

***Summary of comparison with Big 10 universities and/or large employers:***

- *Most IU peers also provide healthcare benefits to part-time employees (IU only provides medical benefits to full-time employees, defined as working 40 hours per week)*
- *Most IU peers provide employees with multiple medical plan options, with access to a broad selection of preferred provider*
- *PPO-type plans are the most prevalent option across peer employers*
- *Most Big 10 universities have lower deductibles and co-pays*
- *Median annual deductible for large employers across U.S. equals \$300 per member and \$800 family maximum*
- *Median annual deductible for governmental employers equals \$250 per member and \$500 family maximum*
- *Median annual out-of-pocket maximum for large employers equals \$2,000 and \$1,500 for governmental employers (IU's annual out-of-pocket maximums equal \$2,400 for the PPO \$900 Plan and \$2,500 for the HDHP)*

**Indiana University Peer Institution Benefits Comparison  
Health Care Plans**

**July 2009**

Peer Institution	Type of Plan	Total Premium	University Contribution	Employee Contribution	HSA ER Contr	Annual Deductible	Office Visit Copay	Annual Out-of-Pocket Maximum	Retail Rx Copay Amount	Retiree Contributions
Michigan State University	PPO	\$386.07 / EE only \$945.57 / Family	\$332.02 / EE only \$813.19 / Family	\$54.05 / EE only \$132.38 / Family  <i>Note: Premiums listed are for faculty. Professional and Support Staff pay</i>	N/A	\$0 (In-Network) \$250 per member/\$500 per family per calendar year (Out-of-Network)	\$15 (In-Network) 80% after deductible (Out)	None	\$10 Generic \$20 Formulary Brand \$40 Non-Formulary Brand \$50 Bio-Tech	The University contributes to the lowest cost health plan's single rate for which the retiree is eligible. At retirement, the employee must designate whether they receive the University contribution or whether the contribution is to be split 50/50 between the employee and his/her spouse or other eligible individual.
	HMO	\$331.50 / EE only \$812.29 / Family	\$285.09 / EE only \$689.57 / Family	\$46.41 / EE only \$113.72 / Family  <i>Note: Premiums listed are for faculty. Professional and Support Staff pay less premium.</i>	N/A	\$0 (In-Network) \$500 per member/\$1,000 per family per calendar year (Out-of-Network)	\$15 (In-Network) 80% after deductible (Out)	None	\$10 Generic \$20 Formulary Brand \$40 Non-Formulary Brand \$50 Bio-Tech	
Ohio State University	HMO	\$416.08 / EE only \$1,300.25 / Family	\$343.67 / EE only \$1,095.21 / Family	\$72.41 / EE only \$205.04 / Family	N/A	None	\$20 (In-Network) \$35 specialist (In-Network) No out-of-network coverage	\$2,000 per individual/\$4,000 per family	\$5 / Generic 30% coinsurance up to \$60 / Formulary 50% coinsurance no max / Non-Formulary	No plan offered through university thus no contributions. However, retirees may be eligible for some health care benefits through the retirement plan they are enrolled in.
Penn State University	PPO	\$402.16 / EE only \$1,057.67 / Family	\$329.84 / EE only \$810 / Family	\$72.32 / EE only \$247.62 / Family	N/A	\$0 (In-Network) \$500 per member/\$1,000 per family per calendar year (Out-of-Network)	\$10 (In-Network) 80% after deductible (Out)	\$2,000 per individual/\$4,000 per family	50% coinsurance / Generic 50% coinsurance / Formulary 70% coinsurance / Non-Formulary	Retiree paid health plan provided.

