

HOOSIER SCHOOL BENEFIT TRUST				
Medical, Dental & Vision Rates				
for Plan Year January 1, 2019 - December 31, 2019				
Less Than 12 Month Support Staff Hired Before July 1, 2007 (21 Pays)				
2019 21 Pays (less than 220 days)	Per Pay Deduction	Monthly Employer Contribution	Total Monthly Premium	Annual Employer Contribution to HSA **
PPO Plan 1-2				
Employee only	\$237.89	\$379.16	\$736.00	
Employee/Spouse	\$687.39	\$542.92	\$1,574.00	
Employee/Child(ren)	\$625.57	\$524.64	\$1,463.00	
Family	\$797.64	\$654.54	\$1,851.00	
PPO Plan 3				
Employee only	\$141.23	\$379.16	\$591.00	
Employee/Spouse	\$478.67	\$537.00	\$1,255.00	
Employee/Child(ren)	\$431.32	\$519.02	\$1,166.00	
Family	\$553.64	\$647.54	\$1,478.00	
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)				