

Central Indiana School Employees' Insurance Trust
Comparison of Benefits
January 1, 2024 through December 31, 2024



	PPO 3* - 3 Tier HRH			PPO 4* (HSA)		PPO 5* (HSA)	
	Tier 1 HRH	Tier 2 Network	Tier 3 Non-Network	Network	Non-Network	Network	Non-Network
Deductible (Single/Family)	\$1,000/\$2,500	\$1,500/\$3,000	\$4,500/\$9,000	\$3,500/\$7,000**	\$7,000/\$14,000**	\$6,000/\$12,000	\$12,000/\$24,000
Coinsurance	90%	80%	60%	100%	70%	100%	70%
Out-of-Pocket Limit (Single/Family)	\$3,000/\$6,000	\$3,500/\$7,000	\$10,500/\$21,000	\$3,500/\$7,000	\$14,000/\$28,000	\$6,000/\$12,000	\$24,000/\$48,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visits (PCP/SCP)	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Preventive Care	No Copay/Coins	No Copay/Coins	Ded/Coins	No Copay/Coins	Ded/Coins	No Copay/Coins	Ded/Coins
Emergency Room	Ded/Coins			Ded/Coins		Ded/Coins	
Urgent Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Behavioral Health (MH SUD)	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Prescription Drugs - Pharmacy							
Generic	\$10	\$10	\$10	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Brand	\$25	\$25	\$25				
Non-formulary	\$40	\$40	\$40				
Mail Order							
Generic	\$20	\$20	Not Covered	Ded/Coins	Not Covered	Ded/Coins	Not Covered
Brand	\$50	\$50					
Non-formulary	\$80	\$80					
Separate OOP Rx from Medical OOP***	\$3,100/\$6,200	\$3,100/\$6,200	\$3,100/\$6,200	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical

* The deductible applies to all services except where noted; i.e., routine physicals & pharmacy; OTCs with or without prescription are **excluded** from all options

** Includes an "embedded" deductible feature; if enrolled for family coverage, no one family member will need to meet more than the individual deductible/OOP maximum

*** PPO 3 include a prescription drug annual out-of-pocket maximum; both retail and mail order flat dollar copays will accumulate to the maximum; the medical and prescription drug maximums are separate and do not co-mingle. **The prescription drug out-of-pocket maximum applies to in-network pharmacy benefits only**

Your coverage is issued by a multiple employer welfare arrangement and may not be subject to all of the insurance laws and regulations of Indiana; State guaranty funds are not available for this arrangement.