

| HOOSIER SCHOOL BENEFIT TRUST | | | | |
|---|-------------------|-------------------------------|-----------------|--|
| Medical, Dental & Vision Rates | | | | |
| for Plan Year January 1, 2024 - December 31, 2024 | | | | |
| PLATINUM | | | | |
| Certified Staff Only | | | | |
| 2024 | Per Pay Deduction | Monthly Employer Contribution | Monthly Premium | Annual Employer Contribution to HSA ** |
| PPO Plan 1-2 | | | | |
| Employee only | \$158.21 | \$561.58 | \$878.00 | |
| Employee/Spouse | \$500.33 | \$1,177.34 | \$2,178.00 | |
| Employee/Child(ren) | \$314.21 | \$1,115.58 | \$1,744.00 | |
| Family | \$606.70 | \$1,384.60 | \$2,598.00 | |
| PPO Plan 3 | | | | |
| Employee only | \$116.50 | \$528.00 | \$761.00 | |
| Employee/Spouse | \$401.00 | \$1,102.00 | \$1,904.00 | |
| Employee/Child(ren) | \$236.00 | \$1,042.00 | \$1,514.00 | |
| Family | \$498.50 | \$1,297.00 | \$2,294.00 | |
| Plan 4 HSA | | | | |
| Employee only | \$64.50 | \$490.00 | \$619.00 | \$859.00 |
| Employee/Spouse | \$242.50 | \$1,045.00 | \$1,530.00 | \$1,588.00 |
| Employee/Child(ren) | \$135.00 | \$968.00 | \$1,238.00 | \$1,771.00 |
| Family | \$291.00 | \$1,256.00 | \$1,838.00 | \$1,543.00 |
| DENTAL CORE | | | | |
| Employee only | \$0.00 | \$34.00 | \$34.00 | |
| Employee/Spouse | \$16.50 | \$42.00 | \$75.00 | |
| Employee/Child(ren) | \$10.50 | \$41.00 | \$62.00 | |
| Family | \$31.50 | \$43.00 | \$106.00 | |
| DENTAL ENHANCED PLAN | | | | |
| Employee only | \$6.50 | \$35.00 | \$48.00 | |
| Employee/Spouse | \$30.00 | \$43.00 | \$103.00 | |
| Employee/Child(ren) | \$22.00 | \$42.00 | \$86.00 | |
| Family | \$50.50 | \$45.00 | \$146.00 | |
| VISION PLAN | | | | |
| Employee only | \$0.00 | \$8.00 | \$8.00 | |
| Employee/Spouse | \$3.70 | \$7.60 | \$15.00 | |
| Employee/Child(ren) | \$4.22 | \$7.56 | \$16.00 | |
| Family | \$8.95 | \$8.10 | \$26.00 | |
| **Plan 4 HSA Corporation Contributions: | | | | |
| Corporation contribution made bi-annually (half in in January and half in June) | | | | |