

**01/01/21 to 12/31/21
INSURANCE RATES**

ANTHEM Group # IN2370			Eff 1/1/21	ANTHEM Dental Group # IN2370			Eff 1/1/21
	<u>Plan #1</u> PPO \$1000 Ded	<u>Plan #2</u> HDP \$3000 Ded		<u>Complete Net Dental</u>			
				Annual Rate	Monthly Rate	Rate Per Pay	
Single Plan (Monthly Premium)	\$ 615.05	\$ 513.45					
Single Plan (Annual Premium)	\$ 7,380.60	\$ 6,161.40	Employee	\$ 291.84	\$ 24.32	\$ 12.16	
Board Contribution	\$ 4,700.00	\$ 4,700.00	Employee + Spouse	\$ 583.68	\$ 48.64	\$ 24.32	
Employee Share (Annually)	\$ 2,680.60	\$ 1,461.40	Employee + Children	\$ 813.72	\$ 67.81	\$ 33.91	
Single Plan (Per Pay Period)	\$ 111.69	\$ 60.89	Family	\$ 1,119.48	\$ 93.29	\$ 46.65	

ANTHEM Vision Group # IN2370			eff 1/1/21			
	<u>Plan #1</u> PPO \$2000 Ded	<u>Plan #2</u> HDP \$6000 Ded		Annual Rate	Monthly Rate	Rate Per Pay
Family Plan (Monthly Premium)	\$ 1,660.65	\$ 1,386.32	Employee	\$ 62.16	\$ 5.18	\$ 2.59
Family Plan (Annual Premium)	\$ 19,927.80	\$ 16,635.84	Employee + One	\$ 124.20	\$ 10.35	\$ 5.18
Board Contribution	\$ 6,550.00	\$ 6,550.00	Family	\$ 185.76	\$ 15.48	\$ 7.74
Employee Share (Annually)	\$ 13,377.80	\$ 10,085.84				
Family Plan (Per Pay Period)	\$ 557.41	\$ 420.24				

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	

	<u>Plan #1</u> PPO \$2000 Ded	<u>Plan #2</u> HDP \$6000 Ded
Family Plan with 2 CCSC EE		
Family Plan (Monthly Premium)	\$ 1,660.65	\$ 1,386.32
Family Plan (Annual Premium)	\$ 19,927.80	\$ 16,635.84
Board Contribution	\$ 9,400.00	\$ 9,400.00
Employee Share (Annually)	\$ 10,527.80	\$ 7,235.84
Family Plan (Per Pay Period)	\$ 438.66	\$ 301.49

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

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