



Summary of Benefit Options October 1, 2025

Benefits	Plan 6 HSA \$3,350	Plan 7 HSA \$6,000	Plan 8 PPO \$750
	Network / Non	Network / Non	Network / Non
Deductible			
Individual	\$3,350 / \$6,700	\$6,000 / \$12,000	\$750 / \$2,250
Family	\$6,650 / \$13,300	\$12,000 / \$24,000	\$1,500 / \$4,500
Out-of-Pocket Limit (Includes Deductible)			
Individual	\$3,350 / \$6,700	\$6,000 / \$12,000	\$4,000 / \$12,000
Family	\$6,650 / \$13,300	\$12,000 / \$24,000	\$8,000 / \$32,000
Coinsurance	0% / 30%	0% / 30%	20% / 40%
Urgent Care	0% / 30%	0% / 30%	20% / 40%
Emergency Room	0% / 0%	0% / 0%	20% / 20%
Physician Office Visits	0% / 30%	0% / 30%	20% / 40%
Routine Care	0% (No Deductible) / 30%	0% (No Deductible) / 30%	0% (No Deductible) / 40%
Prescription Drugs			
Annual OOP Maximum ¹			
Individual	Included in Medical OOP Max	Included in Medical OOP Max	\$2,600
Family			\$5,200
Pharmacy (% coinsurance)	0% (Subject to Deductible)	0% (Subject to Deductible)	20% Tier 1 40% Tier 2 60% Tier 3
Mail Order (\$ copays)	0% (Subject to Deductible)	0% (Subject to Deductible)	\$20 Tier 1 \$40 Tier 2 \$60 Tier 3
Monthly Premiums – 10/1/2025			
• Single	\$912	\$789	\$1,110
• Family	\$2,081	\$1,686	\$2,530

¹ Plan 8 includes a prescription drug annual out-of-pocket maximum; both retail and mail order cost shares (% or flat dollar) will accumulate to the limit: 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.

-24/7 First Stop Health including Mental Health option included in Trust Benefits.

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