

HOOSIER SCHOOL BENEFIT TRUST				
Medical, Dental & Vision Rates				
for Plan Year January 1, 2024 - December 31, 2024				
BLUE (24 PAY)				
SUPPORT STAFF LESS THAN 12 MONTHS				
2024	Per Pay Deduction	Monthly Employer Contribution	Total Monthly Premium	Employer Contribution to HSA **
PPO Plan 1-2				
Employee only	\$185.00	\$508.00	\$878.00	
Employee/Spouse	\$689.00	\$800.00	\$2,178.00	
Employee/Child(ren)	\$514.00	\$716.00	\$1,744.00	
Family	\$899.00	\$800.00	\$2,598.00	
PPO Plan 3				
Employee only	\$115.00	\$531.00	\$761.00	
Employee/Spouse	\$552.00	\$800.00	\$1,904.00	
Employee/Child(ren)	\$399.00	\$716.00	\$1,514.00	
Family	\$729.00	\$836.00	\$2,294.00	
Plan 4 HSA				
Employee only	\$62.00	\$495.00	\$619.00	\$550.00
Employee/Spouse	\$415.00	\$700.00	\$1,530.00	\$550.00
Employee/Child(ren)	\$349.00	\$540.00	\$1,238.00	\$550.00
Family	\$544.00	\$750.00	\$1,838.00	\$550.00
Plan 5 HSA				
Employee only	\$55.00	\$451.00	\$561.00	\$550.00
Employee/Spouse	\$343.00	\$701.00	\$1,387.00	\$550.00
Employee/Child(ren)	\$291.00	\$541.00	\$1,123.00	\$550.00
Family	\$458.00	\$750.00	\$1,666.00	\$550.00
DENTAL CORE				
Employee only	\$6.92	\$20.16	\$34.00	
Employee/Spouse	\$26.42	\$22.16	\$75.00	
Employee/Child(ren)	\$20.42	\$21.16	\$62.00	
Family	\$41.42	\$23.16	\$106.00	
DENTAL ENHANCED PLAN				
Employee only	\$13.42	\$21.16	\$48.00	
Employee/Spouse	\$39.92	\$23.16	\$103.00	
Employee/Child(ren)	\$31.92	\$22.16	\$86.00	
Family	\$60.42	\$25.16	\$146.00	
VISION PLAN				
Employee only	\$3.70	\$0.60	\$8.00	
Employee/Spouse	\$7.40	\$0.20	\$15.00	
Employee/Child(ren)	\$7.92	\$0.16	\$16.00	
Family	\$12.65	\$0.70	\$26.00	

**Plan 4 HSA & Plan 5 HSA Corporation Contributions:

Corporation contribution made bi-annually (half in in January and half in June)