2025 Health Insurance Rates

ANTHEM		Eff 1/1/25
Group # L10120		

HDP $3300 Ded

Single Plan (Monthly Premium)	$	799.44
Single Plan (Annual Premium)	$	9,593.28
Board Contribution	$	7,500.00
Employee Share (Annually)	$	2,093.28
Single Plan (Per Pay Period)	**$**	**87.22**

HDP $6400 Ded

Employee + Spouse Plan (Monthly Premium)	$	1,748.41
Employee + Spouse Plan (Annual Premium)	$	20,980.92
Board Contribution	$	10,000.00
Employee Share (Annually)	$	10,980.92
Employee + Spouse Plan (Per Pay Period)	**$**	**457.54**

HDP $6400 Ded

Employee + Child(ren) Plan (Monthly Premium	$	1,547.57
Employee + Child(ren) Plan (Annual Premium)	$	18,570.84
Board Contribution	$	10,000.00
Employee Share (Annually)	$	8,570.84
Employee + Child(ren) Plan (Per Pay Period)	**$**	**357.12**

HDP $6400 Ded

Family Plan (Monthly Premium)	$	2,419.85
Family Plan (Annual Premium)	$	29,038.20
Board Contribution	$	16,350.00
Employee Share (Annually)	$	12,688.20
Family Plan (Per Pay Period)	**$**	**528.68**

USI One Advantage - Jim Franklin (812) 882-9100
USI One Advantage - Fran Patterson (513) 852-6418

2025 Dental Insurance Rates

ANTHEM Dental						Eff 1/1/25
Group # L10126D						
		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

2025 Vision Insurance Rates

ANTHEM Vision						Eff 1/1/25
Group # L10126V						
		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