

2024 Health Insurance Rates

ANTHEM		Eff 1/1/24
Group #		
HDP \$3200 Ded		
Single Plan (Monthly Premium)	\$	841.83
Single Plan (Annual Premium)	\$	10,101.96
Board Contribution	\$	7,500.00
Employee Share (Annually)	\$	2,601.96
Single Plan (Per Pay Period)	\$	108.42
HDP \$6400 Ded		
Employee + Spouse Plan (Monthly Premium)	\$	1,767.85
Employee + Spouse Plan (Annual Premium)	\$	21,214.20
Board Contribution	\$	10,000.00
Employee Share (Annually)	\$	11,214.20
Employee + Spouse Plan (Per Pay Period)	\$	467.26
HDP \$6400 Ded		
Employee + Child(ren) Plan (Monthly Premium)	\$	1,515.30
Employee + Child(ren) Plan (Annual Premium)	\$	18,183.60
Board Contribution	\$	10,000.00
Employee Share (Annually)	\$	8,183.60
Employee + Child(ren) Plan (Per Pay Period)	\$	340.98
HDP \$6400 Ded		
Family Plan (Monthly Premium)	\$	2,441.31
Family Plan (Annual Premium)	\$	29,295.72
Board Contribution	\$	16,350.00
Employee Share (Annually)	\$	12,945.72
Family Plan (Per Pay Period)	\$	539.41

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

2024 Dental Insurance Rates

ANTHEM Dental		Eff 1/1/24		
Group #				
	Annual Rate	Monthly Rate	Rate Per Pay	
Employee	\$ 319.44	\$ 26.62	\$ 13.31	
Employee + Spouse	\$ 628.08	\$ 52.34	\$ 26.17	
Employee + Children	\$ 935.28	\$ 77.94	\$ 38.97	
Family	\$ 1,254.60	\$ 104.55	\$ 52.28	

2024 Vision Insurance Rates

ANTHEM Vision		Eff 1/1/24		
Group #				
	Annual Rate	Monthly Rate	Rate Per Pay	
Employee	\$ 76.56	\$ 6.38	\$ 3.19	
Employee + Spouse	\$ 153.00	\$ 12.75	\$ 6.38	
Employee + Children	\$ 163.92	\$ 13.66	\$ 6.83	
Family	\$ 261.84	\$ 21.82	\$ 10.91	

One America LIFE - ADD - LTD	
Group # 612916	
Effective 12/1/13	
Administrators	\$ 100,000.00
Certified Staff	\$ 70,000.00
Classified Staff	\$ 50,000.00
LIFE - \$0.105 per \$1000	
ADD - \$0.020 per \$1000	
LTD - \$0.025 per hundred of salary	