



## Summary of Benefit Options October 1, 2020

Benefits	Plan 6 HSA \$3,350			Plan 7 HSA \$6,000		
	Network / Non			Network / Non		
<b>Deductible</b>						
Individual	\$3,350 / \$6,700			\$6,000 / \$12,000		
Family	\$6,650 / \$13,300			\$12,000 / \$24,000		
<b>Out-of-Pocket Limit (Includes Deductible)</b>						
Individual	\$3,350 / \$6,700			\$6,000 / \$12,000		
Family	\$6,650 / \$13,300			\$12,000 / \$24,000		
Coinsurance	100% / 70%			100% / 70%		
Urgent Care	100% / 70%			100% / 70%		
Emergency Room	100% / 100%			100% / 100%		
Physician Office Visits	100% / 70%			100% / 70%		
Routine Care	100% (no ded) / 70%			100% (no ded) / 70%		
<b>Prescription Drugs</b>						
Annual OOP Maximum <sup>1</sup>						
Individual	Included in			Included in		
Family	Medical OOP Max			Medical OOP Max		
Pharmacy (% copays)	100% / 70% (Subject to Ded)			100% / 70% (Subject to Ded)		
Mail Order (\$ copays)	100% / 70% (Subject to Ded)			100% / 70% (Subject to Ded)		
<b>Monthly Premiums – 10/1/2020</b>						
	Employee		Employer	Employee		Employer
• <b>Single</b>	\$117.00	<b>\$780</b>	\$663.00	\$101.25	<b>\$675</b>	\$573.75
• <b>Family</b>	\$266.85	<b>\$1,779</b>	\$1512.15	\$216.30	<b>\$1,442</b>	\$1225.70

**\*\*24/7 First Stop Health including Mental Health option included in Trust Benefits**

*Your coverage is issued by a multiple employer welfare arrangement. The multiple welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State guaranty funds are not available for your multiple employer welfare arrangement*

RESA- 10/01/2020