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<b>Purdue University</b>	PPO	\$436.41 / EE only \$1,265.50 / Family	\$414.58 / EE only \$1,195.92 / Family	\$21.83 / EE only \$69.58 / Family	N/A	\$400 Individual/\$800 Family (In-Network) \$800 Individual/\$1,600 Family (Out-of-Network)	10% (In-Network) 40% after deductible (Out)	\$1,800 individual/\$3,600 family (In-Network) \$3,600 individual/\$7,200 family (Out-of-Network)	20% / Generic 30% / Preferred Brand 50% / Non-Preferred Brand	Retiree paid health plan provided.
<b>University of Iowa</b>	POS	\$414.00 / EE only \$1,488.00 / Family	\$414.00 / EE only \$1,488.00 / Family	Varies based on flexible credits earned by employees. Employees with more credits pay less premium contributions.	N/A	None	\$10 (University Clinic) \$15 (POS In-Network) 40% coinsurance (Out)	\$1,700 individual/\$3,400 family (In-Network) \$2,000 individual/\$4,000 family (Out-of-Network)	\$0 / Generic 30% coinsurance / Formulary 50% coinsurance / Non-Formulary	Retiree paid health plan provided. NOTE: If, when the employee retired, they were at least age 62 with 10 years of service, or retired at age 57 or later as part of an Early Retirement Plan, the University contributes towards Retiree medical plans (premium is reduced by \$199/month)
	PPO	\$414.00 / EE only \$1,488.00 / Family	\$414.00 / EE only \$1,488.00 / Family		N/A	\$1,200 single/\$3,600 all other coverage levels	10% co-insurance after \$1,200 deductible	\$4,200 single/\$8,400 all other coverage levels	10% co-insurance after \$1,200 deductible (0% co-insurance for generic medications; Members reimbursed after submission to Rx Administrator)	
<b>University of Michigan</b>	HMO	\$508.06 / EE only \$1,432.74 / Family	\$408.70 / EE only \$994.22 / Family	\$99.36 / EE only \$438.52 / Family	N/A		\$15 (In-Network)	N/A	\$5 / Generic \$15 / Brand Name \$30 / Non-preferred	Retirees who were hired on or after July 1, 1988 pay the full cost of benefits up to the first of the month following the month they turn age 62. After this the University pays a portion of the monthly premium.
	PPO	\$499.22 / EE only \$1,407.82 / Family	\$408.70 / EE only \$994.22 / Family	\$90.52 / EE only \$413.60 / Family	N/A	None	\$15 (In-Network) 50% copay (Out-of-Network)	\$5,000 Individual/\$10,000 family (Out-of-Network)	\$5 / Generic \$15 / Brand Name \$30 / Non-preferred Brand	

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University of Minnesota	HMO	\$236.40 / EE only \$674.90 / Family	\$203.80 / EE only \$551.60 / Family	\$32.60 / EE only \$123.30 / Family	N/A	None (In-Network) \$500 Individual/\$1,000 Family (Out-of-Network)	\$10 (In-Network) 30% after deductible (Out-of-Network)	\$2,500 Individual/\$4,000 Family (In- and Out-of-Network combined)	\$8 / Generic \$20 / Formulary \$35 / Non-Formulary	Retiree paid health plan provided.
	PPO	\$245.10 / EE only \$702.20 / Family	\$203.80 / EE only \$551.60 / Family	\$41.30 / EE only \$150.60 / Family	N/A	None (In-Network) \$500 Individual/\$1,000 Family (Out-of-Network)	\$25 (In-Network) 30% after deductible (Out-of-Network)	\$2,500 Individual/\$4,000 Family (In- and Out-of-Network combined)	\$8 / Generic \$20 / Formulary \$35 / Non-Formulary	
	HDHP	\$226.70 / EE only \$649.50 / Family	\$203.80 / EE only \$551.60 / Family	\$22.90 / EE only \$97.90 / Family	Employer will contribute \$1,000 to the HSA for employee-only coverage and \$2,000 for family coverage.	\$1,500 per employee/\$3,000 per family (In- and Out-of-Network combined)	10% after deductible (In-Network) 30% after deductible (Out-of-Network)	\$2,500 Individual/\$5,000 Family (In- and Out-of-Network combined) Includes the deductible	10% after deductible	
Northwestern University	HMO	\$373 / EE only \$1,088 / Family	\$269 / EE only \$307 / Family	\$104 / EE only \$307 / Family		\$300 Individual/\$600 Family (In-Network)	\$25 (In-Network and Out-of-Network)	\$1,500 Individual/\$3,000 Family (In-Network)	\$10 / Generic \$30 / Preferred Brand \$60 / Non-Preferred Brand	Retiree paid health plan provided.
	PPO	\$335 / EE only \$1,100 / Family	\$310 / EE only \$1,018 / Family	\$25 / EE only \$82 / Family		\$500 Individual/\$1,500 Family (In - and Out-of-Network combined)	\$25 (In-Network and Out-of-Network)	\$1,500 Individual/\$4,500 Family (In-Network) \$3,000	\$10 / Generic \$30 / Preferred Brand \$60 / Non-Preferred Brand	
	HDHP	\$295 / EE only \$971 / Family	\$285 / EE only \$938 / Family	\$10 / EE only \$33 / Family	Employer will match employee contributions up to \$1,400 for employee-only coverage and \$2,800 for family coverage.	\$1,400 Individual/\$2,800 Family (In - and Out-of-Network combined)	20% after deductible (In-Network) 40% after deductible (Out-of-Network)	\$2,000 Individual/\$6,000 Family (In-Network) \$4,000 Individual/\$12,000 Family (Out-of-Network)	20% after deductible	

