

HOOSIER SCHOOL BENEFIT TRUST				
Medical, Dental & Vision Rates				
for Plan Year January 1, 2020 - December 31, 2020				
12 Month Support Staff Hired				
on or After July 1, 2007				
2020 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	\$121.33	\$508.34	\$751.00	
Employee/Spouse	\$456.17	\$716.66	\$1,629.00	
Employee/Child(ren)	\$387.67	\$716.66	\$1,492.00	
Family	\$613.67	\$716.66	\$1,944.00	
PPO Plan 3				
Employee only	\$54.83	\$508.34	\$618.00	
Employee/Spouse	\$310.17	\$716.66	\$1,337.00	
Employee/Child(ren)	\$250.67	\$716.66	\$1,218.00	
Family	\$447.17	\$716.66	\$1,611.00	
Plan 4 HSA				
Employee only	\$36.67	\$416.66	\$490.00	\$1,100.00
Employee/Spouse	\$251.67	\$541.66	\$1,045.00	\$2,100.00
Employee/Child(ren)	\$213.17	\$541.66	\$968.00	\$2,100.00
Family	\$357.17	\$541.66	\$1,256.00	\$2,100.00
Plan 5 HSA				
Employee only	\$18.00	\$402.00	\$438.00	\$1,276.00
Employee/Spouse	\$196.67	\$541.66	\$935.00	\$2,100.00
Employee/Child(ren)	\$162.17	\$541.66	\$866.00	\$2,100.00
Family	\$291.17	\$541.66	\$1,124.00	\$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				
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)				