During open enrollment for 2020, you received communication materials regarding the new HealthSync network arrangement Purdue is adding in 2020 for all three Purdue health plans. Now, it’s time to dig into more of the details regarding the HealthSync network so you will know what to expect in 2020.

**WHAT IS HEALTHSYNC AND WHY IS PURDUE ADDING IT?**

- HealthSync is a new network level within the current Purdue health plans. Beginning in January 2020 you will be making choices on providers between three levels of network options each time you receive care. This new network of high-performing medical practices brings end-to-end coordinated care with a focus on total population management for reduced costs, better patient experiences and improved health for all.

- Purdue’s goal is for employees and their family members to have strong relationships with top-performing providers and to experience better health outcomes.

- HealthSync providers have a history with Anthem of being successful in increasing the quality and affordability of care they deliver through a more personalized, patient-focused approach.

**WHAT IS HEALTHSYNC AND WHY IS PURDUE ADDING IT?**

- More personalized care plans
- High-performing doctors driven by quality
- Lower costs with participating providers
- Nearly 10,000 providers and 45 hospitals across Indiana
- Faster appointments with specialists
WHAT ARE THE THREE NETWORK LEVELS FOR 2020?

1. **HealthSync (tier 1)** – these providers have agreed to become even stronger partners with Purdue/Anthem, including providing enhanced service levels to patients, meeting best practice quality standards and charging the most cost-effective fees for their services. A great deal of work and research has gone into creating this new network level to further benefit patients, providers and the health plans.

   HealthSync providers will work hard to see patients the same day when needed (or as soon as possible if not urgent), help coordinate your care with other providers you may have to bring a more consolidated care approach and help you find your way through the healthcare system.

2. **In-network, but not HealthSync (tier 2)** – these providers continue to be partners in the plans, even though they are not contracted within the HealthSync network. You may still access care from providers in the Anthem network, just as before, and those expenses will be considered in-network.

3. **Out-of-network** – these providers do not have contracted arrangements through Anthem, meaning there are no set limits for what they can charge, leaving you with more to pay out-of-pocket for services.

HOW DO I KNOW WHAT PROVIDERS ARE IN HEALTHSYNC?

The HealthSync network includes 45 top hospital systems throughout Indiana and more than 10,000 healthcare providers, including Purdue’s Center for Healthy Living located on the West Lafayette campus and the Purdue University Fort Wayne campus health clinic on the Fort Wayne campus.

To find a HealthSync provider, visit [www.anthem.com/HealthSyncProviderFinder](http://www.anthem.com/HealthSyncProviderFinder).

DO I HAVE TO USE ALL HEALTHSYNC PROVIDERS TO PARTICIPATE?

No, it is very possible that you will use some providers that are in the HealthSync network and some that are in-network with Anthem, but not HealthSync. Anytime you use HealthSync providers, you will have the lowest costs through deductible, coinsurance and out-of-pocket maximum levels. Between these two levels, our hope is that you will be able to meet the healthcare needs for yourself and your family (if applicable).

HOW WILL MY PLAN PAY BETWEEN THE DIFFERENT NETWORK LEVELS?

This chart shows you the levels of benefits that are paid, which vary depending on your plan and what level of providers you use. As you can see, the deductible, coinsurance, and out-of-pocket maximum is more favorable for you when using the HealthSync providers.
HealthSync expenses work just like your current medical and prescription expenses do today but with a lower deductible, co-insurance and out-of-pocket maximum for you and your family.

### HOW DOES THE PLAN WORK IF I AM USING BOTH HEALTHSYNC AND IN-NETWORK PROVIDERS?

Your medical expenses will count toward your HealthSync AND in-network deductible.

- This includes charges from HealthSync providers, in-network providers and prescriptions.
- Once you reach your HealthSync deductible, coinsurance for HealthSync providers is 90/10. Once you reach your HealthSync out-of-pocket maximum, HealthSync providers will be covered 100 percent.
- In-network providers and prescriptions will continue to apply toward your in-network deductible and in-network out-of-pocket maximum.

### PHYSICIAN MATCHING

Providers who participate in HealthSync have agreed to provide a higher level of service to their patients. This includes getting patients matched with providers who are best suited to fit their needs, able to provide quick access to appointments, assist with referrals and links to specialists and other providers when needed and, of course, provide top-quality care.

