

Galion City School District  
Wyandot Crawford County Health Benefit Fund  
**HEALTH INSURANCE & Rx - RATES**  
\$200,000 Specific Deductible Amount  
Monthly Premiums Effective January 1

Amount of Increase		4.8%	8.0%	11.0%	5.45%	3.0%	6.5%
		January 1 2017	January 1 2018	January 1 2019	January 1 2020	January 1 2021	January 1 2022
<b>Common Plan A</b>							
Single		\$ 566.50	\$ 611.82	\$ 679.12	\$ 716.13	\$ 737.61	\$ 785.56
2 Party ( Employee + 1)		\$ 1,291.63	\$ 1,394.96	\$ 1,548.40	\$ 1,632.79	\$ 1,681.77	\$ 1,791.09
Family		\$ 1,804.88	\$ 1,949.27	\$ 2,163.69	\$ 2,281.61	\$ 2,350.05	\$ 2,502.81
<b>Common Plan B</b>							
Single		\$ 502.25	\$ 542.43	\$ 602.10	\$ 634.91	\$ 653.96	\$ 696.47
2 Party ( Employee + 1)		\$ 1,145.14	\$ 1,236.75	\$ 1,372.80	\$ 1,447.61	\$ 1,491.04	\$ 1,587.96
Family		\$ 1,600.18	\$ 1,728.20	\$ 1,918.30	\$ 2,022.85	\$ 2,083.53	\$ 2,218.96
<b>Common Plan C</b>							
Single		\$ 472.64	\$ 510.45	\$ 566.59	\$ 597.47	\$ 615.40	\$ 655.40
2 Party ( Employee + 1)		\$ 1,077.62	\$ 1,163.83	\$ 1,291.85	\$ 1,362.26	\$ 1,403.12	\$ 1,494.33
Family		\$ 1,505.83	\$ 1,626.29	\$ 1,805.19	\$ 1,903.57	\$ 1,960.68	\$ 2,088.12

Galion City School District  
**DENTAL AND VISION RATES**  
Monthly Premiums Effective January 1

Amount of Increase		0.0%	0.0%	7.0%	5.45%	0.0%	0.0%
		January 1 2017	January 1 2018	January 1 2019	January 1 2020	January 1 2021	January 1 2022
<b>DENTAL</b>							
Single		\$ 39.53	\$ 39.53	\$ 43.88	\$ 46.96	\$ 46.96	\$ 46.96
Family		\$ 86.06	\$ 86.06	\$ 95.53	\$ 102.22	\$ 102.22	\$ 102.22
<b>VISION Plan B (12/12/24)</b>							
Single		\$ 9.18	\$ 9.18	\$ 9.18	\$ 9.18	\$ 9.18	\$ 9.18
2 Party ( Employee + 1)		\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41	\$ 18.41
Family		\$ 29.62	\$ 29.62	\$ 29.62	\$ 29.62	\$ 29.62	\$ 29.62
<b>VISION Plan B 12 Month Check Up / 12 Month Lens / 24 Month Frames</b>							