

METROPOLITAN SCHOOL DISTRICT OF PIKE TOWNSHIP

Administrative Service Center

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NONBARGAINING MEDICAL/DENTAL/VISION RATES 10-01-2025 through 09-30-2026

MEDICAL

	PLAN 1	PLAN 2
	24 Deductions Cost	24 Deductions Cost
	per Pay Period	per Pay Period
Single	\$48.47	\$.03
Employee Plus One	\$251.30	\$190.52
Family	\$302.45	\$233.76
Two-Employee Family	\$127.96	
	18 Deductions Cost	18 Deductions Cost
	per Pay Period	per Pay Period
Single	\$64.62	\$.04
Employee Plus One	\$335.07	\$254.02
Family	\$403.27	\$311.68
Two-Employee Family	\$170.61	

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	\$11.92
FAMILY	\$13.38	\$17.84
2 EMP FAM	\$5.43	\$7.24

<u>PLAN 2</u>	<u>24 DEDUCTS</u>	<u>18 DEDUCTS</u>
SINGLE	\$.01	\$.01
EMP + 1	\$8.94	\$11.92
FAMILY	\$13.38	\$17.84
2 EMP FAM	\$5.43	\$7.24

VISION INSURANCE DEDUCTIONS ARE AS FOLLOWS:

	<u>24 DEDUCTS</u>	<u>18 DEDUCTS</u>
SINGLE	\$.01	\$.01
EMP + 1	\$3.80	\$5.06
FAMILY	\$8.06	\$10.75
2 EMP FAM	\$3.84	\$5.32