



Hoosier Heartland School Trust
9/1/2020-8/31/2021 Benefit Plan Options



| | PPO 1 | PPO 2 | HDHP 1 | HDHP 2 |
|---|--|--|---|---|
| | Network / Non-Network | Network / Non-Network | Network / Non-Network | Network / Non-Network |
| Deductible - Individual - Family | \$750 / \$1,500 \$1,500 / \$3,000 | \$1,500 / \$3,000 \$3,000 / \$9,000 | \$3,400 / \$6,750 \$6,750 / \$13,500 | \$6,000 / \$12,000 \$12,000 / \$24,000 |
| Co-Insurance % | 20% / 40% | 20% / 40% | 0% / 30% | 0% / 30% |
| OOP Max (Incl. Ded) - Individual - Family | \$2,000 / \$4,000 \$4,000 / \$8,000 | \$3,500 / \$10,500 \$7,000 / \$21,000 | \$5,000 / \$10,000 \$10,000 / \$20,000 | \$6,550 / \$24,000 \$13,100 / \$48,000 |
| Routine Care | 100% (no ded) Network Only | 100% (no ded) Network Only | 100% (no ded) / 30% | 100% (no ded) / 30% |
| Prescriptions Annual OOP Maximum: - Individual - Family | \$5,150 \$10,300 | \$3,650 \$7,300 | | |
| Retail Tier 1 - Generics Tier 2 - Formulary Tier 3 - Non-Formulary Tier 4 - Specialty Meds ³ | > of \$ 12 or 20% max \$50 > of \$ 25 or 20% max \$50 > of \$ 50 or 20% max \$50 \$100 | > of \$ 12 or 20% max \$50 > of \$ 25 or 20% max \$50 > of \$ 50 or 20% max \$50 \$100 | DEDUCTIBLE FIRST > of \$ 12 or 20% max \$50 > of \$ 25 or 20% max \$50 > of \$ 50 or 20% max \$50 \$100 | DEDUCTIBLE FIRST > of \$ 12 or 20% max \$50 > of \$ 25 or 20% max \$50 > of \$ 50 or 20% max \$50 \$100 |
| Mail Order - <i>Network Only</i> Tier 1 Generics Tier 2 Formulary Tier 3 Non-Formulary Tier 4 Specialty Meds ³ | > of \$ 24 or 20% max \$100 > of \$ 50 or 20% max \$100 > of \$100 or 20% max \$100 \$100 | > of \$ 24 or 20% max \$100 > of \$ 50 or 20% max \$100 > of \$100 or 20% max \$100 \$100 | > of \$ 24 or 20% max \$100 > of \$ 50 or 20% max \$100 > of \$100 or 20% max \$100 \$100 | > of \$ 24 or 20% max \$100 > of \$ 50 or 20% max \$100 > of \$100 or 20% max \$100 \$100 |

NOTES:

- (1) To comply with ACA requirements, all plans must include a combined OOP maximum for both medical and prescription drug coverage – single - \$7,350 / Family - \$14,700;
- (2) Prescription drug copayments are limited to \$50 per prescription for retail purchases and \$100 per prescription for mail order purchases;
- (3) HDHP 1 and HDHP 2 are IRS qualified plans
- (4) On HDHP 1 and HDHP 2 – difference between deductible and out of pocket amounts are accumulated only by additional pharmacy co-pays or coinsurances. Once deductible is met on medical, all medical services are paid at 100%. Pharmacy cost share will continue up to maximum out of pocket amounts.
- (5) Please refer to your SBC (Summary of Benefit Coverage) and certificate booklet for further details.
- (6) PPO 1 and PPO 2 have 4th quarter deductible carryover.
- (7) UnitedHealthcare is administering the medical portion of the health plan. RxBenefits/CVS is administering the pharmacy portion.
- (8) 24/7 First Stop Health Including mental health option and PriceMD Specialty Program included in Trust Benefits