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University of Chicago	PPO	\$568 / EE only \$1379 / Family	\$473 / EE only \$1175 / Family	\$95 / EE only \$204 / Family	N/A	\$250 individual/\$600 family (In-Network) \$250 individual/\$600 family (Out-of-Network)	20% (In-Network) 35% (Out-of-Network)	Based on salary (range listed below): \$1,000 individual/\$2,000 family - \$4,000 individual/\$8,000 family	\$8 / Generic \$20 / Preferred Brand \$35 / Non-Preferred Brand	Retiree paid health plan provided.
	HMO	\$392 / EE only \$1176 / Family	\$354 / EE only \$1064 / Family	\$38 / EE only \$112 / Family	N/A		\$10 (In-Network)		\$5 / Generic \$15 / Preferred Brand \$30 / Non-preferred Brand	
University of Wisconsin		\$985.30 / EE only \$2,459.40 / Family	\$821.30 / EE only \$2,047.40 / Family	\$164 / EE only \$412 / Family	N/A	\$100 individual/\$200 family (In-Network) \$500 individual/\$1000 family (Out-of-Network)	\$0 after deductible (In-Network) 20% after deductible (Out-of-Network)	\$100 individual/\$200 family (In-Network) \$2,000 individual/\$4,000 family (Out-of-Network)	\$5 / Tier 1 \$15 / Tier 2 \$35 / Tier 3	Retiree paid health plan provided.
	HMO	\$609.50 / EE only \$1,520.10 / Family	\$578.50 / EE only \$1,442.10 / Family	\$31 / EE only \$78 / Family	N/A	No deductible			\$5 / Tier 1 \$15 / Tier 2 \$35 / Tier 3	
University of Illinois	HMO	\$541.36/ EE only \$837.86 / Family	\$486.86 / EE only \$650.36/ Family	\$54.50 / EE only \$187.50 / Family	N/A		\$15 copay		\$10 / Generic \$24 / Preferred \$48 / Non-Preferred	<b>20 years or more of creditable service:</b> University paid
	OAP (POS)	\$541.36/ EE only \$837.86 / Family	\$486.86 / EE only \$650.36/ Family	\$54.50 / EE only \$203.50 / Family	N/A	\$0 In-Network \$300 per enrollee (Out-of-Network)	\$15 copay (In-Network) 20% copay (Out-of-Network)	N/A In-Network \$1,500 individual/\$3,000 family (Out-of-Network)	\$10 / Generic \$24 / Preferred \$48 / Non-Preferred	<b>Less than 20 years of creditable service:</b> Retiree required to pay a percentage of the cost of the basic coverage.
	QCHP	\$714.98 / EE only \$1023.54 / Family	\$635.48 / EE only \$718.04 / Family	\$79.50 / EE only \$305.50 / Family	N/A	Based on salary (Range below): \$300 - \$450 per individual \$750 - \$1,125 per family	10% copay	\$1,200 individual / \$3,000 family (In-Network) \$4,400 individual /	\$10 / Generic \$24 / Preferred \$48 / Non-Preferred	

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<b>Indiana University</b>	PPO	\$381.07 / EE only \$1,055.28 / Family	\$376.07 /EE only \$1,015.54 / Family	\$5.00/EE only \$39.74/Family	N/A	\$900 individual/\$2,700 Family (In-Network) \$900 individual/\$2,700 Family (Out-of-Network)	10% after deductible (In-Network) 30% after deductible (Out-of-Network)	\$2,400 individual/\$6,700 Family (In-Network) \$2,400 individual/\$6,700 family (Out-of-Network)	\$8 / Generic \$20 / Low Cost Brand \$40 / High Cost Brand	Retiree paid health plan provided.
	POS	\$396.39 / EE only \$1,091.96 / Family	\$391.39 / EE only \$1,015.54 / Family	\$5.00/EE only \$76.42/Family	N/A	No deductible In-Network \$500 individual/\$1,000 family (Out-of-Network)	\$25 (In-Network) 30% after deductible (Out-of-Network)	\$2,000 individual/\$5,000 family (In-Network) \$5,000 individual/\$10,000 family (Out-of-Network)	\$8 / Formulary generic \$20 / Formulary brand \$40 / Non-formulary brand	
	HDHP	\$342.96 / EE only \$949.75/Family	\$337.96 / EE only \$939.75 / Family	\$5.00/EE only \$10.00/Family	Employer will contribute \$250 to the HSA for employee-only coverage and \$500 for family coverage.	\$1,150 EE only/\$2,300 Family (In-Network) \$2,300 individual/\$4,600 Family (Out-of-Network)	20% after deductible (In-Network) 40% after deductible (Out-of-Network)	\$2,500 individual/\$5,000 family (In-Network) \$5,000 individual/\$10,000 family (Out-of-Network)	20% copay after deductible	