

| HOOSIER SCHOOL BENEFIT TRUST  |                   |                               |                 |  |
|---|-------------------|-------------------------------|-----------------|--|
| Medical, Dental & Vision Rates  |                   |                               |                 |  |
| for Plan Year January 1, 2019 - December 31, 2019                               |                   |                               |                 |  |
| CERTIFIED STAFF   |                   |                               |                 |  |
| 2019 Certified  | Per Pay Deduction | Monthly Employer Contribution | Monthly Premium | Annual Employer Contribution to HSA ** |
| <b>PPO Plan 1-2</b>   |                   |                               |                 |  |
| Employee only   | \$87.21           | \$561.58                      | \$736.00        |  |
| Employee/Spouse   | \$198.33          | \$1,177.34                    | \$1,574.00      |  |
| Employee/Child(ren)   | \$173.71          | \$1,115.58                    | \$1,463.00      |  |
| Family  | \$233.21          | \$1,384.58                    | \$1,851.00      |  |
| <b>PPO Plan 3</b>   |                   |                               |                 |  |
| Employee only   | \$31.50           | \$528.00                      | \$591.00        |  |
| Employee/Spouse   | \$76.50           | \$1,102.00                    | \$1,255.00      |  |
| Employee/Child(ren)   | \$62.00           | \$1,042.00                    | \$1,166.00      |  |
| Family  | \$90.50           | \$1,297.00                    | \$1,478.00      |  |
| <b>Plan 4 HSA</b>   |                   |                               |                 |  |
| 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                             |
| <b>Plan 5 HSA</b>   |                   |                               |                 |  |
| 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      |  |
| <b>DENTAL CORE</b>  |                   |                               |                 |  |
| 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        |  |
| <b>DENTAL ENHANCED PLAN</b>   |                   |                               |                 |  |
| 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        |  |
| <b>VISION PLAN with VSP</b>   |                   |                               |                 |  |
| 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) |                   |                               |                 |  |