



Duneland School Corporation Benefits Overview - 2026

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

<u>HEALTH PLANS</u>	SINGLE PER MONTH	PER 24 PAYS	PER 16 PAYS		FAMILY PER MONTH	PER 24 PAYS	PER 16 PAYS
TRADITIONAL PPO	481.00	240.50	360.75		1,101.50	550.75	826.16
HIGH DEDUCTIBLE 3400/6000 - with HSA	189.00	94.50	141.75		437.35	218.65	328.00
HIGH DEDUCTIBLE 6000/12000 - with HSA	95.60	47.80	71.70		209.50	104.75	157.15
Corporation HSA contribution	2500				5000		

SINGLE DEDUCTIBLE

FAMILY DEDUCTIBLE

Traditional PPO Health Plan **IN-NETWORK** 500.00 1,000.00

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

***High Deductible Health Plan 3400/6000** **IN-NETWORK** 3,400.00 6,000.00

After deductible is met, plan pays 100% of eligible **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 2026 plan year, Duneland School Corporation is contributing:

- 2,500.00 to the HSA of a single high-deductible health plan
- 5,000.00 to the HSA of a family high-deductible health plan

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

NorthShore Health Center - 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 specialists listed below are **NOT** under the same agreement and, if utilized, 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 Endocrinologist Orthopedic Podiatrist

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

CHESTERTON	HAMMOND	MERRILLVILLE
CROWN POINT	LAPORTE	PORTAGE
DEMOTTE	LAKE STATION	ST JOHN

Northshore Health Center Locations

Check out the new NorthShore Health Center location in the west end of the Duneland School Corporation Administration Center. Use entrance #4.

Make an appointment for any NorthShore location using this link:

<https://phreesia.me/DunelandSchools>

CHESTERTON 801 BROADWAY (219) 476-3172	GARY 2200 GRANT STREET (219) 763-8112	MERRILLVILLE 6091 BROADWAY (219) 763-8112
CROWN POINT 310 W 112TH (219) 763-8112	HAMMOND 1828 165TH STREET (219) 763-8112	MICHIGAN CITY TEMPORARILY CLOSED
DEMOTTE 200 3RD CT SE (219) 763-8112	LAKE STATION 2490 CENTRAL AVENUE (219) 763-8112	PORTAGE 6050 WILLOWCREEK RD (219) 763-8112
EAST CHICAGO TEMPORARILY CLOSED	LAPORTE 508 LEGACY PLAZA (219) 763-8112	VALPARAISO OBSTETRICAL & GYNECOLOGICAL 85 E US HWY 6 FRONTAGE ROAD #330 (219) 462-6112

DENTAL - Delta Dental

	<u>Plan L</u> per month/per pay		<u>Plan H</u> 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

Plan L Maximum payment, \$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 & preventative services, emergency palliative treatment and brush biopsy.

Plan H 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.

Premier & Non-Participating Dentists Deductible: \$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.

Provider look up at www.deltadentalin.com

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

AMERIFLEX

Flexible Spending Account FSA

Limited Flexible Spending Account LFSA

Flexible Spending Amounts do not automatically roll over.

***If you currently participate in an FSA or an LFSA and you have an amount you are rolling over to the next plan year (2026), please keep in mind that you must enroll for the 2026 plan year to be able to access/use your funds.**

2026 - The limit for Flexible Spending or Limited Flexible Spending is 3,400.00

FSA and LFSA have a rollover maximum of 680.00

2026 - Dependent Care FSA contribution limit is 7,500.00 per household

Dependent Care does not roll over.

AFLAC PRODUCTS

Ask about personal products offered by AFLAC. These benefits are paid for by the employee only.

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