

HOOSIER SCHOOL BENEFIT TRUST				
Medical, Dental & Vision Rates				
for Plan Year January 1, 2019 - December 31, 2019				
12 Month Support Staff Hired on or After July 1, 2007				
2019 Year round (220-260 days)	Per Pay Deduction	Monthly Employer Contribution	Total Monthly Premium	Annual Employer Contribution to HSA **
PPO Plan 1-2				
Employee only	\$113.83	\$508.34	\$736.00	
Employee/Spouse	\$428.67	\$716.66	\$1,574.00	
Employee/Child(ren)	\$373.17	\$716.66	\$1,463.00	
Family	\$567.17	\$716.66	\$1,851.00	
PPO Plan 3				
Employee only	\$41.33	\$508.34	\$591.00	
Employee/Spouse	\$269.17	\$716.66	\$1,255.00	
Employee/Child(ren)	\$224.67	\$716.66	\$1,166.00	
Family	\$380.67	\$716.66	\$1,478.00	
Plan 4 HSA				
Employee only	\$26.17	\$416.66	\$469.00	\$1,100.00
Employee/Spouse	\$219.67	\$541.66	\$981.00	\$2,100.00
Employee/Child(ren)	\$192.17	\$541.66	\$926.00	\$2,100.00
Family	\$305.17	\$541.66	\$1,152.00	\$2,100.00
Plan 5 HSA				
Employee only	\$8.50	\$402.00	\$419.00	\$1,276.00
Employee/Spouse	\$168.17	\$541.66	\$878.00	\$2,100.00
Employee/Child(ren)	\$143.67	\$541.66	\$829.00	\$2,100.00
Family	\$244.67	\$541.66	\$1,031.00	\$2,100.00
DENTAL CORE				
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	
DENTAL ENHANCED PLAN				
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	
VISION PLAN with VSP				
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)				