

2024 - 2025



**Indiana University  
Domestic Students  
Student Health Insurance Plan**

[www.anthem.com](http://www.anthem.com)

**Anthem Student Advantage**  
Keeping you at your personal best





**Important notice**

This is a brief description of your student health plan underwritten by Anthem Blue Cross and Blue Shield (Anthem). If you would like more details about your coverage and costs, you can find the complete terms in the policy or plan document online at [www.anthem.com](http://www.anthem.com).

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**Welcome  
to Anthem  
Student  
Advantage**



As your new school year begins, it's important to understand your health care benefits and how they work. Your Anthem Student Advantage plan will help guide you through that process with information about who is eligible, what is covered, how much it costs, and the best ways to access care.

## What you need to know about Anthem Student Advantage



### Who is eligible?

The Voluntary Domestic Student insurance plan is available to all domestic Indiana University undergraduate and graduate students who are currently enrolled in classes and not eligible for other university-sponsored health insurance plans (such as the SAA plan, Fellowship Recipient plan, Professional Student Plan, International Student Plan, Visiting Scholar Plan or an IU Employee plan).

If the deadline has passed, your dependents may not enroll until the next coverage period, unless there has been a significant life change (i.e., marriage, birth, loss of prior coverage). In the case of a life event change, if the enrollment form is submitted within 30 days of the qualifying event, coverage will be backdated and begin on the date of the qualifying event.

Here is how it works:

- › To enroll the dependent(s) of covered Student, please complete the [Enrollment Form](#) available online on the University Health Plans website.



### Coverage is available for dependents too

Eligible students who enroll in coverage can also insure their eligible dependents. This includes a spouse and children under the age of 26. Dependent eligibility is effective and expires concurrently with that of the insured student. There are two open enrollment periods to enroll a dependent, at the start of the fall semester and also the spring semester.



For information about costs and dates of coverage, please visit the [University Health Plans website](#).

# Keep in touch with your benefits information

## Student Health Center



### BLOOMINGTON CAMPUS

IUB Student Health Center  
600 N. Eagleson Ave  
Bloomington, IN 47405

#### Phone Numbers:

- Information: 1-812-855-4011
- Appointments: 1-812-855-7688
- Business Office: 1-812-855-2575
- Sexual Assault Crisis Service,  
24-hour hotline: 1-812-855-8900
- Counseling and Psychological  
Services: 1-812-855-5711

<https://healthcenter.indiana.edu/>

### INDIANAPOLIS CAMPUS

IU Indianapolis Campus Health  
Lockefield Village (first floor)  
980 Indiana Ave.  
Indianapolis, IN 46202

1-317-274-8214

In the event of an emergency, call 911  
or the Campus Police at  
1-317-247-7911.

<https://health.iupui.edu/>



### Claims and coverage

Anthem Blue Cross and Blue  
Shield Health Insurance Company  
P.O. Box 105187  
Atlanta, GA 30348 5187  
1-844-412-0752



### Benefits, eligibility and enrollment

University Health Plans  
[universityhealthplans.com](http://universityhealthplans.com)



### General information

Student Insurance Specialists  
1-812-856-4650  
[studenhc@iu.edu](mailto:studenhc@iu.edu)

# Easy access to care

Access the care you need, when you need it, and in the way that works best for you.



## Sydney Health app

With the Sydney Health<sup>1</sup> app through Anthem Blue Cross and Blue Shield, you have instant access to:

- › Your member ID card.
- › The Find a Doctor tool.
- › More information about your plan benefits.
- › Health tips that are tailored to you.
- › LiveHealth Online and 24/7 NurseLine.
- › Student support specialists (through click-to-chat or by phone).

Access the Sydney Health app  
Go to the App Store<sup>SM</sup> or Google Play<sup>TM</sup> and search for the Sydney Health app to download it today.



## LiveHealth Online

From your mobile device or computer with a webcam, you can use LiveHealth Online to visit with a board-certified doctor, psychiatrist or licensed therapist through live video.<sup>2</sup> To use, go to your Sydney Health app or [www.livehealthonline.com](http://www.livehealthonline.com). You can also download the free LiveHealth Online app to sign up.



## 24/7 NurseLine

Call 1-844-545-1429 to speak to a registered nurse who can help you with health issues like fever, allergy relief, cold and flu symptoms and where to go for care. Nurses can also help you enroll in health management programs if you have specific health conditions, remind you about scheduling important screenings and exams, and more.



## Provider finder

Use [www.anthem.com/find-care/](http://www.anthem.com/find-care/) to find the right doctor or facility close to where you are.

