

**Southeastern Indiana School Insurance Trust**  
**Sunman-Dearborn Community School Corporation**  
**Benefit Summary (Non-cert 20 deductions)**  
(for the period January 1, 2024 - December 31, 2024)

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

	Per deduction (20 deductions)	Per deduction (20 deductions)
<b>Employee Only</b>	\$11.20	\$0.05
<b>Employee/child(ren)</b>	\$419.20	\$240.40
<b>Employee/spouse</b>	\$572.80	\$362.80
<b>Family</b>	\$829.00	\$567.40

<b>DENTAL</b>	
Benefits	Network
Calenar 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 (20 deductions)
<b>Employee Only</b>	\$16.80
<b>Family</b>	\$69.60