

**01/01/20 to 12/31/20  
INSURANCE RATES**

**ANTHEM**      Eff 1/1/20  
Group # IN2370

	<b>Plan #1</b>	<b>Plan #2</b>
	<b>PPO \$1000 Ded</b>	<b>HDP \$3000 Ded</b>

Single Plan (Monthly Premium)	\$ 589.92	\$ 492.47
Single Plan (Annual Premium)	\$ 7,079.04	\$ 5,909.64
Board Contribution	<b>\$ 4,700.00</b>	<b>\$ 4,700.00</b>
Employee Share (Annually)	\$ 2,379.04	\$ 1,209.64
Single Plan (Per Pay Period)	<b>\$ 99.13</b>	<b>\$ 50.40</b>

**ANTHEM Dental**      Eff 1/1/20  
Group # IN2370

**Complete Net Dental**

	Annual Rate	Monthly Rate	Rate Per Pay
Employee	\$ 291.84	\$ 24.32	<b>\$ 12.16</b>
Employee + Spouse	\$ 583.68	\$ 48.64	<b>\$ 24.32</b>
Employee + Children	\$ 813.72	\$ 67.81	<b>\$ 33.91</b>
Family	\$ 1,119.48	\$ 93.29	<b>\$ 46.65</b>

**ANTHEM Vision**    eff 1/1/20  
Group # IN2370

	<b>Plan #1</b>	<b>Plan #2</b>
	<b>PPO \$2000 Ded</b>	<b>HDP \$6000 Ded</b>

Family Plan (Monthly Premium)	\$ 1,592.80	\$ 1,329.68
Family Plan (Annual Premium)	\$ 19,113.60	\$ 15,956.16
Board Contribution	<b>\$ 6,550.00</b>	<b>\$ 6,550.00</b>
Employee Share (Annually)	\$ 12,563.60	\$ 9,406.16
Family Plan (Per Pay Period)	<b>\$ 523.48</b>	<b>\$ 391.92</b>

	Annual Rate	Monthly Rate	Rate Per Pay
Employee	\$ 62.16	\$ 5.18	<b>\$ 2.59</b>
Employee + One	\$ 124.20	\$ 10.35	<b>\$ 5.18</b>
Family	\$ 185.76	\$ 15.48	<b>\$ 7.74</b>

**One America**  
Group # 612916  
Effective 12/1/13

Administrators	\$100,000
Certified Staff	\$70,000
Classified Staff	\$50,000

LIFE - \$0.105 per \$1000  
ADD - \$0.020 per \$1000  
LTD - \$0.025 per hundred of salary

	<b>Plan #1</b>	<b>Plan #2</b>
	<b>PPO \$2000 Ded</b>	<b>HDP \$6000 Ded</b>

Family Plan with 2 CCSC EE	\$ 1,592.80	\$ 1,329.68
Family Plan (Annual Premium)	\$ 19,113.60	\$ 15,956.16
Board Contribution	<b>\$ 9,400.00</b>	<b>\$ 9,400.00</b>
Employee Share (Annually)	\$ 9,713.60	\$ 6,556.16
Family Plan (Per Pay Period)	<b>\$ 404.73</b>	<b>\$ 273.17</b>

Benefits 7 - Jim Franklin      [812-882-9100](tel:812-882-9100)

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