

# Porter County Schools Employees' Insurance Trust

## October 1, 2020 – September 30, 2021 Benefit Summary

Benefits	Health 1 (PPO Plan 1)	Health 2 (BAHSA Plan 1 \$3k/\$6k Ded.)	Health 3 (BAHSA Plan 2 \$6k/\$12k Ded.)
	<i>Network/Non-Network</i>	<i>Network/Non-Network</i>	<i>Network/Non-Network</i>
Deductible Single Family	\$250 / \$500 \$500 / \$1,000	\$3,000 / \$6,000 \$6,000 / \$12,000	\$6,000 / \$12,000 \$12,000 / \$24,000
Coinsurance	90% / 70%	0% / 70%	0% / 70%
Maximum Out-of-Pocket Single (w/ Deductible) Family (w/ Deductible)	\$1,500 / \$3,000 \$3,000 / \$6,000	\$3,000 / \$12,000 \$6,000 / \$24,000	\$6,000 / \$12,000 \$12,000 / \$24,000
Hospital Services	90% / 70%	Ded/Coins.	Ded/Coins.
Office Visit	\$30 copay / 70%	Ded/Coins.	Ded/Coins.
Urgent Care Facility	\$40 copay / 70%	Ded/Coins.	Ded/Coins.
Emergency Room	\$150 copay then 100%	Ded/Coins.	Ded/Coins.
Outpatient Facility	90% / 70%	Ded/Coins.	Ded/Coins.
Preventive Services	\$0	\$0	\$0
Retail Prescription Drug Copay	\$10 Tier 1 \$20 Tier 2 \$30 Tier 3	Rx subject to deductible and coinsurance	Rx subject to deductible and coinsurance
Mail Order Prescription Drug Copay	\$20 Tier 1 \$40 Tier 2 \$60 Tier 3	Rx subject to deductible and coinsurance	Rx subject to deductible and coinsurance
Rx Maximum Out-of-Pocket Single Family	\$5,100 / \$10,200 \$10,200 / \$20,400	Rx subject to deductible & coinsurance	Rx subject to deductible & coinsurance
Rates as of 10/1/2020:			
Single Medical	\$798	\$595	\$497
Family Medical	\$2,134	\$1,589	\$1,331
Single Dental	\$41	\$41	\$41
Family Dental	\$125	\$125	\$125

See Anthem Certificate for full detail.

