



Summary of Benefit Options
October 1, 2021

Benefits	Plan 6 HSA \$3,350	Plan 7 HSA \$6,000	Plan 8 PPO \$750
Deductible	Network / Non	Network / Non	Network / Non
Individual Family	\$3,350 / \$6,700 \$6,650 / \$13,300	\$6,000 / \$12,000 \$12,000 / \$24,000	\$750 / \$2,250 \$1,500 / \$4,500
Out-of-Pocket Limit (Includes Deductible)			
Individual Family	\$3,350 / \$6,700 \$6,650 / \$13,300	\$6,000 / \$12,000 \$12,000 / \$24,000	\$4,000 / \$12,000 \$8,000 / \$32,000
Coinsurance	0% / 30%	0% / 30%	20% / 40%
Urgent Care	0% / 30%	0% / 30%	20% / 40%
Emergency Room	0% / 0%	0% / 0%	20% / 20%
Physician Office Visits	0% / 30%	0% / 30%	20% / 40%
Routine Care	0% (No Deductible) / 30%	0% (No Deductible) / 30%	0% (No Deductible) / 40%
Prescription Drugs			
Annual OOP Maximum ¹	Individual Family	Included in Medical OOP Max	\$2,600 \$5,200
Pharmacy (% coinsurance)	0% / 30% (Subject to Deductible)	0% / 30% (Subject to Deductible)	20% Tier 1 40% Tier 2 60% Tier 3
Mail Order (\$ copays)	0% / 30% (Subject to Deductible)	0% / 30% (Subject to Deductible)	\$20 Tier 1 \$40 Tier 2 \$60 Tier 3
Monthly Premiums - 10/1/2021			
• Single	\$784	\$678	\$954
• Family	\$1,788	\$1,449	\$2,175

¹ Plan 8 includes a prescription drug annual out-of-pocket maximum; both retail and mail order cost shares (% or flat dollar) will accumulate to the limit: medical and prescription drug maximums are separate and do not co-mingle. The prescription drug out-of-pocket maximum applies to in-network pharmacy benefits only.

-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.