

HOOSIER SCHOOL BENEFIT TRUST				
Medical, Dental & Vision Rates				
for Plan Year January 1, 2024 - December 31, 2024				
GOLD				
SUPPORT STAFF - 12 MONTH, SRO, CIS, OT/PT, PSYCHOLOGIST, ETC.				
2024				
(SRO, CIS, OT/PT, 12 MONTH SUPPORT STAFF)	Per Pay Deduction	Employer Contribution	Monthly Premium	Employer Contribution to
PPO Plan 1-2				
Employee only	\$158.00	\$562.00	\$878.00	
Employee/Spouse	\$500.00	\$1,178.00	\$2,178.00	
Employee/Child(ren)	\$314.00	\$1,116.00	\$1,744.00	
Family	\$607.00	\$1,384.00	\$2,598.00	
PPO Plan 3				
Employee only	\$77.00	\$607.00	\$761.00	
Employee/Spouse	\$401.00	\$1,102.00	\$1,904.00	
Employee/Child(ren)	\$236.00	\$1,042.00	\$1,514.00	
Family	\$498.00	\$1,298.00	\$2,294.00	
Plan 4 HSA				
Employee only	\$31.00	\$557.00	\$619.00	\$600.00
Employee/Spouse	\$242.00	\$1,046.00	\$1,530.00	\$1,200.00
Employee/Child(ren)	\$135.00	\$968.00	\$1,238.00	\$1,200.00
Family	\$291.00	\$1,256.00	\$1,838.00	\$1,200.00
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 HAS				
Corporation contribution made bi-annually (half in in January and half in June)				