

Southeastern Indiana School Insurance Trust
Sunman-Dearborn Community School Corporation
Benefit Summary (Non-cert 16 deductions)
(for the period January 1, 2024 - December 31, 2024)

MEDICAL		
Benefits	Plan 1 (HSA) Network	Plan 2 (HSA) Network
Deductible		
Individual	\$3,200	\$6,000
Family	\$6,000	\$12,000
Inpatient/Outpatient Hospital Services	0% after deductible	0% after deductible
Max Out of Pocket (OOP)		
Individual	\$4,000	\$6,000
Family	\$8,000	\$12,000
Office Visit (Primary/Specialty)	\$50 copay - deductible applies first, then copay up to OOP max	covered 100% after deductible
Anthem Telemedicine Visit	\$50 copay - deductible applies first, then copay up to OOP max	covered 100% after deductible
Preventive Care	covered 100% (no deductible)	covered 100% (no deductible)
Emergency Room	\$250 copay - deductible applies first, then copay up to OOP max	covered 100% after deductible
Urgent Care Facility	\$75 copay - deductible applies first, then copay up to OOP max	covered 100% after deductible
Prescription Drugs - Pharmacy		covered 100% after deductible
Tier 1 - Most Generics	\$20 *	
Tier 2 - Brand Preferred	\$50 *	
Tier 3 - Brand Non-Preferred	\$80 *	
	* deductible applies first, then copay up to OOP max	
Prescription Drugs - Mail Order		covered 100% after deductible
Tier 1 - Most Generics	\$40 *	
Tier 2 - Brand Preferred	\$100 *	
Tier 3 - Brand Non-Preferred	\$160 *	
	* deductible applies first, then copay up to OOP max	
Preventive Rx	\$20	\$20

DENTAL	
Benefits	Network
Calendar Year Max	\$1,000
Deductible (Individual/Family)	\$50 / \$150
Preventive (2 cleanings per year)	100%
Minor Restorative Services	80%
Basic	80%
Major	50%
Orthodontia	50%
Ortho Lifetime Max	\$1,000

	Per deduction (16 deductions)	Per deduction (16 deductions)
Employee Only	\$14.00	\$0.06
Employee/child(ren)	\$524.00	\$300.50
Employee/spouse	\$716.00	\$453.50
Family	\$1,036.25	\$709.25

	Per deduction (16 deductions)
Employee Only	\$21.00
Family	\$87.00