

| HOOSIER SCHOOL BENEFIT TRUST | | | | |
|---|-------------------|-------------------------------|-----------------------|--|
| Medical, Dental & Vision Rates | | | | |
| for Plan Year January 1, 2018 - December 31, 2018 | | | | |
| Less Than 12 Month Support Staff Hired Before July 1, 2007 (21 Pays) | | | | |
| | Per Pay Deduction | Monthly Employer Contribution | Total Monthly Premium | Annual Employer Contribution to HSA ** |
| PPO Plan 1/2 | | | | |
| Employee only | \$219.23 | \$379.16 | \$708.00 | |
| Employee/Spouse | \$628.05 | \$542.92 | \$1,485.00 | |
| Employee/Child(ren) | \$588.24 | \$524.64 | \$1,407.00 | |
| Family | \$727.64 | \$654.54 | \$1,746.00 | |
| PPO Plan 3 | | | | |
| Employee only | \$133.23 | \$379.16 | \$579.00 | |
| Employee/Spouse | \$446.67 | \$537.00 | \$1,207.00 | |
| Employee/Child(ren) | \$415.99 | \$519.02 | \$1,143.00 | |
| Family | \$515.64 | \$647.54 | \$1,421.00 | |
| Plan 4 HSA | | | | |
| Employee only | \$90.44 | \$333.34 | \$469.00 | \$550.00 |
| Employee/Spouse | \$296.00 | \$537.00 | \$981.00 | \$550.00 |
| Employee/Child(ren) | \$271.32 | \$519.02 | \$926.00 | \$550.00 |
| Family | \$336.31 | \$647.54 | \$1,152.00 | \$550.00 |
| Plan 5 HSA | | | | |
| Employee only | \$57.11 | \$333.34 | \$419.00 | \$550.00 |
| Employee/Spouse | \$227.33 | \$537.00 | \$878.00 | \$550.00 |
| Employee/Child(ren) | \$206.65 | \$519.02 | \$829.00 | \$550.00 |
| Family | \$255.64 | \$647.54 | \$1,031.00 | \$550.00 |
| DENTAL CORE | | | | |
| Employee only | \$9.23 | \$19.16 | \$33.00 | |
| Employee/Spouse | \$35.23 | \$19.16 | \$72.00 | |
| Employee/Child(ren) | \$27.23 | \$19.16 | \$60.00 | |
| Family | \$55.23 | \$19.16 | \$102.00 | |
| DENTAL ENHANCED PLAN | | | | |
| Employee only | \$17.89 | \$19.16 | \$46.00 | |
| Employee/Spouse | \$53.23 | \$19.16 | \$99.00 | |
| Employee/Child(ren) | \$42.56 | \$19.16 | \$83.00 | |
| Family | \$80.56 | \$19.16 | \$140.00 | |
| VISION PLAN with VSP | | | | |
| Employee only | \$4.93 | \$0.00 | \$7.40 | |
| Employee/Spouse | \$9.87 | \$0.00 | \$14.80 | |
| Employee/Child(ren) | \$10.56 | \$0.00 | \$15.84 | |
| Family | \$16.87 | \$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) | | | | |