

# North Central Indiana School Insurance Trust

## 2025-2026 Benefit Summary

	Plan 1	Plan 2	Plan 3 (HDHP – HSA)	Plan 4 (HDHP – HSA)
	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>
Deductible – Individual	\$750 / \$1,500	\$1,250 / \$2,500	<b>\$3,300</b> / \$6,000	\$6,000 / \$12,000
Family	\$1,500 / \$3,000	\$2,500 / \$5,000	\$6,000 / \$12,000	\$12,000 / \$24,000
Coinsurance Percentage	90% / 70%	80% / 50%	100% / 70%	100% / 70%
Out-of-Pocket Maximum – Individual	\$1,500 / \$3,000	\$4,000 / \$8,000	\$3,200 / \$12,000	\$6,000 / \$24,000
Family	\$3,000 / \$6,000	\$8,000 / \$16,000	\$6,000 / \$24,000	\$12,000 / \$48,000
Physician Office Visits	\$30 copay / 70%	\$35 copay / 50%	Subject to the Medical Deductible & Coinsurance	Subject to the Medical Deductible & Coinsurance
Routine Care	100% (no deductible) / 70%	100% (no deductible) / 50%	100% (no deductible) / 70%	100% (no deductible) / 70%
Emergency Room	\$150 copay then 100%	\$150 copay then 100%	Subject to the Medical Deductible & Coinsurance	Subject to the Medical Deductible & Coinsurance
Urgent Care	\$50 copay then 100%	\$50 copay then 100%	Subject to the Medical Deductible & Coinsurance	Subject to the Medical Deductible & Coinsurance
Prescription Drugs – Pharmacy	\$20 copay Generic \$40 copay Brand \$80 Non-formulary	\$20 copay Generic \$40 copay Brand \$80 Non-formulary	Subject to the Medical Deductible & Coinsurance	Subject to the Medical Deductible & Coinsurance
Mail Order	\$40 copay Generic \$80 copay Brand \$160 Non-formulary	\$40 copay Generic \$80 copay Brand \$160 Non-formulary	Subject to the Medical Deductible & Coinsurance	Subject to the Medical Deductible & Coinsurance
<b><u>RX</u></b> Out of Pocket Maximum - Individual	\$2,600 / \$5,200	\$2,600 / \$5,200	Included in Maximum Out of Pocket above	Included in Maximum Out of Pocket above
Family	\$5,200 / \$10,400	\$5,200 / \$10,400	Included in Maximum Out of Pocket above	Included in Maximum Out of Pocket above
<b>Monthly Rates – 10/1/2025</b>				
Single	\$1,083	\$1,012	\$853	\$675
Employee/Child(ren)	\$1,843	\$1,720	\$1,453	\$1,148
Employee/Spouse	\$2,385	\$2,227	\$1,882	\$1,488
Family	\$3,149	\$2,940	\$2,481	\$1,964

The benefit descriptions outlined in this presentation are intended to be a brief outline of coverage and are not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.