

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 (24 Pays)				
	Per Pay Deduction	Monthly Employer Contribution	Total Monthly Premium	Annual Employer Contribution to HSA **
<b>PPO Plan 1/2</b>				
Employee only	\$164.42	\$379.16	\$708.00	
Employee/Spouse	\$471.04	\$542.92	\$1,485.00	
Employee/Child(ren)	\$441.18	\$524.64	\$1,407.00	
Family	\$545.73	\$654.54	\$1,746.00	
<b>PPO Plan 3</b>				
Employee only	\$99.92	\$379.16	\$579.00	
Employee/Spouse	\$335.00	\$537.00	\$1,207.00	
Employee/Child(ren)	\$311.99	\$519.02	\$1,143.00	
Family	\$386.73	\$647.54	\$1,421.00	
<b>Plan 4 HSA</b>				
Employee only	\$67.83	\$333.34	\$469.00	\$550.00
Employee/Spouse	\$222.00	\$537.00	\$981.00	\$550.00
Employee/Child(ren)	\$203.49	\$519.02	\$926.00	\$550.00
Family	\$252.23	\$647.54	\$1,152.00	\$550.00
<b>Plan 5 HSA</b>				
Employee only	\$42.83	\$333.34	\$419.00	\$550.00
Employee/Spouse	\$170.50	\$537.00	\$878.00	\$550.00
Employee/Child(ren)	\$154.99	\$519.02	\$829.00	\$550.00
Family	\$191.73	\$647.54	\$1,031.00	\$550.00
<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)				