

IC Full-Time Employee Premiums

2018 Plan Year Benefit Rates

January 1, 2018 - December 31, 2018

Bi-weekly payroll deduction rates

Medical - Traditional	Gold	Silver	Bronze
Employee Only	\$0.00	\$11.21	\$55.05
Employee + Spouse	\$80.30	\$97.75	\$205.59
Employee + Child(ren)	\$53.90	\$67.11	\$116.39
Employee + Family	\$112.20	\$134.78	\$237.49

Medical - Liberty	Gold	Silver	Bronze
Employee Only	\$0.00	\$10.46	\$41.26
Employee + Spouse	\$62.05	\$80.00	\$157.42
Employee + Child(ren)	\$41.65	\$55.38	\$99.02
Employee + Family	\$86.70	\$109.75	\$191.90

Dental	Standard	Enhanced	Premier
Employee Only	\$0.00	\$0.00	\$2.30
Employee + Spouse	\$6.35	\$7.36	\$12.22
Employee + Child(ren)	\$6.46	\$8.41	\$13.81
Employee + Family	\$13.12	\$16.81	\$25.61

Vision	Standard	Premier
Employee Only	\$0.00	\$1.27
Employee + Spouse	\$3.60	\$6.07
Employee + Child(ren)	\$4.16	\$10.86
Employee + Family	\$4.65	\$11.77