10 per visit	\$25 per visit	\$150 per visit

Standard pharmacy plan offerings are Rx230, Rx231, Rx232 and Rx233  
 \*HSA deductibles aggregate  
 \*\*HSA deductibles embedded

Plan Type	Deductible	Out-of-Pocket Max	Coinsurance	PCP	SPC	ER
HMO, POS	\$2,500	\$5,000	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS	\$2,500	\$5,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO**, POS**	\$2,800	\$2,800	0%	Deductible, 0%	Deductible, 0%	Deductible, 0%
HMO**, POS**	\$2,800	\$5,600	20%	Deductible, 20%	Deductible, 20%	Deductible, 20%
HMO, POS	\$3,000	\$6,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS	\$3,000	\$6,000	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS	\$3,000	\$6,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS	\$3,500	\$7,000	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS	\$3,500	\$7,000	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS	\$3,500	\$7,000	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS	\$4,000	\$8,150	20%	\$10 per visit	\$25 per visit	\$150 per visit
HMO, POS	\$4,000	\$8,150	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS	\$4,000	\$8,150	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO**, POS**	\$5,000	\$5,000	0%	Deductible, 0%	Deductible, 0%	Deductible, 0%
HMO**, POS**	\$5,000	\$6,750	20%	Deductible, 20%	Deductible, 20%	Deductible, 20%
HMO, POS	\$5,000	\$8,150	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS	\$5,000	\$8,150	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS	\$6,000	\$8,150	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS	\$6,000	\$8,150	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS	\$7,000	\$8,150	20%	\$25 per visit	\$40 per visit	\$250 per visit
HMO, POS	\$7,000	\$8,150	20%	\$40 per visit	\$65 per visit	\$250 per visit
HMO, POS	\$8,150	\$8,150	0%	\$40 per visit	\$65 per visit	0%

Standard pharmacy plan offerings are Rx230, Rx231, Rx232 and Rx233  
 \*HSA deductibles aggregate  
 \*\*HSA deductibles embedded

## Rx230

### Member Responsibility

Member Benefits	Participating	Non-Participating
Preferred Generic - Tier 1	\$0	Deductible, 50%
Non-Preferred Generic - Tier 2	\$7	Deductible, 50%
Preferred Brand - Tier 3	\$35	Deductible, 50%
Non-Preferred Brand - Tier 4	\$70	Deductible, 50%
Preferred Specialty - Tier 5	\$140	Deductible, 50%
Non-Preferred Specialty - Tier 6	50%	Deductible, 50%

Not available with an HSA plan.  
The Non-Participating pharmacy benefit does not apply to HMO plans.

## Rx231

### Member Responsibility

Member Benefits	Participating	Non-Participating
Preferred Generic - Tier 1	\$0	Deductible, 50%
Non-Preferred Generic - Tier 2	\$10	Deductible, 50%
Preferred Brand - Tier 3	\$40	Deductible, 50%
Non-Preferred Brand - Tier 4	\$80	Deductible, 50%
Preferred Specialty - Tier 5	30%	Deductible, 50%
Non-Preferred Specialty - Tier 6	50%	Deductible, 50%

Not available with an HSA plan.  
The Non-Participating pharmacy benefit does not apply to HMO plans.

## Rx232

### Member Responsibility

Member Benefits	Participating	Non-Participating
Preferred Generic - Tier 1	Deductible, 0%	Deductible, 50%
Non-Preferred Generic - Tier 2	Deductible, 0%	Deductible, 50%
Preferred Brand - Tier 3	Deductible, 0%	Deductible, 50%
Non-Preferred Brand - Tier 4	Deductible, 0%	Deductible, 50%
Preferred Specialty - Tier 5	Deductible, 0%	Deductible, 50%
Non-Preferred Specialty - Tier 6	Deductible, 0%	Deductible, 50%

The RX 232 option only applies to HSA plans with a coinsurance of 0%  
The Non-Participating pharmacy benefit does not apply to HMO plans.

## Rx233

### Member Responsibility

Member Benefits	Participating	Non-Participating
Preferred Generic - Tier 1	Deductible, 20%	Deductible, 50%
Non-Preferred Generic - Tier 2	Deductible, 20%	Deductible, 50%
Preferred Brand - Tier 3	Deductible, 20%	Deductible, 50%
Non-Preferred Brand - Tier 4	Deductible, 20%	Deductible, 50%
Preferred Specialty - Tier 5	Deductible, 20%	Deductible, 50%
Non-Preferred Specialty - Tier 6	Deductible, 20%	Deductible, 50%

The RX 233 option only applies to HSA plans with a coinsurance of 20%  
The Non-Participating pharmacy benefit does not apply to HMO plans.

GPMKHA21-INALGplanbr-0321

# 2020/2021 Indiana Large Group Standard Plans

