

HOOSIER SCHOOL BENEFIT TRUST				
Medical, Dental & Vision Rates				
for Plan Year January 1, 2020 - December 31, 2020				
CERTIFIED STAFF				
2020 Certified	Per Pay Deduction	Monthly Employer Contribution	Monthly Premium	Annual Employer Contribution to HSA **
PPO Plan 1-2				
Employee only	\$94.71	\$561.58	\$751.00	
Employee/Spouse	\$225.83	\$1,177.34	\$1,629.00	
Employee/Child(ren)	\$188.21	\$1,115.58	\$1,492.00	
Family	\$279.71	\$1,384.58	\$1,944.00	
PPO Plan 3				
Employee only	\$45.00	\$528.00	\$618.00	
Employee/Spouse	\$117.50	\$1,102.00	\$1,337.00	
Employee/Child(ren)	\$88.00	\$1,042.00	\$1,218.00	
Family	\$157.00	\$1,297.00	\$1,611.00	
Plan 4 HSA				
Employee only	\$0.00	\$490.00	\$490.00	\$859.00
Employee/Spouse	\$0.00	\$1,045.00	\$1,045.00	\$1,588.00
Employee/Child(ren)	\$0.00	\$968.00	\$968.00	\$1,771.00
Family	\$0.00	\$1,256.00	\$1,256.00	\$1,543.00
Plan 5 HSA				
Employee only	\$18.00	\$402.00	\$438.00	
Employee/Spouse	\$46.50	\$842.00	\$935.00	
Employee/Child(ren)	\$35.50	\$795.00	\$866.00	
Family	\$67.50	\$989.00	\$1,124.00	
DENTAL CORE				
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	
DENTAL ENHANCED PLAN				
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	
VISION PLAN				
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)				