

# 2025 - Duneland School Corporation Benefits Overview

# **HEALTH**

The Duneland School Corporation Health Plan is our corporation plan and is administered for us by United Healthcare. We utilize the United Healthcare **Choice Plus** preferred provider network for our Traditional and our HDHP plans. An Employee or Dependent who declines coverage under the Plan at the time of initial eligibility will not be eligible to enter the plan at a later date, unless the individual meets the definition of a special enrollee under the Health Insurance Portability and Accountability Act of 1998 (HIPAA) or during our open enrollment period. The Duneland School Corporation Employee Benefit Plan holds an Open Enrollment period each year with a benefit effective date of January 1. **Provider lookup** www.uhc.com

| TRADITIONAL PPO HEALTH PLAN                       |
|---------------------------------------------------|
| HIGH DEDUCTIBLE HEALTH PLAN 3300/6000 - with HSA  |
| HIGH DEDUCTIBLE HEALTH PLAN 6000/12000 - with HSA |

**Corporation HSA contribution** 

| SINGLE PER M | IONTH - PER PAY | FAMILY PER MON | NTH - PER PAY |
|--------------|-----------------|----------------|---------------|
| 458.00       | 229.00          | 1,049.00       | 524.50        |
| 180.00       | 90.00           | 416.50         | 208.25        |
| 91.00        | 45.50           | 199.50         | 99.75         |
|              |                 |                |               |

| <b>SINGLE DEDUCTIBLE</b> | FAMILY DEDUCTIBLE |
|--------------------------|-------------------|
|                          |                   |

1250.00

Traditional PPO Health Plan IN-NETWORK 500.00 1,000.00

After the deductible is met, the plan pays 80% and the participant pays 20% of in network claims. Copays (in-network): Doctor \$30.00; Urgent Care \$50.00 and Emergency Room \$150.00

\*<u>High Deductible Health Plan 3300/6000</u> IN-NETWORK 3,300.00 6,000.00

After deductible is met, plan pays 100% of in network claims.

\*High Deductible Health Plan 6000/12000 IN-NETWORK 6,000.00 12,000.00

After deductible is met, plan pays 100% of all in network claims.

### \*Health Savings Account

High Deductible Health Plans are paired with Health Saving Accounts. For the 2025 plan year, Duneland School Corporation is contributing:

- 1,250.00 to the HSA of a single high deductible health plan
- 2,500.00 to the HSA of a family high deductible health plan

Health Savings Accounts must be opened with 1st Source Bank to receive contribution.

2500.00

## **NorthShore Health Centers**

Duneland School Corporation utilizes NorthShore Health Centers. Per our agreement with NorthShore, all Duneland School Corporation Health Plan participants may utilize services at any Northshore Health Center at no charge. Northshore Health Centers offer the following services:

Behavioral Health OB/GYN Psychiatry Labs
Chiropractic Pediatrics Substance Abuse X-ray

Family Practice Prenatal/Family Care Immunizations

The following specialists are <u>NOT</u> under the same agreement and the patient will be responsible for a deductible, co-pay, or co-insurance: (\*If you are unsure if a service is covered, please check with the physician's billing service. If they are not covered, you will need to make sure they are in the Choice Plus network and you will be responsible for deductible, co-pay and/or co-insurance.)

Allergist Dental Endocrinologist Orthopedic Podiatrist Vision

# Onsite pharmacies and prescriptions are available at no charge to health plan participants! NorthShore Health Centers locations:

Chesterton Hammond Merrillville
Crown Point LaPorte Portage
Demotte Lake Station St. John

| <u> DENTAL - Delta Dental</u> | <u>Plan L</u> per n | onth/per pay | Plan H per month/per pay |       |
|-------------------------------|---------------------|--------------|--------------------------|-------|
| Single                        | 29.00               | 14.50        | 35.87                    | 17.94 |
| Employee + 1                  | 55.73               | 27.87        | 70.09                    | 35.05 |
| Family                        | 108.22              | 54.11        | 139.61                   | 69.81 |

<u>Plan L Maximum payment</u>, \$1,000.00 per person total per calendar year on diagnostic & preventative, basic services and major Services.

**Deductible:** PPO Dentist - \$50.00 per person total per calendar year limited to a maximum deductible of \$150.00 per family per calendar year on all services except diagnostic & preventive services, emergency palliative treatment and brush biopsy.

<u>Plan H</u> Maximum payment, \$1,500.00 per person total per calendar year on diagnostic & preventative, basic services and major services; \$1,000.00 per person total per lifetime on Orthodontics.

**Deductible:** PPO Dentist \$50.00 deductible per person total per calendar year limited to a maximum deductible of \$150.00 per family per calendar year on all services except diagnostic & preventative services, emergency palliative treatment, and brush biopsy and orthodontic services.

<u>Premier & Non-Participating Dentists</u> <u>Deductible:</u> \$75.00 per person total per calendar year limited to a maximum deductible of \$225.00 per family per calendar year on all services except diagnostic & preventative services, emergency palliative treatment, brush biopsy and orthodontic services.

# **VISION – UNITED HEALTHCARE**

Single premium: Per month: 8.70 Per pay: 4.35 Family premium: Per month: 20.86 Per pay: 10.43

Uses the **UNITEDHEALTHCARE.VISION NETWORK** (provider look-up)

See plan summary for additional information Exam copay -10.00 Material copay -20.00

### **AFLAC PRODUCTS**

Ask about personal products offered by AFLAC. These are employee

- 1. Critical Illness pays cash benefits following new diagnosis of cancer, heart attack, and stroke
- 2. Accident Insurance pays cash benefits to you for covered injuries and treatment
- 3. Hospital Indemnity Insurance pays cash benefits to you for a hospital stay

## \*PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health insurance from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit <a href="www.healthcare.gov">www.healthcare.gov</a>

See the CHIP Notice attached to this email.