

| Effective: | PORTER TOWNSHIP SCHOOL CORPORATION | | |
|-----------------------|------------------------------------|---------------------|-----------|
| October 1, 2023 | 2023-2024 INSURANCE RATES | | |
| Plan #1 -- Inc 8% | HD -- Plans #2 & #3 Inc 8% | | Old Rate |
| Dental no increase | | | 22-23 |
| SINGLE MEDICAL | | | |
| | | \$ 838.00 / Mo | |
| Plan #1 | Annual \$ 11,616.00 | 20% = \$ 2,323.20 | |
| | Corp 80% \$ 9,292.80 | | |
| | | 24 pays = \$ 96.80 | \$ 90.50 |
| | | 20 pays = \$ 116.16 | \$ 108.60 |
| | | 18 pays = \$ 129.07 | \$ 120.67 |
| Plan #2 | Annual \$ 8,664.00 | 20% = \$ 1,732.80 | |
| | Corp 80% \$ 6,931.20 | | |
| | | \$ 625.00 / Mo | |
| | | 24 pays = \$ 72.20 | \$ 67.50 |
| | | 20 pays = \$ 86.64 | \$ 81.00 |
| | | 18 pays = \$ 96.27 | \$ 90.00 |
| Plan #3 | Annual \$ 7,236.00 | 20% = \$ 1,447.20 | |
| | Corp 80% \$ 5,788.80 | | |
| | | \$ 522.00 / Mo | |
| | | 24 pays = \$ 60.30 | \$ 56.40 |
| | | 20 pays = \$ 72.36 | \$ 67.68 |
| | | 18 pays = \$ 80.40 | \$ 75.20 |
| SINGLE DENTAL | | | |
| | | \$ 41.00 / Mo | |
| | Annual \$ 492.00 | 20% = \$ 98.40 | |
| | Corp 80% \$ 393.60 | | |
| | | 24 pays = \$ 4.10 | \$ 4.10 |
| | | 20 pays = \$ 4.92 | \$ 4.92 |
| | | 18 pays = \$ 5.47 | \$ 5.47 |
| FAMILY MEDICAL | | | |
| | | \$ 2,241.00 / Mo | |
| Plan #1 | Annual \$ 31,068.00 | 20% = \$ 6,213.60 | |
| | Corp 80% \$ 24,854.40 | | |
| | | 24 pays = \$ 258.90 | \$ 242.00 |
| | | 20 pays = \$ 310.68 | \$ 290.40 |
| | | 18 pays = \$ 345.20 | \$ 322.67 |
| Plan #2 | Annual \$ 23,124.00 | 20% = \$ 4,624.80 | |
| | Corp 80% \$ 18,499.20 | | |
| | | \$ 1,668.00 / Mo | |
| | | 24 pays = \$ 192.70 | \$ 180.10 |
| | | 20 pays = \$ 231.24 | \$ 216.12 |
| | | 18 pays = \$ 256.93 | \$ 240.13 |
| Plan #3 | Annual \$ 19,392.00 | 20% = \$ 3,878.40 | |
| | Corp 80% \$ 15,513.60 | | |
| | | \$ 1,398.00 / Mo | |
| | | 24 pays = \$ 161.60 | \$ 151.00 |
| | | 20 pays = \$ 193.92 | \$ 181.20 |
| | | 18 pays = \$ 215.47 | \$ 201.33 |
| FAMILY DENTAL | | | |
| | | \$ 125.00 / Mo | |
| | Annual \$ 1,500.00 | 20% = \$ 300.00 | |
| | Corp 80% \$ 1,200.00 | | |
| | | 24 pays = \$ 12.50 | \$ 12.50 |
| | | 20 pays = \$ 15.00 | \$ 15.00 |
| | | 18 pays = \$ 16.67 | \$ 16.67 |

** 20 PAY teachers & 22 Pay staff members = 20 PAYS

*** 10-month employees = 18 PAYS

Porter County Schools Employees' Insurance Trust

October 1, 2023 – September 30, 2024 Benefits Summary

| Benefits | Health 1 (PPO Plan 1) | Health 2 – through 12/31/23 (BAHSA Plan 1 \$3k/\$6k Ded.) | Health 2 – starting 1/1/24 (BAHSA Plan 1 \$3,500/\$7,000 Ded.) | Health 3 (BAHSA Plan 2 \$6k/\$12k Ded.) |
|---|---|--|---|---|
| | Network/Non-Network | Network/Non-Network | Network/Non-Network | Network/Non-Network |
| Deductible Single Family | \$500 / \$1,000 \$1,000 / \$2,000 | \$3,000 / \$6,000 \$6,000 / \$12,000 | \$3,500 / \$7,000 \$7,000 / \$14,000 | \$6,000 / \$12,000 \$12,000 / \$24,000 |
| Coinsurance | 80% / 60% | 100% / 70% | 100% / 70% | 100% / 70% |
| Maximum Out-of-Pocket Single (w/ Deductible) Family (w/ Deductible) | \$2,000 / \$4,000 \$4,000 / \$8,000 | \$3,000 / \$12,000 \$6,000 / \$24,000 | \$3,500 / \$14,000 \$7,000 / \$28,000 | \$6,000 / \$12,000 \$12,000 / \$24,000 |
| Hospital Services | 80% / 60% | Ded/Coins. | Ded/Coins. | Ded/Coins. |
| Office Visit | \$0 Clinic | \$0 Clinic | \$0 Clinic | \$0 Clinic |
| Urgent Care Facility | \$30 copay / 60% | Ded/Coins. | Ded/Coins. | Ded/Coins. |
| Emergency Room | \$80 copay / 60% | Ded/Coins. | Ded/Coins. | Ded/Coins. |
| Outpatient Facility | \$300 copay then 100% | Ded/Coins. | Ded/Coins. | Ded/Coins. |
| Preventive Services | 80% / 60% | Ded/Coins. | Ded/Coins. | Ded/Coins. |
| Retail Prescription Drug Copay | \$0 | \$0 | \$0 | \$0 |
| | \$0 Clinic | \$0 Clinic | \$0 Clinic | \$0 Clinic |
| | \$10 Tier 1 | Rx subject to deductible and coinsurance | Rx subject to deductible and coinsurance | Rx subject to deductible and coinsurance |
| | \$30 Tier 2 | | | |
| | \$40 Tier 3 | | | |
| Mail Order Prescription Drug Copay | \$20 Tier 1 \$60 Tier 2 \$80 Tier 3 | Rx subject to deductible and coinsurance | Rx subject to deductible and coinsurance | Rx subject to deductible and coinsurance |
| Rx Maximum Out-of-Pocket Single Family | \$5,100 / \$10,200 \$10,200 / \$20,400 | Rx subject to deductible & coinsurance | Rx subject to deductible & coinsurance | Rx subject to deductible & coinsurance |
| Rates as of 10/1/2023: | | | | |
| Single Medical | \$968 | \$722 | \$722 | \$603 |
| Family Medical | \$2,589 | \$1,927 | \$1,927 | \$1,616 |
| Single Dental | \$41 | \$41 | \$41 | \$41 |
| Family Dental | \$125 | \$125 | \$125 | \$125 |

See Anthem Certificate for full detail.