<sup>1</sup> Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.  
<sup>2</sup> Appointments subject to availability of a therapist. Psychologists or therapists using LiveHealth Online cannot prescribe medications. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

# Your summary of benefits



**Anthem Blue Cross and Blue Shield**

Student health insurance plan:  
Indiana University Voluntary Domestic

Your network:  
Blue Access PPO

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail. Plan benefits are pending approval with the state and subject to change.*

## Medical

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Deductible (Single/Family)</b>		
When the Deductible applies, you must pay it before benefits begin. See the sections below to find out when the Deductible applies. Copayments and Coinsurance are separate from and do not apply to the Deductible.	\$350 Single/ \$1,050 Family	\$700 Single/ \$2,100 Family
<b>Out-of-Pocket Limit (Single/Family)</b>		
	Single: \$5,000 / Family: \$10,000	Single: \$5,000 / Family: \$10,000
<b>Indiana University Health Center</b>		
	\$15 copay	
<b>Physician Home and Office Services (PCP/SCP)*</b>		
Primary Care Office Visit to treat an injury or illness	\$25 copay	50% after deductible
Specialist Care Office Visit	\$35 copay	50% after deductible
<b>Other Services in an Office</b>		
<i>Including Office Surgeries and allergy serum:</i>		
Allergy injections (PCP and SCP)	\$25 copay	50% after deductible
Allergy testing	20% after deductible	50% after deductible
MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products	20% after deductible	50% after deductible



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Preventive Care Services</b>		
Services included but not limited to: <i>Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening</i>	No copayment/ coinsurance	50% after deductible
<b>Emergency and Urgent Care</b>		
Emergency Room Services facility/other covered services ( <i>copayment waived if admitted</i> )	\$150 copay	\$150 copay
Urgent Care Center Services	\$50 copay	50% after deductible
MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products	20% after deductible	50% after deductible
Allergy injections	\$25 copay	50% after deductible
Allergy testing	20% after deductible	50% after deductible
<b>Inpatient and Outpatient Professional Services</b>		
Include, but are not limited to: <i>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</i>	Inpatient: 20% after deductible Outpatient: 20% after deductible	50% after deductible
Inpatient Facility Services (Network/Non-Network combined)	20% after deductible	50% after deductible
<b>Outpatient Surgery Hospital/Alternative Care Facility</b>		
Surgery and administration of general anesthesia	20% after deductible	50% after deductible
<b>Other Outpatient Services (including but not limited to):</b>		
Non Surgical Outpatient Services <i>For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.</i>	20% after deductible	50% after deductible
Home Care Services ( <i>Network/Non-Network combined</i> ) 100 visits ( <i>excludes IV Therapy</i> )	20% after deductible	50% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	20% after deductible	50% after deductible
Physical Medicine Therapy Day Rehabilitation programs	20% after deductible	50% after deductible
Hospice Care	20% after deductible	50% after deductible
Ambulance Services	20% after deductible	20% after deductible

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Outpatient Therapy Services (Combined Network &amp; Non-Network limits apply)</b>		
Physician Home and Office Visits (PCP/SCP)	\$25/\$35 copay	50% after deductible
Other Outpatient Services @ Hospital/ Alternative Care Facility	20% after deductible	50% after deductible
Limits apply to: Physical therapy: 60 visits Occupational therapy: 60 Visits Manipulation therapy: 12 visits Speech therapy: 20 visits Cardiac Rehabilitation: unlimited Pulmonary Rehabilitation: unlimited		
Accidental Dental: \$3,000 limit per accident (Network and Non-Network combined)	20% after deductible	50% after deductible
<b>Behavioral Health Services</b>		
<b>Mental Illness and Substance Abuse<sup>1</sup>:</b>		
Inpatient Facility Services	20% after deductible	50% after deductible
Physician Home and Office Visits (PCP/SCP)	\$25/\$35 copay	50% after deductible
Other Outpatient Services, Outpatient Facility @ Hospital/ Alternative Care Facility, Outpatient Professional	20% after deductible	50% after deductible
<b>Human Organ and Tissue Transplants<sup>2</sup></b>		
Acquisition and transplant procedures, harvest and storage	20% after deductible	50% after deductible



<sup>1</sup> We encourage you to review the Schedule of Benefits for limitations.

<sup>2</sup> Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

<sup>3</sup> Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.



## Pharmacy

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use an Non-Network Provider
<b>Prescription Drug Options: Select Formulary</b> Network Tier structure equals 1/2/3/4		

Network Retail Pharmacies:  
(30-day supply)  
Includes diabetic test strip

\$10/\$40/\$75/\$150

50%

Home Delivery Service:  
(90-day supply)  
Includes diabetic test strip

\$20/\$80/\$150/\$300

Not covered

Tier 1 - Typically Generic; Tier 2 - Typically Preferred Brand; Tier 3 - Typically Non-Preferred Brand; Tier 4 - Typically Specialty (brand and generic).

Member may be responsible for additional cost when not selecting the available generic drug. Members have additional cost with retail supply greater than 30 days.

Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.

