

2026

Employee Benefits Overview

Effective January 1, 2026



All Other Employees

OUR BENEFITS PACKAGE



The City of Terre Haute truly values the dedication that goes into your work every day. We're proud of our talented employees and understand that our success is because of you. That's why as a City of Terre Haute employee, you have access to a comprehensive, quality benefits package that offers flexibility and security. Please take the time to read and understand this overview so you can gain a better understanding of your options.

If after reading this document you need more information, please contact Olympia Turner at Olympia.Turner@terrehaute.in.gov or via phone at 812-244-2324.

Eligibility:

Full-time employees (working a minimum of 30 hours per week) and their eligible dependents can participate in The City of Terre Haute benefits. Eligible dependents include:

- Your spouse
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

Medical Benefits



Key Features	PPO Plan 5 \$1,500 Premium PPO	PPO Plan 6 \$2,500 Basic PPO	HDHP Plan 10 \$3,500 Premium HSA	HDHP Plan 11 \$4,000 Basic HSA
Calendar Year Deductible Individual / Family	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$4,000 / \$8,000
Out-of-Pocket Maximum (includes deductible) Individual / Family	\$4,000 / \$8,000	\$5,000 / \$10,000	\$4,750 / \$9,500	\$6,250 / \$12,500
Coinsurance (portion you pay)	20%	20%	20%	20%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Office Visits	\$15 / \$30 Copay	\$15 / \$30 Copay	10%/20% after ded.	10%/20% after ded.
Specialist Visits	\$30 / \$60 Copay	\$30 / \$60 Copay	10%/20% after ded.	10%/20% after ded.
Urgent Care Copay	\$75 Copay	\$75 Copay	20% after ded.	20% after ded.
Emergency Room Copay (waived if admitted)	\$250 Copay	\$250 Copay	20% after ded.	20% after ded.
Inpatient Hospital (per admission)	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Lab and X-Ray Services	20% after ded.	20% after ded.	20% after ded.	20% after ded.
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)				
Tier 1	\$20 Copay	\$20 Copay	20% after ded.	20% after ded.
Tier 2	\$40 Copay	\$40 Copay	20% after ded.	20% after ded.
Tier 3	\$60 Copay	\$60 Copay	20% after ded.	20% after ded.
Tier 4	\$100 Copay	\$100 Copay	20% after ded.	20% after ded.
OUT OF NETWORK BENEFITS				
Calendar Year Deductible Individual / Family	\$3,000 / \$6,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$8,000 / \$16,000
Out-of-Pocket Maximum Individual / Family	\$8,000 / \$16,000	\$10,000 / \$20,000	\$9,250 / \$18,500	\$12,500 / \$25,000
Coinsurance	40%	40%	40%	40%

OUR BENEFITS PACKAGE



Dental Benefits*



Delta Dental	
Annual Maximum Benefit	\$1,000
Dental Plan Benefits	
Type A - Diagnostic & Preventive	100%
Type B - Restorative (Basic)	100%
Type C - Major	60%
Type D - Orthodontics (Children up to age 26)	100% up to a \$1,000 lifetime max

Vision Benefits*



VSP	
Eye Examinations	
Exam	\$10 Copay
Frames	
Any frame available at provider location	\$130 Allowance, then 20% off
Lenses (Standard uncoated plastic)	
Single Visions	\$25 Copay
Bifocals	\$25 Copay
Trifocals	\$25 Copay
Contact Lenses	
Instead of glasses	\$130 Allowance
Frequency	
Examinations	Every 12 months
Frames	Every 24 months
Lenses	Every 12 months
Contact Lenses	Every 12 months

*These are in-network benefits only. Please refer to the summary plan document (SPD) for full details, including out-of-network benefits.

