

2026 Health Insurance Rates

ANTHEM		Eff 1/1/26
Group # L10120		
HDP \$3400 Ded		
Single Plan (Monthly Premium)	\$	847.54
Single Plan (Annual Premium)	\$	10,170.48
Board Contribution	\$	7,800.00
Employee Share (Annually)	\$	2,370.48
Single Plan (Per Pay Period)	\$	98.77
HDP \$6600 Ded		
Employee + Spouse Plan (Monthly Premium)	\$	1,853.61
Employee + Spouse Plan (Annual Premium)	\$	22,243.32
Board Contribution	\$	10,650.00
Employee Share (Annually)	\$	11,593.32
Employee + Spouse Plan (Per Pay Period)	\$	483.06
HDP \$6600 Ded		
Employee + Child(ren) Plan (Monthly Premium)	\$	1,640.68
Employee + Child(ren) Plan (Annual Premium)	\$	19,688.16
Board Contribution	\$	10,650.00
Employee Share (Annually)	\$	9,038.16
Employee + Child(ren) Plan (Per Pay Period)	\$	376.59
HDP \$6600 Ded		
Family Plan (Monthly Premium)	\$	2,565.45
Family Plan (Annual Premium)	\$	30,785.40
Board Contribution	\$	17,250.00
Employee Share (Annually)	\$	13,535.40
Family Plan (Per Pay Period)	\$	563.98

USI One Advantage - Jim Franklin (812) 882-9100
 USI One Advantage - Lindsey Sauter (574) 266-3521

2026 Dental Insurance Rates

ANTHEM Dental		Eff 1/1/26		
Group # L10126D				
	Annual Rate	Monthly Rate	Rate Per Pay	
Employee	\$ 376.92	\$ 31.41	\$ 15.71	
Employee + Spouse	\$ 741.12	\$ 61.76	\$ 30.88	
Employee + Children	\$ 1,103.64	\$ 91.97	\$ 45.99	
Family	\$ 1,480.44	\$ 123.37	\$ 61.69	

2026 Vision Insurance Rates

ANTHEM Vision		Eff 1/1/26		
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 - \$0.125 per \$1000	
ADD - \$0.020 per \$1000	
LTD - \$0.025 per hundred of salary	