



2021 HDHP and HRA Medical and Prescription Plan Options

PLAN HIGHLIGHTS	\$2,800 HDHP Plan 7		\$2,800 HDHP Plan 8		\$3,000 HDHP Plan 9		\$3,500 HDHP Plan 10		\$4,000 HDHP Plan 11		\$6,500 HDHP Plan 12		\$5,000 HDHP Plan 13	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
UnitedHealthcare Choice Plus														
Deductible														
Individual	\$2,800	\$5,600	\$2,800	\$5,600	\$3,000	\$6,000	\$3,500	\$7,000	\$4,000	\$8,000	\$6,500	\$13,000	\$5,000	\$10,000
Family	\$5,600	\$11,200	\$5,600	\$11,200	\$6,000	\$12,000	\$7,000	\$14,000	\$8,000	\$16,000	\$13,000	\$26,000	\$10,000	\$20,000
Coinsurance (applied after deductible is met)														
Paid by Insurance	100%	80%	80%	60%	80%	60%	80%	60%	80%	60%	100%	60%	100%	80%
Paid by Individual	0%	20%	20%	40%	20%	40%	20%	40%	20%	40%	0%	40%	0%	20%
Out-of-Pocket Maximum (includes deductible and medical/prescription copays)														
Individual	\$2,800	\$8,450	\$4,350	\$8,450	\$6,000	\$12,000	\$4,750	\$9,250	\$6,250	\$12,500	\$6,500	\$16,250	\$6,250	\$12,250
Family	\$5,600	\$16,900	\$8,700	\$16,900	\$12,000	\$24,000	\$9,500	\$18,500	\$12,500	\$25,000	\$13,000	\$32,500	\$12,500	\$24,500
Co-Payments (paid by individual)														
PCP Office Visit (PP/Non-PP)	0%*	20%*	10%*/20%*	40%*	10%*/20%*	40%*	10%*/20%*	40%*	10%*/20%*	40%*	0%*	40%*	0%*	20%*
SCP Office Visit (PP/Non-PP)	0%*	20%*	10%*/20%*	40%*	10%*/20%*	40%*	10%*/20%*	40%*	10%*/20%*	40%*	0%*	40%*	0%*	20%*
Virtual Visit	0%*	n/a	20%*	n/a	20%*	n/a	20%*	n/a	10%*	n/a	0%*	n/a	0%*	n/a
Urgent Care	0%*	20%*	20%*	40%*	20%*	40%*	20%*	40%*	20%*	40%*	0%*	40%*	0%*	20%*
Emergency Room	0%*	0%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	0%*	0%*	0%*	0%*
Inpatient Hospital	0%*	20%*	20%*	40%*	20%*	40%*	20%*	40%*	20%*	40%*	0%*	40%*	0%*	20%*
Wellness Benefit														
	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Prescriptions (paid by individual)														
Tier 1	0%*	0%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	0%*	0%*	\$10	\$10
Tier 2	0%*	0%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	0%*	0%*	\$30	\$30
Tier 3	0%*	0%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	0%*	0%*	\$60	\$60
Specialty	0%*	n/a	20%*	n/a	20%*	n/a	20%*	n/a	20%*	n/a	0%*	n/a	\$100	n/a

Lifetime maximum is unlimited for all plan options.

Notes:

*After deductible

Medical and prescription copayments accumulate towards the out-of-pocket maximum.

Premium rates are calculated for new municipal members based upon underwriting requirements set forth by the Indiana Department of Insurance.

PP – Premium Provider Designation

Non-PP – Non-Premium Provider Designation





2021 PPO Medical and Prescription Plan Options

PLAN HIGHLIGHTS	\$500 PPO Plan 1		\$750 PPO Plan 2		\$1,000 PPO Plan 3		\$1,000 PPO Prim Adv Plan 4		\$1,500 PPO Plan 5	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
UnitedHealthcare Choice Plus										
Deductible										
Individual	\$500	\$1,000	\$750	\$1,500	\$1,000	\$2,000	\$1,000	\$5,000	\$1,500	\$3,000
Family	\$1,000	\$2,000	\$1,500	\$3,000	\$2,000	\$4,000	\$2,000	\$10,000	\$3,000	\$6,000
Coinsurance (applied after deductible is met)										
Paid by Insurance	80%	60%	80%	60%	80%	60%	50%	50%	80%	60%
Paid by Individual	20%	40%	20%	40%	20%	40%	50%	50%	20%	40%
Out-of-Pocket Maximum (includes deductible and medical copays)										
Individual	\$3,000	\$6,000	\$3,250	\$6,500	\$3,500	\$7,000	\$6,500	\$10,000	\$4,000	\$8,000
Family	\$6,000	\$12,000	\$6,500	\$13,000	\$7,000	\$14,000	\$13,000	\$20,000	\$8,000	\$16,000
Co-Payments (paid by individual)										
PCP Office Visit (PP/Non-PP)	\$15/\$25	40%*	\$15/\$25	40%*	\$15/\$25	40%*	\$0	50%*	\$15/\$30	40%*
SCP Office Visit (PP/Non-PP)	\$30/\$50	40%*	\$30/\$50	40%*	\$30/\$50	40%*	\$100	50%*	\$30/\$60	40%*
Virtual Visit	\$0	n/a	\$0	n/a	\$0	n/a	\$0	n/a	\$0	n/a
Urgent Care	\$75	40%*	\$75	40%*	\$75	40%*	\$50	50%*	\$75	40%*
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250	50%*	50%*	\$250	\$250
Inpatient Hospital	20%*	40%*	20%*	40%*	20%*	40%*	50%*	50%*	20%*	40%*
Wellness Benefit										
	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Prescriptions (paid by individual)										
	Tier 3 & Spec Deduct \$250 Indiv/\$500 Fam									
Tier 1	\$10	\$10	\$10	\$10	\$15	\$15	\$5	\$5	\$20	\$20
Tier 2	\$30	\$30	\$30	\$30	\$30	\$30	\$50	\$50	\$40	\$40
Tier 3	\$40	\$40	\$50	\$50	\$50	\$50	\$100	\$100	\$60	\$60
Specialty	\$100	n/a	\$100	n/a	\$100	n/a	\$250	n/a	\$100	n/a
Lifetime maximum is unlimited for all plan options.										

