

**Southeastern Indiana School Insurance Trust**  
**Sunman-Dearborn Community School Corporation**  
**Benefit Summary (Teachers - job share)**  
(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>          |  | 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             |                               |
| <b>Prescription Drugs - Mail Order</b>        |  | 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             |                               |
| <b>Preventive Rx</b>                          | \$20   | \$20                          |
|   | Per deduction (24 deductions)                                    | Per deduction (24 deductions) |
| <b>Employee Only</b>                          | \$226.75   | \$143.25                      |
| <b>Employee/child(ren)</b>                    | \$506.52   | \$357.52                      |
| <b>Employee/spouse</b>                        | \$591.15   | \$416.15                      |
| <b>Family</b>                                 | \$732.35   | \$514.35                      |

| <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 (24 deductions) |
| <b>Employee Only</b>              | \$7.02                        |
| <b>Family</b>                     | \$39.15                       |