## Notes

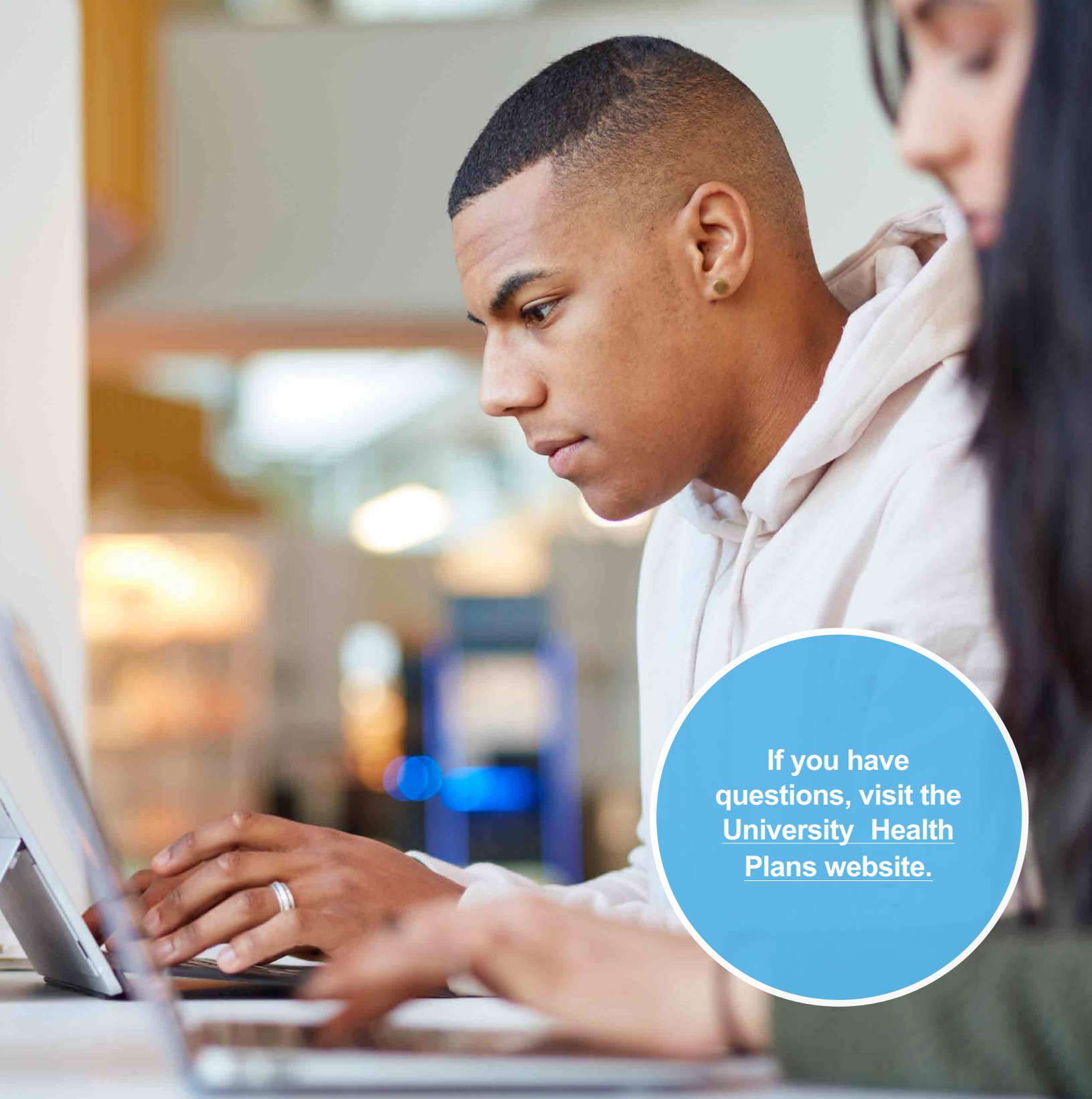
- › All medical and prescription drug deductibles, co-payments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT} Services).
- › Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance.
- › Dependent age: to end of the month which the child attains age 26.
- › Specialist co-payment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- › When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a percentage (%) coinsurance, deductible and coinsurance apply to allergy injections. If billed separately, Network Allergy injections are subject to the Allergy Injection\$25 co-payment.
- › NCS (No Cost Share) means no deductible/co-payment/coinsurance up to the maximum allowable amount.
- › PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- › SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- › Live Health Online (LHO) is covered at the PCP costshare.
- › Benefit period = plan year
- › Prosthetic limbs are unlimited and do not apply to a Plan Lifetime Maximum.
- › Mammograms (Diagnostic) are no co-payment/coinsurance in Network office and outpatient facility settings.
- › Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- › Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are no deductible/coinsurance up to the maximum allowable amount.
- › Private Duty Nursing - limited to 82 visits per plan year.



**Designed with you in mind**

Offering you healthy support and easy-to-use benefits to help you stay focused on your education and your future.





If you have  
questions, visit the  
University Health  
Plans website.

Anthem 