

HOOSIER SCHOOL BENEFIT TRUST				
Medical, Dental & Vision Rates				
for Plan Year January 1, 2018 - December 31, 2018				
CERTIFIED STAFF				
	Per Pay Deduction	Monthly Employer Contribution	Monthly Premium	Annual Employer Contribution to HSA **
PPO Plan 1/2				
Employee only	\$73.21	\$561.58	\$708.00	
Employee/Spouse	\$153.83	\$1,177.34	\$1,485.00	
Employee/Child(ren)	\$145.71	\$1,115.58	\$1,407.00	
Family	\$180.71	\$1,384.58	\$1,746.00	
PPO Plan 3				
Employee only	\$25.50	\$528.00	\$579.00	
Employee/Spouse	\$52.50	\$1,102.00	\$1,207.00	
Employee/Child(ren)	\$50.50	\$1,042.00	\$1,143.00	
Family	\$62.00	\$1,297.00	\$1,421.00	
Plan 4 HSA				
Employee only	\$0.00	\$469.00	\$469.00	\$1,111.00
Employee/Spouse	\$0.00	\$981.00	\$981.00	\$2,356.00
Employee/Child(ren)	\$0.00	\$926.00	\$926.00	\$2,273.00
Family	\$0.00	\$1,152.00	\$1,152.00	\$2,791.00
Plan 5 HSA				
Employee only	\$8.50	\$402.00	\$419.00	
Employee/Spouse	\$18.00	\$842.00	\$878.00	
Employee/Child(ren)	\$17.00	\$795.00	\$829.00	
Family	\$21.00	\$989.00	\$1,031.00	
DENTAL CORE				
Employee only	\$0.00	\$33.00	\$33.00	
Employee/Spouse	\$16.50	\$39.00	\$72.00	
Employee/Child(ren)	\$10.50	\$39.00	\$60.00	
Family	\$31.50	\$39.00	\$102.00	
DENTAL ENHANCED PLAN				
Employee only	\$6.50	\$33.00	\$46.00	
Employee/Spouse	\$30.00	\$39.00	\$99.00	
Employee/Child(ren)	\$22.00	\$39.00	\$83.00	
Family	\$50.50	\$39.00	\$140.00	
VISION PLAN with VSP				
Employee only	\$0.00	\$7.40	\$7.40	
Employee/Spouse	\$3.70	\$7.40	\$14.80	
Employee/Child(ren)	\$4.22	\$7.40	\$15.84	
Family	\$8.95	\$7.40	\$25.30	
**Plan 4 HSA Corporation Contributions:				
Corporation contribution made bi-annually (half in in January and half in June)				