

HOOSIER SCHOOL BENEFIT TRUST
Brief Description of Benefits Effective 1/1/2020

	Plans 1/2 (blended plans)		Plan 3		Plan 4 HDHP/HSA		Plan 5 - Minimum Value Plan HDHP/HSA	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Deductible Single Family Co-Insurance Out-of-Pocket Maximum (Med/Rx) * Single Family Lifetime Maximum	Embedded Deductible \$1,500 \$3,000 70% \$6,000 \$10,000 Unlimited	Embedded Deductible \$3,000 \$6,000 60% \$12,000 \$20,000 Unlimited	Embedded Deductible \$2,700 \$5,400 70% \$6,000 \$10,000 Unlimited	Embedded Deductible \$5,000 \$10,000 50% \$12,000 \$20,000 Unlimited	Embedded Deductible \$3,500 \$7,000 70% \$6,900 \$11,500 Unlimited	Embedded Deductible \$5,000 \$10,000 60% \$12,000 \$20,000 Unlimited	Embedded Deductible \$5,700 \$11,400 70% \$6,900 \$13,800 Unlimited	Embedded Deductible \$10,000 \$20,000 50% \$12,900 \$25,800 Unlimited
Co-payments - Urgent Care - Preventive Care - Office Visits - Specialist - HSBT Health Center - Emergency Room	\$100 \$0 copay \$40 \$60 \$0 \$250	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance N/A \$250	\$100 \$0 copay \$40 \$60 \$0 \$250	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance N/A \$250	Deductible/coinsurance 100%, no deductible Deductible/coinsurance Deductible/coinsurance \$0	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance N/A Deductible/coinsurance	Deductible/coinsurance 100%, no deductible Deductible/coinsurance Deductible/coinsurance \$0	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance N/A Deductible/coinsurance
Retail Prescription Drug - Generic - Tier 1 - Formulary - Tier 2 - Non Formulary - Tier 3 - Speciality - Tier 4	70% 70% (min. \$40 co-pay) 70% (min. \$60 co-pay) 70% (max. \$300 co-pay) 3x at retail then mail	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance	70% 70% (min. \$40 co-pay) 70% (min. \$60 co-pay) 70% (max. \$300 co-pay) 3x at retail then mail	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance	
Mail Order Prescription Drug - Generic - Tier 1 - Formulary - Tier 2 - Non Formulary - Tier 3 - Speciality - Tier 4	\$40 co-pay \$80 co-pay \$120 co-pay 70% (max. \$300 co-pay)	Not covered Not covered Not covered Not covered	\$40 co-pay \$80 co-pay \$120 co-pay 70% (max. \$300 co-pay)	Not covered Not covered Not covered Not covered	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance	Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance Deductible/coinsurance	

* Once this out of pocket maximum is satisfied, all covered medical expenses are paid at 100%. There is no additional OOP for Rx copays.

Embedded Deductibles
If you and your dependent(s) are covered on a plan with an embedded deductible, your plan contains two components, an individual deductible and a family deductible. This allows for each member of your family the opportunity to have your insurance cover their medical expenses prior to meeting the entire dollar amount of the family deductible. The individual deductible is embedded in the family deductible.