Notes:

*After deductible

Medical and prescription copayments accumulate towards the out-of-pocket maximum.

Premium rates are calculated for new municipal members based upon underwriting requirements set forth by the Indiana Department of Insurance.

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Dental Plan Options

Delta Dental	Option 1	Option 2
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Coinsurance (Preventive/Basic/Major/Ortho Services)	100/80/50/50	100/80/50/50
Annual Dental Maximum (per insured)	\$1,500	\$1,000
Lifetime Child Ortho Maximum (to age 19)	\$1,500	\$1,000
Out-of-network	Fee Schedule	Fee Schedule
Endodontics & Periodontics	Basic	Basic
Monthly Premium Rates (Guaranteed through December 31, 2021)		
Employee Only	\$26.32	\$24.41
Employee/Spouse	\$52.66	\$48.81
Employee/Child(ren)	\$71.12	\$64.68
Family	\$106.88	\$97.63



Vision Plan Options

VSP Vision Care	Option 1	Option 2	Option 3
Exam Copay	\$10	\$15	\$10
Materials Copay	\$20	\$25	\$20
Frequency (Exam/Lenses/Frames)	12/12/24	12/24/24	12/12/24*
Monthly Premium Rates (Guaranteed through December 31, 2023)			
Employee Only	\$6.15	\$4.59	\$7.08
Employee/Spouse	\$12.33	\$9.20	\$14.15
Employee/Child(ren)	\$13.16	\$9.82	\$15.15
Family	\$21.05	\$15.70	\$24.20

Notes:

*Includes KidsCare Plan-2 exams and 1 pair of glasses every year.

Dental and vision coverage is available to municipalities participating in the medical plan. Dental and vision coverage can be provided as a contributory, non-contributory or voluntary insurance benefit.

The Aim Medical Trust is a multiple employer welfare arrangement. The multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for the Aim Medical Trust.





Basic Life and AD&D Plan Options

PLAN HIGHLIGHTS	Plan 1	Plan 2	Plan 3	Plan 4
Class Description	All FTA Employees	All FTA Employees	All FTA Employees	All FTA Employees
Life Benefit	\$25,000	\$50,000	1 x Basic Annual Earnings to \$50,000 Max	2 x Basic Annual Earnings to \$100,000 Max
AD&D Benefit	\$25,000	\$50,000	1 x Basic Annual Earnings to \$50,000 Max	2 x Basic Annual Earnings to \$100,000 Max
Age Reduction Schedule				
	35% @ 65	35% @ 65	35% @ 65	35% @ 65
	50% @ 70	50% @ 70	50% @ 70	50% @ 70
	65% @ 75	65% @ 75	65% @ 75	65% @ 75
	Terminate @ retirement	Terminate @ retirement	Terminate @ retirement	Terminate @ retirement
Guaranteed Issue	\$25,000	\$50,000	\$50,000	\$100,000
Dependent Life: Spouse / Child(ren)				
Option 1	\$2,500 / \$2,500 (14 days to 6 mos \$250)	\$2,500 / \$2,500 (14 days to 6 mos \$250)	\$2,500 / \$2,500 (14 days to 6 mos \$250)	\$2,500 / \$2,500 (14 days to 6 mos \$250)
Option 2	\$10,000 / \$10,000 (14 days to 6 mos \$1,000)	\$10,000 / \$10,000 (14 days to 6 mos \$1,000)	\$10,000 / \$10,000 (14 days to 6 mos \$1,000)	\$10,000 / \$10,000 (14 days to 6 mos \$1,000)
Employee Contributions	Non-contributory	Non-contributory	Non-contributory	Non-contributory
Minimum Participation	100%	100%	100%	100%
Monthly Premium Rates (Guaranteed through December 31, 2021)				
Life Rate per \$1,000 of Benefit	\$0.199	\$0.199	\$0.199	\$0.199
AD&D Rate per \$1,000 of Benefit	\$0.020	\$0.020	\$0.020	\$0.020
Monthly Premium Per Person	\$5.48 per month	\$10.95 per month		
Dependent Life Rate per Family Unit				
Option 1	\$1.50	\$1.50	\$1.50	\$1.50
Dependent Life Rate per Family Unit				
Option 2	\$6.00	\$6.00	\$6.00	\$6.00

Notes:

*Life plan offers Value Added Features such as: Accelerated Life Benefits, Life Conversion, Beneficiary Assistance - Delivering The Promise

MetLife: A+ Superior Best Rating

MetLife reserves the right to review, and if necessary, adjust the pricing for any group who:

- Requests a non-standard Plan design, -Has 25% or more retirees,
- Has 75 lives or more, and who's population is composed of 75% or more police/fire

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