Porter County Schools Employees' Insurance Trust

October 1, 2026 – September 30, 2027 Benefits Summary

Benefits	**Health 1 (PPO Plan)**	**Health 2 (Surest Plan)**	**Health 3 (HDHP $3,500/$7k)**	**Health 4 (HDHP $6,500/$13k)**
	Network/Non-Network	*Network/Non-Network*	*Network/Non-Network*	*Network/Non-Network*
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	80% / 60%	100% / 100%	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 / 60%	$0 / $100 copay	$0 / Ded/Coins.	$0 / Ded/Coins.
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 24 Pays	Single: $228.40/$114.20 Family: $610.80/$305.40 Dental Single: $8.20/$4.10 Dental Family: $25/$12.50	Single: $198.00/$99.00 Family: $529.60/$264.80 Dental Single: $8.20/$4.10 Dental Family: $25/$12.50	Single: $170.20/$85.10 Family: $454.60/$227.30 Dental Single: $8.20/$4.10 Dental Family: $25/$12.50	Single: $142.20/$71.10 Family: $381.40/$190.70 Dental Single: $8.20/$4.10 Dental Family: $25/$12.50
Total plan cost:Single Medical	$1,142	$990	$851	$711
Total plan cost:Family Medical	$3,054	$2,648	$2,273	$1,907
Total plan cost:Single Dental	$41	$41	$41	$41
Total plan cost:Family Dental	$125	$125	$125	$125

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

Effective: 10.1.26	PORTER TOWNSHIP SCHOOL CORPORATION 2026-2027 INSURANCE RATES						Old Rate 25-26
	6% Increase						
SINGLE MEDICAL				Employee Ann. Amt.	24 pays =	$ 114.20	$ 107.70
Plan #1	Annual	$ 13,704.00	20% =	**$ 2,740.80**	20 pays =	$ 137.04	$ 129.24
PPO	**Corp 80%**	**$ 10,963.20**			18 pays =	$ 152.27	$ 143.60
				Employee Ann. Amt.	24 pays =	$ 99.00	$ 93.40
Plan #2	Annual	$ 11,880.00	20% =	**$ 2,376.00**	20 pays =	$ 118.80	$ 112.08
Surest	**Corp 80%**	**$ 9,504.00**			18 pays =	$ 132.00	$ 124.53
				Employee Ann. Amt.	24 pays =	$ 85.10	$ 80.30
Plan #3	Annual	$ 10,212.00	20% =	**$ 2,042.40**	20 pays =	$ 102.12	$ 96.36
HDHP 3.5/7k	**Corp 80%**	**$ 8,169.60**			18 pays =	$ 113.47	$ 107.07
				Employee Ann. Amt.	24 pays =	$ 71.10	$ 67.10
Plan #4	Annual	$ 8,532.00	20% =	**$ 1,706.40**	20 pays =	$ 85.32	$ 80.52
HDHP 6.5/13k	**Corp 80%**	**$ 6,825.60**			18 pays =	$ 94.80	$ 89.47
SINGLE DENTAL				Employee Ann. Amt.	24 pays =	$ 4.10	$ 4.10
	Annual	$ 492.00	20% =	**$ 98.40**	20 pays =	$ 4.92	$ 4.92
	Corp 80%	**$ 393.60**			18 pays =	$ 5.47	$ 5.47
FAMILY MEDICAL				Employee Ann. Amt.	24 pays =	$ 305.40	$ 288.10
Plan #1	Annual	$ 36,648.00	20% =	**$ 7,329.60**	20 pays =	$ 366.48	$ 345.72
PPO	**Corp 80%**	**$ 29,318.40**			18 pays =	$ 407.20	$ 384.13
				Employee Ann. Amt.	24 pays =	$ 264.80	$ 249.80
Plan #2	Annual	$ 31,776.00	20% =	**$ 6,355.20**	20 pays =	$ 317.76	$ 299.76
Surest	**Corp 80%**	**$ 25,420.80**			18 pays =	$ 353.07	$ 333.07
				Employee Ann. Amt.	24 pays =	$ 227.30	$ 214.40
Plan #3	Annual	$ 27,276.00	20% =	**$ 5,455.20**	20 pays =	$ 272.76	$ 257.28
HDHP 3.5/7k	**Corp 80%**	**$ 21,820.80**			18 pays =	$ 303.07	$ 285.87
				Employee Ann. Amt.	24 pays =	$ 190.70	$ 179.90
Plan #4	Annual	$ 22,884.00	20% =	**$ 4,576.80**	20 pays =	$ 228.84	$ 215.88
HDHP 6.5/13k	**Corp 80%**	**$ 18,307.20**			18 pays =	$ 254.27	$ 239.87
FAMILY DENTAL				Employee Ann. Amt.	24 pays =	$ 12.50	$ 12.50
	Annual	$ 1,500.00	20% =	**$ 300.00**	20 pays =	$ 15.00	$ 15.00
	Corp 80%	**$ 1,200.00**			18 pays =	$ 16.67	$ 16.67

*20 PAY teachers & 22 Pay staff members = 20 PAYS// 10-month employees = 18 PAYS

7/13/2026