

HOOSIER SCHOOL BENEFIT TRUST				
Medical, Dental & Vision Rates				
for Plan Year January 1, 2024 - December 31, 2024				
BLUE RATE (21 PAY)				
SUPPORT STAFF LESS THAN 12 MONTHS				
2024	Per Pay Deduction	Monthly Employer Contribution	Total Monthly Premium	Annual Employer Contribution to HSA **
PPO Plan 1-2				
Employee only	\$246.67	\$508.00	\$878.00	
Employee/Spouse	\$918.67	\$800.00	\$2,178.00	
Employee/Child(ren)	\$685.33	\$716.00	\$1,744.00	
Family	\$1,198.67	\$800.00	\$2,598.00	
PPO Plan 3				
Employee only	\$153.33	\$531.00	\$761.00	
Employee/Spouse	\$736.00	\$800.00	\$1,904.00	
Employee/Child(ren)	\$532.00	\$716.00	\$1,514.00	
Family	\$972.00	\$836.00	\$2,294.00	
Plan 4 HSA				
Employee only	\$82.67	\$495.00	\$619.00	\$550.00
Employee/Spouse	\$553.33	\$700.00	\$1,530.00	\$550.00
Employee/Child(ren)	\$465.33	\$540.00	\$1,238.00	\$550.00
Family	\$725.33	\$750.00	\$1,838.00	\$550.00
Plan 5 HSA				
Employee only	\$73.33	\$451.00	\$561.00	\$550.00
Employee/Spouse	\$457.33	\$701.00	\$1,387.00	\$550.00
Employee/Child(ren)	\$388.00	\$541.00	\$1,123.00	\$550.00
Family	\$610.67	\$750.00	\$1,666.00	\$550.00
DENTAL CORE				
Employee only	\$9.23	\$20.16	\$34.00	
Employee/Spouse	\$35.23	\$22.16	\$75.00	
Employee/Child(ren)	\$27.23	\$21.16	\$62.00	
Family	\$55.23	\$23.16	\$106.00	
DENTAL ENHANCED PLAN				
Employee only	\$17.89	\$21.16	\$48.00	
Employee/Spouse	\$53.23	\$23.16	\$103.00	
Employee/Child(ren)	\$42.56	\$22.16	\$86.00	
Family	\$80.56	\$25.16	\$146.00	
VISION PLAN				
Employee only	\$4.93	\$0.60	\$8.00	
Employee/Spouse	\$9.87	\$0.20	\$15.00	
Employee/Child(ren)	\$10.56	\$0.16	\$16.00	
Family	\$16.87	\$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)				