



METROPOLITAN SCHOOL DISTRICT OF PIKE TOWNSHIP

Administrative Service Center

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www.pike.k12.in.us

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**NONBARGAINING MEDICAL/DENTAL/VISION RATES
10-01-2022 through 09-30-2023**

MEDICAL

	PLAN 1	PLAN 2
	24 Deductions	24 Deductions
	Cost per Pay Period	Cost per Pay Period
Single	\$44.59	\$0.03
Employee Plus One	\$231.23	\$175.30
Family	\$278.29	\$215.09
Two-Employee Family	\$111.31	\$86.05
	18 Deductions	18 Deductions
	Cost per Pay Period	Cost per Pay Period
Single	\$59.46	\$0.04
Employee Plus One	\$308.31	\$233.73
Family	\$371.06	\$286.79
Two-Employee Family	\$148.43	\$114.72

DENTAL INSURANCE DEDUCTIONS ARE AS FOLLOWS:

<u>PLAN 1</u>	<u>24 DEDUCTS</u>	<u>18 DEDUCTS</u>
SINGLE	\$1.71	\$2.28
EMP + 1	\$8.94	\$11.93
FAMILY	\$13.38	\$17.57
2 EMP FAM	\$5.11	\$6.82
<u>PLAN 2</u>		
SINGLE	\$0.01	\$0.01
EMP + 1	\$8.94	\$11.93
FAMILY	\$13.38	\$17.84
2 EMP FAM	\$5.22	\$7.13

VISION INSURANCE DEDUCTIONS ARE AS FOLLOWS:

	<u>24 DEDUCTS</u>	<u>18 DEDUCTS</u>
SINGLE	\$0.01	\$0.01
EMP + 1	\$3.80	\$5.06
FAMILY	\$8.06	\$10.75
2 EMP FAM	\$3.84	\$5.12