2023 Health Insurance Rates

HUMAN Group #	
H	1DP \$3000 Ded
Single Plan (Monthly Premium) Single Plan (Annual Premium) Board Contribution Employee Share (Annually) Single Plan (Per Pay Period)	 647.10 7,765.20 5,700.00 2,065.20 86.05
H	HDP \$6000 Ded
Family Plan (Monthly Premium) Family Plan (Annual Premium) Board Contribution Employee Share (Annually) Family Plan (Per Pay Period)	\$ 1,747.16 \$ 20,965.92 \$ 9,550.00 \$ 11,415.92 \$ 475.66
Family Plan with 2 CCSC EE	IDP \$6000 Ded
Family Plan (Monthly Premium) Family Plan (Annual Premium) Board Contribution Employee Share (Annually) Family Plan (Per Pay Period)	\$ 1,747.16 \$ 20,965.92 \$ 11,400.00 \$ 9,565.92 \$ 398.58

USI One Advantage - Jim Franklin 812-882-9100 USI One Advantage -Casie Risley 812-882-9100

2023 Dental Insurance Rates

DELTA Dental &VSP	Vis	sion			Eff	1/1/23
Group #					(Revis	ed 2/16/23)
	Dental and Vision Combined					
					_	. .
		Annual	IV	lonthly	F	Rate
		Rate		Rate	Р	er Pay
Employee	\$	337.92	\$	28.16	\$	14.08
Employee + Spouse	\$	666.60	\$	55.55	\$	27.78
Employee + Children	\$	937.68	\$	78.14	\$	39.07
Family	\$	1,293.84	\$	107.82	\$	53.91

Certified Staff \$70,000
Classified Staff \$50.000