

Southeast Indiana School Insurance Consortium

2017 Summary of Benefits



Deductible (Single/Family)
Coinsurance
Out-of-Pocket Limit (Single/Family)
Physician Office Visits (PCP/SCP)
Emergency Room
Urgent Care
Prescription Drugs - Pharmacy
<i>Generic</i>
<i>Brand</i>
<i>Non-formulary</i>
Mail Order
<i>Generic</i>
<i>Brand</i>
<i>Non-formulary</i>

PPO Plan C	PPO Plan D	HDHP/HSA Plan E	HDHP/HSA Plan F
Network	Network	Network	Network
\$750/\$1,500	\$1,500/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000
10%	20%	0%	0%
\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$6,000/\$12,000
\$25	\$25	Ded/Coins.	Ded/Coins.
\$100	\$100	Ded/Coins.	Ded/Coins.
\$50	\$50	Ded/Coins.	Ded/Coins.
Rx OOP \$4,850/\$9,700	Rx OOP \$4,350/\$8,700	Rx subject to deductible and coinsurance.	Rx subject to deductible and coinsurance.
\$20	20%	-	-
\$40	20%	-	-
\$60	20%	-	-
\$40	\$40	-	-
\$80	\$80	-	-
\$120	\$120	-	-

Deductibles Apply to covered services listed with a percentage (%) coinsurance.