

Porter County Schools Employees' Insurance Trust

October 1, 2024 – September 30, 2025 Benefits Summary

Benefits	Health 1 (PPO Plan)	Health 2 (Surest PPO Plan)	Health 3 (HDHP \$3,500/\$7k)	Health 4 (HDHP \$6,500/\$13k)
	<i>Network/Non-Network</i>	<i>Network/Non-Network</i>	<i>Network/Non-Network</i>	<i>Network/Non-Network</i>
Deductible Single Family	\$1,000 / \$2,000 \$2,000 / \$4,000	\$0	\$3,500 / \$7,000 \$7,000 / \$14,000	\$6,500 / \$13,000 \$13,000 / \$26,000
Coinsurance Employee Pays	20% / 40%	No Coinsurance	0% / 30%	0% / 30%
Coinsurance Plan Pays	80% / 60%	No Coinsurance	100% / 70%	100% / 70%
Maximum Out-of-Pocket Single (w/ Deductible) Family (w/ Deductible)	\$3,000 / \$6,000 \$6,000 / \$12,000	\$4,000 / \$8,000 \$8,000 / \$16,000	\$3,500 / \$14,000 \$7,000 / \$28,000	\$6,500 / \$26,000 \$13,000 / \$52,000
Hospital Services	80% / 60%	100% / 100%	Ded/Coins.	Ded/Coins.
Office Visit	\$0 Clinic \$40 copay / 60%	\$0 Clinic \$10 - \$65 / \$195 copay	\$0 Clinic Ded/Coins.	\$0 Clinic Ded/Coins.
Urgent Care Facility	\$100 copay / 60%	\$35 / \$105 copay	Ded/Coins.	Ded/Coins.
Emergency Room	\$300 copay	\$350 copay	Ded/Coins.	Ded/Coins.
Outpatient Facility	80% / 60%	100% / 100%	Ded/Coins.	Ded/Coins.
Preventive Services	\$0	\$0 / Not Covered	\$0	\$0
Retail Prescription Drug Copay	\$0 Clinic \$20 Tier 1 Generic \$45 Tier 2 Brand \$80 Tier 3 Non-formulary 75%, max \$250 Tier 4 Specialty	\$0 Clinic \$10 Tier 1 Generic \$35 Tier 2 Brand \$70 Tier 3 Non-formulary \$10 - \$200 Tier 4 Specialty	\$0 Clinic Rx subject to deductible and coinsurance	\$0 Clinic Rx subject to deductible and coinsurance
Mail Order Prescription Drug Copay	\$40 Tier 1 Generic \$90 Tier 2 Brand \$160 Tier 3 Non-formulary 75%, max \$250 Tier 4 Specialty	\$25 Tier 1 Generic \$87.50 Tier 2 Brand \$175 Tier 3 Non-formulary Not Covered Tier 4 Specialty	Rx subject to deductible and coinsurance	Rx subject to deductible and coinsurance
Rx Maximum Out-of-Pocket Single Family	\$6,350 / \$12,700 \$12,900 / \$25,800	Rx subject to medical out-of-pocket	Rx subject to deductible & coinsurance	Rx subject to deductible & coinsurance
Employee cost: per Month/per pay (20% of Total plan cost) – 24 pays**	Single \$203.20/\$101.60 Family \$543.60/ \$271.80	Single \$176.20/\$88.10 Family \$471.40/ \$235.70	Single \$151.60/\$75.80 Family \$404.60/\$202.30	Single \$126.60/\$63.30 Family \$339.40/\$169.70
Single Medical-Employee+Employer	Total Plan cost \$1,016/month	Total Plan cost \$881/month	Total Plan cost \$758/month	Total Plan cost \$633/month
Family Medical-Employee+Employer	Total Plan cost \$2,718/month	Total Plan cost \$2,357/month	Total Plan cost \$2,023/month	Total Plan cost \$1,697/month
Employee cost: per Month/per pay (20% of Total plan cost) – 24 pays**	Dental Single \$8.20/\$4.10 Dental Family \$25/\$12.50	Single \$8.20/\$4.10 Family \$25/\$12.50	Single \$8.20/\$4.10 Family \$25/\$12.50	Single \$8.20/\$4.10 Family \$25/\$12.50
Single Dental- Employee+Employer	Total Plan Cost \$41/month	Total Plan Cost \$41/month	Total Plan Cost \$41/month	Total Plan Cost \$41/month
Family Dental- Employee+Employer	Total Plan Cost \$125/month	Total Plan Cost \$125/month	Total Plan Cost \$125/month	Total Plan Cost \$125/month

**Note: Monthly/per pay amounts will be higher for 18 & 20 pay employees, see C.O. for rates.