

## State of Indiana 2018 Rates

Plan	Coverage	Bi-Weekly Employee Rate	Bi-Weekly Employer Rate	Bi-Weekly Total Rate	Early Retirees (Monthly)	COBRA (Monthly)	Annual Employee Rate	Annual Employer Rate	Annual Employer HSA Contribution	Total Annual Employer Contribution	Total Annual Rate
Wellness	Single	\$52.76	\$205.32	\$258.08	\$559.17	\$570.36	\$1,371.76	\$5,338.32	\$1,251.12	\$6,589.44	\$6,710.08
	Family	\$91.46	\$621.90	\$713.36	\$1,545.61	\$1,576.53	\$2,377.96	\$16,169.40	\$2,502.24	\$18,671.64	\$18,547.36
Wellness W/ Non-Tobacco Use	Single	\$17.76	\$205.32	\$223.08	\$483.34	\$493.01	\$461.76	\$5,338.32	\$1,251.12	\$6,589.44	\$5,800.08
	Family	\$56.46	\$621.90	\$678.36	\$1,469.78	\$1,499.18	\$1,467.96	\$16,169.40	\$2,502.24	\$18,671.64	\$17,637.36
CDHP 1	Single	\$66.56	\$214.92	\$281.48	\$609.87	\$622.07	\$1,730.56	\$5,587.92	\$1,001.52	\$6,589.44	\$7,318.48
	Family	\$131.78	\$641.10	\$772.88	\$1,674.57	\$1,708.06	\$3,426.28	\$16,668.60	\$2,003.04	\$18,671.64	\$20,094.88
CDHP 1 W/ Non-Tobacco Use	Single	\$31.56	\$214.92	\$246.48	\$534.04	\$544.72	\$820.56	\$5,587.92	\$1,001.52	\$6,589.44	\$6,408.48
	Family	\$96.78	\$641.10	\$737.88	\$1,598.74	\$1,630.71	\$2,516.28	\$16,668.60	\$2,003.04	\$18,671.64	\$19,184.88
CDHP2	Single	\$155.30	\$230.40	\$385.70	\$835.68	\$852.40	\$4,037.80	\$5,990.40	\$599.04	\$6,589.44	\$10,028.20
	Family	\$381.80	\$672.06	\$1,053.86	\$2,283.36	\$2,329.03	\$9,926.80	\$17,473.56	\$1,198.08	\$18,671.64	\$27,400.36
CDHP 2 W/ Non-Tobacco Use	Single	\$120.30	\$230.40	\$350.70	\$759.85	\$775.05	\$3,127.80	\$5,990.40	\$599.04	\$6,589.44	\$9,118.20
	Family	\$346.80	\$672.06	\$1,018.86	\$2,207.53	\$2,251.68	\$9,016.80	\$17,473.56	\$1,198.08	\$18,671.64	\$26,490.36
Traditional PPO	Single	\$382.16	\$253.44	\$635.60	\$1,377.13	\$1,404.68	\$9,936.16	\$6,589.44	\$0.00	\$6,589.44	\$16,525.60
	Family	\$1,020.68	\$718.14	\$1,738.82	\$3,767.44	\$3,842.79	\$26,537.68	\$18,671.64	\$0.00	\$18,671.64	\$45,209.32
Traditional PPO W/ Non-Tobacco Use	Single	\$347.16	\$253.44	\$600.60	\$1,301.30	\$1,327.33	\$9,026.16	\$6,589.44	\$0.00	\$6,589.44	\$15,615.60
	Family	\$985.68	\$718.14	\$1,703.82	\$3,691.61	\$3,765.44	\$25,627.68	\$18,671.64	\$0.00	\$18,671.64	\$44,299.32
Dental	Single	\$1.32	\$10.38	\$11.70	\$25.35	\$25.86	\$34.32	\$269.88	\$0.00	\$269.88	\$304.20
	Family	\$3.42	\$27.30	\$30.72	\$66.56	\$67.89	\$88.92	\$709.80	\$0.00	\$709.80	\$798.72
Vision	Single	\$0.17	\$1.47	\$1.64	\$3.55	\$3.62	\$4.42	\$38.22	\$0.00	\$38.22	\$42.64
	Family	\$2.52	\$1.64	\$4.16	\$9.01	\$9.19	\$65.52	\$42.64	\$0.00	\$42.64	\$108.16

Flexible Spending Accounts										
Medical, Limited Purpose Medical (HSA Holders) and/or Dependent Care Admin Fee	\$0.00	\$1.62	\$1.62	\$3.51	\$3.51	\$0.00	\$42.12	\$0.00	\$42.12	\$42.12

HSA Accounts	Coverage	Initial Contribution *	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
Wellness	Single	\$625.56	\$24.06	\$52.13	\$1,251.12
	Family	\$1,251.12	\$48.12	\$104.26	\$2,502.24
HSA 1	Single	\$500.76	\$19.26	\$41.73	\$1,001.52
	Family	\$1,001.52	\$38.52	\$83.46	\$2,003.04
HSA 2	Single	\$299.52	\$11.52	\$24.96	\$599.04
	Family	\$599.04	\$23.04	\$49.92	\$1,198.08

\*Initial contribution as listed above apply to employees with a CDHP effective between 1/1/18 thru 6/1/18 and with an open HSA. CDHPs effective after 6/1/18 but before 12/1/18 and with an open HSA, will receive 1/2 of the initial contribution.

**Employees participating in the CDHP plans are reminded that they must open an HSA account in order to receive the State's HSA contribution.**