

HOOSIER SCHOOL BENEFIT TRUST				
Medical, Dental & Vision Rates				
for Plan Year January 1, 2018 - December 31, 2018				
12 Month Support Staff Hired on or Before July 1, 2007				
	Per Pay Deduction	Monthly Employer Contribution	Total Monthly Premium	Annual Employer Contribution to HSA **
<b>PPO Plan 1/2</b>				
Employee only	\$99.83	\$508.34	\$708.00	
Employee/Spouse	\$384.17	\$716.66	\$1,485.00	
Employee/Child(ren)	\$345.17	\$716.66	\$1,407.00	
Family	\$504.06	\$737.88	\$1,746.00	
<b>PPO Plan 3</b>				
Employee only	\$35.33	\$508.34	\$579.00	
Employee/Spouse	\$245.17	\$716.66	\$1,207.00	
Employee/Child(ren)	\$213.17	\$716.66	\$1,143.00	
Family	\$345.06	\$730.88	\$1,421.00	
<b>Plan 4 HSA</b>				
Employee only	\$26.17	\$416.66	\$469.00	\$1,100.00
Employee/Spouse	\$189.33	\$602.34	\$981.00	\$2,100.00
Employee/Child(ren)	\$161.83	\$602.34	\$926.00	\$2,100.00
Family	\$210.58	\$730.84	\$1,152.00	\$2,100.00
<b>Plan 5 HSA</b>				
Employee only	\$8.50	\$402.00	\$419.00	\$1,100.00
Employee/Spouse	\$137.83	\$602.34	\$878.00	\$2,100.00
Employee/Child(ren)	\$113.33	\$602.34	\$829.00	\$2,100.00
Family	\$150.08	\$730.84	\$1,031.00	\$2,100.00
<b>DENTAL CORE</b>				
Employee only	\$6.92	\$19.16	\$33.00	
Employee/Spouse	\$26.42	\$19.16	\$72.00	
Employee/Child(ren)	\$20.42	\$19.16	\$60.00	
Family	\$41.42	\$19.16	\$102.00	
<b>DENTAL ENHANCED PLAN</b>				
Employee only	\$13.42	\$19.16	\$46.00	
Employee/Spouse	\$39.92	\$19.16	\$99.00	
Employee/Child(ren)	\$31.92	\$19.16	\$83.00	
Family	\$60.42	\$19.16	\$140.00	
<b>VISION PLAN with VSP</b>				
Employee only	\$3.70	\$0.00	\$7.40	
Employee/Spouse	\$7.40	\$0.00	\$14.80	
Employee/Child(ren)	\$7.92	\$0.00	\$15.84	
Family	\$12.65	\$0.00	\$25.30	
**Plan 4 HSA & Plan 5 HSA Corporation Contributions:				
Corporation contribution made bi-annually (half in in January and half in June)				