

Southeastern Indiana School Insurance Trust
Sunman-Dearborn Community School Corporation
Benefit Summary (Non-cert 20 deductions)
(for the period January 1, 2026- December 31, 2026)

| MEDICAL | | |
|---|--|-------------------------------|
| Benefits | Plan 1 (HSA) | Plan 2 (HSA) |
| | Network | Network |
| Deductible | | |
| Individual | \$3,400 | \$6,000 |
| Family | \$6,000 | \$12,000 |
| Inpatient/Outpatient Hospital Services | 0% after deductible | 0% after deductible |
| Max Out of Pocket (OOP) | | |
| Individual | \$4,000 | \$6,000 |
| Family | \$8,000 | \$12,000 |
| Office Visit (Primary/Specialty) | \$50 copay - deductible applies first, then copay up to OOP max | covered 100% after deductible |
| Anthem Telemedicine Visit | \$50 copay - deductible applies first, then copay up to OOP max | covered 100% after deductible |
| Preventive Care | covered 100% (no deductible) | covered 100% (no deductible) |
| Emergency Room | \$250 copay - deductible applies first, then copay up to OOP max | covered 100% after deductible |
| Urgent Care Facility | \$75 copay - deductible applies first, then copay up to OOP max | covered 100% after deductible |
| Prescription Drugs - Pharmacy | | 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 | |
| Prescription Drugs - Mail Order | | 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 | |
| Preventive Rx | \$20 | \$20 |

| | Per deduction (20 deductions) | Per deduction (20 deductions) |
|----------------------------|-------------------------------|-------------------------------|
| Employee Only | \$23.00 | \$0.05 |
| Employee/child(ren) | \$468.80 | \$273.20 |
| Employee/spouse | \$636.80 | \$407.60 |
| Family | \$916.40 | \$630.80 |

| DENTAL | |
|-----------------------------------|--------------|
| 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 (20 deductions) |
|----------------------|-------------------------------|
| Employee Only | \$19.40 |
| Family | \$80.40 |