### Deductible

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Purchase Plan</th>
<th>Purchase Plan Plus HSA 1</th>
<th>Purchase Plan Plus HSA 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$750 (HealthSync) $1,250 (in) $3,000 (out)</td>
<td>$1,500 (HealthSync) $2,000 (in) $3,500 (out)</td>
<td>$2,000 (HealthSync) $2,750 (in) $5,000 (out)</td>
</tr>
<tr>
<td>Employee + one or more covered family members</td>
<td>$1,500 (HealthSync) $2,500 (in) $6,000 (out)</td>
<td>$3,000 (HealthSync) $4,000 (in) $7,000 (out)</td>
<td>$4,000 (HealthSync) $5,500 (in) $10,000 (out)</td>
</tr>
</tbody>
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### Out-of-Pocket Maximum (Includes deductible)

<table>
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<tr>
<th>Out-of-Pocket Maximum</th>
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</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$2,000 (HealthSync) $2,900 (in) $5,000 (out)</td>
<td>$3,000 (HealthSync) $3,750 (in) $7,000 (out)</td>
<td>$4,250 (HealthSync) $5,250 (in) $10,000 (out)</td>
</tr>
<tr>
<td>Employee + one or more covered family members</td>
<td>$4,000 (HealthSync) $5,800 (in) $10,000 (out)</td>
<td>$6,000 (HealthSync) $7,500 (in) $14,000 (out)</td>
<td>$8,500 (HealthSync) $10,500 (in) $20,000 (out)</td>
</tr>
</tbody>
</table>

### Center for Healthy Living (in the HealthSync network)

<table>
<thead>
<tr>
<th>Center for Healthy Living</th>
<th>Purchase Plan</th>
<th>Purchase Plan Plus HSA 1</th>
<th>Purchase Plan Plus HSA 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 copay</td>
<td>$25 flat fee</td>
<td>$25 flat fee</td>
<td></td>
</tr>
</tbody>
</table>

LETTERS FROM ANTHEM COMING SOON TO YOUR HOME

Providers who participate in HealthSync have agreed to provide a higher level of service to their patients. This includes getting patients matched with providers who are best suited to fit their needs, able to provide quick access to appointments, assist with referrals and links to specialists and other providers when needed and, of course, provide top-quality care.
Providing this level of service begins with matching each covered employee and dependent with a primary care provider (PCP) and having that provider recorded within the Anthem system as their HealthSync PCP. PCPs include providers in general practice, family practice, internal medicine and pediatrics.

- Many covered employees/dependents are already seeing PCPs, and/or nurse practitioners (NPs) who are within the HealthSync network. In these cases, Anthem will use current claims data to identify and record the PCP of the practice as the provider match. Those seeing HealthSync nurse practitioners will be recorded under the supervising physician of the practice. If, at any time you want to make a change, you can change your HealthSync PCP through Anthem.

- Covered employees/dependents who do not have current claims showing a match with HealthSync PCPs or nurse practitioners will be matched systematically to a HealthSync PCP based on location and demographic information.

This matching is done so that everyone has a HealthSync PCP on record and are set up to maximize on the use of this new network arrangement. In the next few days, Anthem will be sending letters out to let you know the provider that has been recorded for you and your covered dependents. You can keep this provider recorded or you can change your HealthSync PCP at any time by logging into anthem.com and selecting “Update Primary Care Physician” or calling Anthem Health Guides at 855-502-6365.

You are not required to use HealthSync providers, but each time you do, you can know that you are getting the greatest benefit from your health plan.

COMMUNICATION FROM PCPS

For those who are matched with a new PCP, you can expect to receive communication directly from the provider’s practice encouraging you to schedule an appointment with them. The providers stand ready to help you make appointments for physicals, transition from other providers, sick visits, etc. You are encouraged to follow through with this if you are interested in getting lined up with a HealthSync provider. As a reminder, you can use your physical to help you earn extra funds into your health savings account (HSA) or health reimbursement account (HRA) through the 2020 Healthy Boiler Program incentive offering.

Remember, when you see a provider in the HealthSync network, you will benefit from a more personalized approach to care. Providers build strong relationships with their patients, and better relationships often mean better health.

ADDITIONAL INFORMATION

More information - including additional frequently asked questions and a map of statewide providers - is available on the Benefits website at www.purdue.edu/benefits.

Questions can be directed to: Anthem Health Guides at 855-502-6365

Human Resources – Benefits at 765-494-2222, toll free at 877-725-0222 or via email at hr@purdue.edu.