



2026 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		\$2,500 PPO Plan 6	
UnitedHealthcare Choice Plus 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
Deductible												
Individual	\$500	\$1,000	\$750	\$1,500	\$1,000	\$2,000	\$1,000	\$5,000	\$1,500	\$3,000	\$2,500	\$5,000
Family	\$1,000	\$2,000	\$1,500	\$3,000	\$2,000	\$4,000	\$2,000	\$10,000	\$3,000	\$6,000	\$5,000	\$10,000
Coinsurance (applied after deductible is met)												
Paid by Insurance	80%	60%	80%	60%	80%	60%	50%	50%	80%	60%	80%	60%
Paid by Individual	20%	40%	20%	40%	20%	40%	50%	50%	20%	40%	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	\$5,000	\$10,000
Family	\$6,000	\$12,000	\$6,500	\$13,000	\$7,000	\$14,000	\$13,000	\$20,000	\$8,000	\$16,000	\$10,000	\$20,000
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%*	\$15/\$30	40%*
SCP Office Visit (PP/Non-PP)	\$30/\$50	40%*	\$30/\$50	40%*	\$30/\$50	40%*	\$100	50%*	\$30/\$60	40%*	\$30/\$60	40%*
Virtual Visit	\$0	n/a	\$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%*	\$75	40%*
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250	\$250 + 50%*	\$250 + 50%*	\$250	\$250	\$250	\$250
Inpatient Hospital	20%*	40%*	20%*	40%*	20%*	40%*	50%*	50%*	20%*	40%*	20%*	40%*
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
Prescriptions (paid by individual)												
	Tier 3 & Spec Deduct \$250 Indiv/\$500 Fam											
Tier 1	\$10	\$10	\$10	\$10	\$15	\$15	\$5	\$5	\$20	\$20	\$20	\$20
Tier 2	\$30	\$30	\$30	\$30	\$30	\$30	\$50	\$50	\$40	\$40	\$40	\$40
Tier 3	\$40	\$40	\$50	\$50	\$50	\$50	\$100	\$100	\$60	\$60	\$60	\$60
Specialty	\$100	n/a	\$100	n/a	\$100	n/a	\$250	n/a	\$100	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





2026 HDHP and HRA Medical and Prescription Plan Options

PLAN HIGHLIGHTS	\$3,400 HDHP Plan 7		\$3,400 HDHP Plan 8		\$3,400 HDHP Plan 9		\$3,500 HDHP Plan 10		\$4,000 HDHP Plan 11		\$6,500 HDHP Plan 12		\$5,000 HRA Plan 13	
UnitedHealthcare Choice Plus 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	In-Network	Out-of-Network
Deductible														
Individual	\$3,400	\$6,000	\$3,400	\$6,000	\$3,400	\$6,000	\$3,500	\$7,000	\$4,000	\$8,000	\$6,500	\$13,000	\$5,000	\$10,000
Family	\$6,800	\$12,000	\$6,800	\$12,000	\$6,800	\$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	\$3,400	\$8,500	\$4,350	\$9,000	\$6,000	\$12,000	\$4,750	\$9,250	\$6,250	\$12,500	\$6,500	\$16,250	\$6,250	\$12,250
Family	\$6,800	\$17,000	\$8,700	\$18,000	\$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.

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Dental Plan Options

Delta Dental	Option 1	Option 2	Option 3*	Option 4
Deductible (Single/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Coinsurance (Preventive/Basic/Major/Ortho Services)	100/80/50/50	100/80/50/50	100% Preventative/80% Minor	100/80/50/50
Annual Dental Maximum (per insured)	\$1,500	\$1,000	\$1,000	\$3,000
Lifetime Child Ortho Maximum (to age 19)	\$1,500	\$1,000	Not included	\$2,000
Out-of-network	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Endodontics & Periodontics	Basic	Basic	Not included	Basic
Monthly Premium Rates Guaranteed from January 1, 2026 through December 31, 2027				
Employee Only	\$28.16	\$26.12	\$15.13	\$32.84
Employee/Spouse	\$56.35	\$52.23	\$30.07	\$65.67
Employee/Child(ren)	\$76.10	\$69.21	\$43.29	\$88.41
Family	\$114.36	\$104.46	\$64.31	\$132.88



Vision Plan Options

VSP Vision Care	Option 1	Option 2	Option 3	Option 4
Exam Copay	\$10	\$15	\$10	\$10
Materials Copay	\$20	\$25	\$20	\$30
Frequency (Exam / Lenses / Frames)	12 / 12 / 24	12 / 24 / 24	12 / 12 / 24*	12 / 12 / 12
Monthly Premium Rates Guaranteed from January 1, 2026 through December 31, 2029				
Employee Only	\$6.15	\$4.59	\$7.08	\$8.80
Employee/Spouse	\$12.33	\$9.20	\$14.15	\$17.66
Employee/Child(ren)	\$13.16	\$9.82	\$15.15	\$18.84
Family	\$21.05	\$15.70	\$24.20	\$30.15

Notes:

*Dental Option 3 includes coverage for Preventative and Minor services only. Minor services include fillings and crown repair.

