



2022 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	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
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, medical copays, and prescription 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 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 co-payments 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



2022 HDHP 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	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
UnitedHealthcare Choice Plus	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible								
Individual	\$2,800	\$5,600	\$2,800	\$5,600	\$3,000	\$6,000	\$3,500	\$7,000
Family	\$5,600	\$11,200	\$5,600	\$11,200	\$6,000	\$12,000	\$7,000	\$14,000
Coinsurance (applied after deductible is met)								
Paid by Insurance	100%	80%	80%	60%	80%	60%	80%	60%
Paid by Individual	0%	20%	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum (includes deductible, medical copays, and prescription copays)								
Individual	\$2,800	\$8,450	\$4,350	\$8,450	\$6,000	\$12,000	\$4,750	\$9,250
Family	\$5,600	\$16,900	\$8,700	\$16,900	\$12,000	\$24,000	\$9,500	\$18,500
Co-Payments (paid by individual)								
PCP Office Visit (PP/Non-PP)	0%*	20%*	10%*/ 20%*	40%*	10%*/ 20%*	40%*	10%*/ 20%*	40%*
SCP Office Visit (PP/Non-PP)	0%*	20%*	10%*/ 20%*	40%*	10%*/ 20%*	40%*	10%*/ 20%*	40%*
Virtual Visit	0%*	n/a	20%*	n/a	20%*	n/a	20%*	n/a
Urgent Care	0%*	20%*	20%*	40%*	20%*	40%*	20%*	40%*
Emergency Room	0%*	0%*	20%*	20%*	20%*	20%*	20%*	20%*
Inpatient Hospital	0%*	20%*	20%*	40%*	20%*	40%*	20%*	40%*
Wellness Benefit								
	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%*
Tier 2	0%*	0%*	20%*	20%*	20%*	20%*	20%*	20%*
Tier 3	0%*	0%*	20%*	20%*	20%*	20%*	20%*	20%*
Specialty	0%*	n/a	20%*	n/a	20%*	n/a	20%*	n/a
Lifetime maximum is unlimited for all plan options.								

Notes:

- *After deductible
- Medical and prescription co-payments accumulate towards the out-of-pocket maximum.
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2022 HDHP MEDICAL AND PRESCRIPTION PLAN OPTIONS

Plan Highlights	\$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
UnitedHealthcare Choice Plus						
Deductible						
Individual	\$4,000	\$8,000	\$6,500	\$13,000	\$5,000	\$10,000
Family	\$8,000	\$16,000	\$13,000	\$26,000	\$10,000	\$20,000
Coinsurance (applied after deductible is met)						
Paid by Insurance	80%	60%	100%	60%	100%	80%
Paid by Individual	20%	40%	0%	40%	0%	20%
Out-of-Pocket Maximum (includes deductible, medical copays, and prescription copays)						
Individual	\$6,250	\$12,500	\$6,500	\$16,250	\$6,250	\$12,250
Family	\$12,500	\$25,000	\$13,000	\$32,500	\$12,500	\$24,500
Co-Payments (paid by individual)						
PCP Office Visit (PP/Non-PP)	10%*/ 20%*	40%*	0%*	40%*	0%*	20%*
SCP Office Visit (PP/Non-PP)	10%*/ 20%*	40%*	0%*	40%*	0%*	20%*
Virtual Visit	10%*	n/a	0%*	n/a	0%*	n/a
Urgent Care	20%*	40%*	0%*	40%*	0%*	20%*
Emergency Room	20%*	20%*	0%*	0%*	0%*	0%*
Inpatient Hospital	20%*	40%*	0%*	40%*	0%*	20%*
Wellness Benefit						
	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Prescriptions (paid by individual)						
Tier 1	20%*	20%*	0%*	0%*	\$10	\$10
Tier 2	20%*	20%*	0%*	0%*	\$30	\$30
Tier 3	20%*	20%*	0%*	0%*	\$60	\$60
Specialty	20%*	n/a	0%*	n/a	\$100	n/a
Lifetime maximum is unlimited for all plan options.						

Notes:

- *After deductible
- Medical and prescription co-payments 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	Option 3
Deductible (Single / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Coinsurance (Preventive / Basic / Major / Ortho Services)	100 / 80 / 50 / 50	100 / 80 / 50 / 50	100% Preventive* / 80% Minor*
Annual Dental Maximum (per insured)	\$1,500	\$1,000	\$1,000
Lifetime Child Ortho Maximum (to age 19)	\$1,500	\$1,000	Not Included
Out-of-network	Fee Schedule	Fee Schedule	Fee Schedule
Endodontics & Periodontics	Basic	Basic	Not Included
Monthly Premium Rates (Guaranteed through December 31, 2023)			
Employee Only	\$26.32	\$24.41	\$14.14
Employee / Spouse	\$52.66	\$48.81	\$28.10
Employee / Child(ren)	\$71.12	\$64.68	\$40.46
Family	\$106.88	\$97.63	\$60.10

Notes:

- *Dental Option 3 includes coverage for Preventive and Minor services only. Minor services include fillings and crown repair.
- Dental coverage is available to municipalities participating in the medical plan.
- Dental coverage can be provided as a contributory, non-contributory, or voluntary insurance benefit.

VISION PLAN OPTIONS

VSP Vision Plan	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:

- *Vision Option 3 includes Kid-Care Plan with 2 exams and 1 pair of glasses every year.
- Vision coverage is available to municipalities participating in the medical plan.
- Vision coverage can be provided as a contributory, non-contributory, or voluntary insurance benefit.



BASIC LIFE AND AD&D PLAN OPTIONS

Plan Highlights	Plan 1	Plan 2	Plan 3	Plan 4
Class Description	All Full Time Active Employees	All Full Time Active Employees	All Full Time Active Employees	All Full Time Active 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				
Age 65	35%	35%	35%	35%
Age 70	50%	50%	50%	50%
Age 75	65%	65%	65%	65%
Retirement	Terminate	Terminate	Terminate	Terminate
Guaranteed Issue	\$25,000	\$50,000	\$50,000	\$100,000
Dependent Life: Spouse / Child(ren)				
Option 1	\$2,500 / \$2,500	\$2,500 / \$2,500	\$2,500 / \$2,500	\$2,500 / \$2,500
	(14 days to 6 mos \$250)	(14 days to 6 mos \$250)	(14 days to 6 mos \$250)	(14 days to 6 mos \$250)
Option 2	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000
	(14 days to 6 mos \$1,000)	(14 days to 6 mos \$1,000)	(14 days to 6 mos \$1,000)	(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, 2023)				
Life Rate per \$1,000 of Benefit	\$0.239	\$0.239	\$0.239	\$0.239
AD&D Rate per \$1,000 of Benefit	\$0.020	\$0.020	\$0.020	\$0.020
Monthly Premium Per Person	\$6.48 per month	\$12.95 per month		
Dependent Life Rate per Family Unit				
Option 1	\$1.50	\$1.50	\$1.50	\$1.50
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; and has 75 lives or more, and who's population is composed of 75% or more police/fire.