Southeastern Indiana School Insurance Trust
Sunman-Dearborn Community School Corporation

Benefit Summary (Teachers)

(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		
Tier 1 - Most Generics	$20 *	covered 100% after deductible
Tier 2 - Brand Preferred	$50 *	
Tier 3 - Brand Non-Preferred	$80 *	
	* deductible applies first, then copay up to OOP max	
Prescription Drugs - Mail Order		
Tier 1 - Most Generics	$40 *	covered 100% after deductible
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 (24 deductions)	Per deduction (24 deductions)
Employee Only	$46.33	$0.04
Employee/child(ren)	$291.29	$128.29
Employee/spouse	$340.13	$149.13
Family	$425.54	$187.54

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 (24 deductions)
Employee Only	$0.04
Family	$23.45