*Vision Option 3 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	\$2,500 / \$2,500	\$2,500 / \$2,500	\$2,500 / \$2,500
Option 2	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000
Employee Contributions	Non-contributory	Non-contributory	Non-contributory	Non-contributory
Minimum Participation	100%	100%	100%	100%
Premium Rates (Guaranteed from January 1, 2026 through December 31, 2028)				
Life Rate per \$1,000 of Benefit	\$0.100	\$0.100	\$0.100	\$0.100
AD&D Rate per \$1,000 of Benefit	\$0.020	\$0.020	\$0.020	\$0.020
Monthly Premium Per Person	\$3.00 per month	\$6.00 per month	Based on Earnings	Based on earnings
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 and Portability, and an additional Line of Duty Benefit for Public Safety Members (additional 100% of AD&D benefit if loss is suffered in line of duty)

Plans offered by American United Life Insurance Company (AUL) a OneAmerica® Company: AA- Standard and Poor Rating

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Voluntary Life and AD&D Coverage

PLAN HIGHLIGHTS

Voluntary Life/AD&D Coverage	
Class Description	All FTA Employees
Employee Schedule of Benefits	
Benefit Options	Coverage in increments of \$10,000
Maximum Benefit	\$500,000, not to exceed 8x annual earnings
Guaranteed Issue Amount	\$250,000
AD&D Benefit	Matches Life Benefit
Age Reduction Schedule	50% @ 70 65% @ 75 Terminates at Retirement
Spouse Schedule of Benefits	
Benefit Options	Coverage in increments of \$5,000
Maximum Benefit	\$250,000
Guaranteed Issue Amount	\$50,000
AD&D Benefit	Matches Life Benefit
Age Reduction Schedule	50% @ 70 65% @ 75 Terminates at Retirement
Child(ren) Schedule of Benefits	
Benefit Options	\$10,000 Benefit
Guaranteed Issue Amount	Full Benefit
AD&D Benefit	Matches Life Benefit

Notes:

Municipality must elect Basic Life/AD&D coverage with One America to purchase Voluntary Life/AD&D

When first eligible for coverage, all members may select coverage up to the guaranteed issue amount without submitting evidence of insurability. Each year all enrolled employees and spouses may increase their benefit amount by up to two increments of coverage, including amounts above the guaranteed issue, up to the plan maximum, without providing evidence of insurability.

Coverage includes Conversion, Portability, Accelerated Death Benefit

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Voluntary Life/AD&D Monthly Premium Rates (Guaranteed from January 1, 2026 through December 31, 2028)

Employee and Spouse Coverage	
Age Bands	Rate Per \$1,000 Benefit for Life/AD&D Combined
0 – 24	\$0.155
25 – 29	\$0.155
30 – 34	\$0.166
35 – 39	\$0.195
40 – 44	\$0.243
45 – 49	\$0.355
50 – 54	\$0.534
55 – 59	\$0.831
60 – 64	\$1.049
65 – 69	\$1.469
70+	\$3.813
Child(ren) Coverage (to age 26)	
\$0.23 (one rate covers all children in a family)	

- Employee must elect coverage to purchase spouse or dependent coverage
- Spouse elected amount may not exceed 100% of the employee elected amount
- Members Basic Life benefits plus Voluntary Life benefits may not exceed 8 times annual earnings
- Dependent Child Coverage extends from live birth to age 26



Short-Term Disability Coverage

PLAN HIGHLIGHTS	Plan 1	Plan 2	Plan 3	Plan 4
Class Description	All FTA Employees	All FTA Employees	All FTA Employees	All FTA Employees
Employee Contributions	Employer Paid	Employer Paid	Employer Paid	Employer Paid
Schedule of Benefits				
Benefit Percentage	66.67%	66.67%	66.67%	66.67%
Maximum Weekly Benefit	\$350	\$750	\$1,000	\$1,500
Benefit Waiting Period – Accident	7 Days	7 Days	7 Days	7 Days
Benefit Waiting Period – Sickness	7 Days	7 Days	7 Days	7 Days
Maximum Benefit Period	90 Days	90 Days	90 Days	90 Days
Definition of Earnings	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime
Pre-existing Condition Limitation	None	None	None	None
Maternity	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
Premium Rates (Guaranteed from January 1, 2026 through December 31, 2028)				
STD Rate per \$10 of Weekly Benefit	\$0.253	\$0.253	\$0.253	\$0.253

- Coverage is non-occupational covering disabilities occurring off the job
- STD benefits may be reduced by deductible income. State Disability and/or Own Medical Leave Benefits under Paid Family Medical Leave Laws are considered deductible income.
- Coverage is employer-paid; STD benefits are taxable

Notes:

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Long-Term Disability Coverage

PLAN HIGHLIGHTS	Plan 1	Plan 2	Plan 3	Plan 4
Class Description	All FTA Employees	All FTA Employees	All FTA Employees	All FTA Employees
Employee Contributions	Employer Paid	Employer Paid	Employer Paid	Employer Paid
Schedule of Benefits				
Benefit Percentage	60%	60%	60%	60%
Maximum Monthly Benefit	\$3,000	\$4,000	\$5,000	\$7,500
Benefit Waiting Period	90 Days	90 Days	90 Days	90 Days
Maximum Benefit Period	To SSNRA	To SSNRA	To SSNRA	To SSNRA
Own Occupation Period	24 Months	24 Months	24 Months	24 Months
Definition of Earnings	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime	Base salary, excluding commissions, bonuses, and overtime
Pre-existing Conditions Limitation	3 / 12	3 / 12	3 / 12	3 / 12
Mental/Nervous, Substance Abuse Limitation	24 Months	24 Months	24 Months	24 Months
Premium Rates (Guaranteed from January 1, 2026 through December 31, 2028)				
LTD Rate per \$100 Covered Monthly Earnings	\$0.270	\$0.270	\$0.270	\$0.270

- LTD benefits may be reduced by deductible income. Worker's compensation and primary/dependent Social Security benefits are considered deductible income
- Includes a survivors benefit that pays a lump sum equal to three times the LTD benefit
- Coverage includes a \$5,000 Reasonable Accommodation Expense Benefit, which reimburses employers for workplace modifications that enable employees to return to work or remain at work. The Reasonable Accommodation Expense Benefit is separate from the LTD claim payment.

Notes:

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