HOOSIER SCHOOL BENEFIT TRUST

Monthly Medical and Dental Rates

for Plan Year January 1, 2017 - December 31, 2017

Less Than 12 Month Support Staff Hired Before July 1, 2007 (21 PAYS)

| | Monthly | Per Pay | Employer | |
|---|-------------------|-----------------|--------------|------------|
| PPO Plan 1 | Premium | Deduction | Contribution | 1/1/2017 |
| Employee only | \$1,136.00 | \$504.56 | \$379.16 | \$1,136.00 |
| Employee/Spouse | \$2,390.00 | \$1,225.39 | \$551.92 | \$2,390.00 |
| Employee/Child(ren) | \$2,263.00 | \$1,160.55 | \$522.18 | \$2,263.00 |
| Family | \$2,805.00 | \$1,426.61 | \$665.08 | \$2,805.00 |
| | | | | |
| PPO Plan 2 | | | | 1/1/2017 |
| Employee only | \$694.00 | \$209.89 | \$379.16 | \$694.00 |
| Employee/Spouse | \$1,455.00 | \$608.06 | \$542.92 | \$1,455.00 |
| Employee/Child(ren) | \$1,379.00 | \$569.58 | \$524.64 | \$1,379.00 |
| Family | \$1,711.00 | \$704.31 | \$654.54 | \$1,711.00 |
| PPO Plan 3 | | | | 1/1/2017 |
| Employee only | \$567.00 | \$125.23 | \$379.16 | |
| Employee/Spouse | \$1,183.00 | \$430.67 | \$537.00 | \$1,183.00 |
| Employee/Child(ren) | \$1,120.00 | | \$519.02 | \$1,120.00 |
| Family | \$1,393.00 | \$496.97 | \$647.54 | \$1,393.00 |
| DI AMGA | | | | 1/1/2017 |
| Plan 4 HSA | φ4 . (0,00 | φ 00.4 6 | ф222.22 | 1/1/2017 |
| Employee only | \$469.00 | - | • | \$469.00 |
| Employee/Spouse | \$981.00 | \$296.00 | \$537.00 | \$981.00 |
| Employee/Child(ren) | \$926.00 | | \$519.02 | \$926.00 |
| Family | \$1,152.00 | \$336.31 | \$647.54 | \$1,152.00 |
| Plan 5 HSA | | | | 1/1/2017 |
| Employee only | \$419.00 | \$57.12 | \$333.32 | \$419.00 |
| Employee/Spouse | \$878.00 | \$227.34 | \$537.00 | \$878.00 |
| Employee/Child(ren) | \$829.00 | \$206.66 | \$519.02 | \$829.00 |
| Family | \$1,031.00 | \$255.64 | \$647.54 | \$1,031.00 |
| DENTAL CORE (no change) | | | | 1/1/2017 |
| Employee only | \$33.00 | \$9.23 | \$19.16 | \$33.00 |
| Employee/Spouse | \$72.00 | \$35.23 | \$19.16 | \$72.00 |
| Employee/Child(ren) | \$60.00 | | \$19.16 | \$60.00 |
| Family | \$102.00 | | \$19.16 | \$102.00 |
| DENTAL ENHANCED PLAN | | | | 1/1/2017 |
| Employee only | \$41.00 | \$14.56 | \$19.16 | \$41.00 |
| Employee omy Employee/Spouse | \$90.00 | | \$19.16 | \$90.00 |
| Employee/Spouse Employee/Child(ren) | \$75.00 | • | \$19.16 | \$75.00 |
| Family | \$127.00 | \$71.90 | \$19.16 | \$127.00 |
| **Plan 4 HSA & Plan 5 HSA Corporation Contributions | Ψ141.00 | Ψ/1•// | Ψ17.10 | Ψ127.00 |
| Corporation contribution made bi-annually (half in in Janua | | ne) | | |
| Employee Only Employee/Spouse | 550.00 550.00 | | | |
| Employee/Spouse Employee/Child | 550.00 | | | |
| Family | 550.00 | | | |