Basic Life / AD&D Benefits



The Hartford	
Employee Coverage	\$25,000
Employer Paid	

Voluntary Life Insurance

The Hartford	
Employee Coverage	Increments of \$20,000 Maximum: \$500,000
Spouse Coverage	Increments of \$10,000 Maximum: the lesser of 50% of employee coverage or \$100,000
Child(ren) Coverage (under age 19)	Benefit: \$10,000
Employer Paid	

Voluntary Short-term Disability (STD)

The Hartford	
Benefit Amount	\$50 increments from \$100 to \$1,000
Maximum Weekly Benefit	The lesser of 60% of your weekly earnings or \$1,000
Waiting Period	8 Days
Maximum Benefit Period	26 Weeks
Employer Paid	

Union Hospital Convenient Care Clinic

Office Visit	Premium or Basic PPO: Covered at 100%
Generic Rx	Premium or Basic HDHP: \$20 Copay \$10 Copay per script
*List of Generic Rx available at the Convenient Care Clinic	

Health Savings Account (HSA)

If you're enrolling in a High Deductible Health Plan (HDHP), you may also open a tax-advantaged HSA. An HSA is a bank account that can be used for qualified health care expenses. Each year, the IRS sets limits on how much you can contribute to an HSA. Maximum contributions are as follows:

- **Single:** \$4,400
- **Family:** \$8,750

The City of Terre Haute will contribute to either UMB Bank or First-Financial Bank Health Savings Accounts. For 2026, the City contributes \$1,000 for individual coverage, \$1,500 for employee + spouse and employee + child(ren) coverage and \$2,500 for family coverage into your HSA.



CONTACTS & CONTRIBUTIONS

Benefit	Carrier	Phone Number	Website/Email
Medical/Prescription Drug	AIM Medical Trust / United Healthcare	866-734-7670	www.myuhc.com
Dental (NO ID CARDS)	Delta Dental	800-524-0149	www.deltadentalin.com
Vision (NO ID CARDS)	VSP	800-877-7195	www.vsp.com
Life Insurance	The Hartford		thehartford.com/employee e-benefits/employees
Voluntary Short-Term Disability	The Hartford		thehartford.com/employee e-benefits/employees
Retirement	INPRS	844-464-6777	www.myINPRSretirement.org
Additional Assistance	Name	Phone Number	Email
Human Resources	Olympia Turner	812-244-2324	Olympia.Turner@TerreHaute.IN.Gov
EPIC Insurance Midwest	Kaitlyn Sandiford Account Manager	812-478-6023	kaitlyn.sandiford@epicbrokers.com

The values below indicate how much you're responsible for contributing towards coverage. Medical amounts are taken directly from your bi-weekly paycheck. Dental and vision amounts are taken directly from your paycheck on a monthly basis.

PER PAY DEDUCTIONS: Medical comes out of every paycheck (26 paychecks)

Benefit	Employee Only	Employee + Spouse	Employee + Child or Children	Employee + Family
\$1,500 PPO Plan 5 (Premium PPO)	\$132.90	\$225.49	\$207.31	\$287.86
\$2,500 PPO Plan 6 (Basic PPO)	\$98.20	\$159.60	\$146.42	\$205.11
\$3,500 HDHP Plan 10 (Premium HSA)	\$94.47	\$161.47	\$155.96	\$193.50
\$4,000 HDHP Plan 11 (Basic HSA)	\$76.55	\$129.65	\$125.32	\$149.28

MONTHLY DEDUCTIONS: Vision comes out of the 1st paycheck in the month and Dental comes out of the 2nd paycheck in the month.

Benefit	Employee Only	Employee + One	Employee + Children	Employee + Family
Vision Plan	\$9.00	\$15.16	\$15.48	\$24.95
Benefit	Employee Only	Employee + Spouse	Employee + Child or Children	Employee + Family
Dental Plan	\$10.14	\$19.85	\$28.34	\$38.06

City of Terre Haute has made every attempt to ensure the accuracy of the information described in this document. Any discrepancy between this document and the insurance contracts or other legal documents that govern the plans will be resolved according to the insurance contracts and legal documents. This document creates neither an employment agreement of any kind nor a guarantee of continued employment with City of Terre Haute.