

## State of Indiana 2011 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	Annual Total Rate
CDHP 1	Single	\$13.62	\$139.20	\$152.82	\$331.11	\$337.73	\$354.12	\$3,619.20	\$1,251.12	\$4,870.32	\$5,224.44
	Family	\$20.16	\$438.12	\$458.28	\$992.94	\$1,012.80	\$524.16	\$11,391.12	\$2,502.24	\$13,893.36	\$14,417.52
CDHP 1 W/ Non-Tobacco Use Incentive	Single	\$3.62	\$139.20	\$142.82	\$309.44	\$315.63	\$94.12	\$3,619.20	\$1,251.12	\$4,870.32	\$4,964.44
	Family	\$10.16	\$438.12	\$448.28	\$971.27	\$990.70	\$264.16	\$11,391.12	\$2,502.24	\$13,893.36	\$14,157.52
CDHP 2	Single	\$37.08	\$158.40	\$195.48	\$423.54	\$432.01	\$964.08	\$4,118.40	\$751.92	\$4,870.32	\$5,834.40
	Family	\$71.64	\$476.64	\$548.28	\$1,187.94	\$1,211.70	\$1,862.64	\$12,392.64	\$1,500.72	\$13,893.36	\$15,756.00
CDHP 2 W/ Non-Tobacco Use Incentive	Single	\$27.08	\$158.40	\$185.48	\$401.87	\$409.91	\$704.08	\$4,118.40	\$751.92	\$4,870.32	\$5,574.40
	Family	\$61.64	\$476.64	\$538.28	\$1,166.27	\$1,189.60	\$1,602.64	\$12,392.64	\$1,500.72	\$13,893.36	\$15,496.00
Traditional PPO	Single	\$113.76	\$187.32	\$301.08	\$652.34	\$665.39	\$2,957.76	\$4,870.32	\$0.00	\$4,870.32	\$7,828.08
	Family	\$299.04	\$534.36	\$833.40	\$1,805.70	\$1,841.81	\$7,775.04	\$13,893.36	\$0.00	\$13,893.36	\$21,668.40
Traditional PPO W/ Non-Tobacco Use Incentive	Single	\$103.76	\$187.32	\$291.08	\$630.67	\$643.29	\$2,697.76	\$4,870.32	\$0.00	\$4,870.32	\$7,568.08
	Family	\$289.04	\$534.36	\$823.40	\$1,784.03	\$1,819.71	\$7,515.04	\$13,893.36	\$0.00	\$13,893.36	\$21,408.40
Dental	Single	\$1.02	\$9.16	\$10.18	\$22.05	\$22.49	\$26.52	\$238.16	\$0.00	\$238.16	\$264.68
	Family	\$2.68	\$24.12	\$26.80	\$58.06	\$59.22	\$69.68	\$627.12	\$0.00	\$627.12	\$696.80
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		\$2.00	\$0.00	\$2.00	\$4.33	\$4.33	\$52.00	\$0.00	\$0.00	\$0.00	\$52.00

HSA Accounts	Coverage	Initial Contribution*	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
HSA 1	Single	\$625.56	\$24.06	\$52.13	\$1,251.12
	Family	\$1,251.12	\$48.12	\$104.26	\$2,502.24
HSA 2	Single	\$375.96	\$14.46	\$31.33	\$751.92
	Family	\$750.36	\$28.86	\$62.53	\$1,500.72

\* Initial contribution as listed above apply to employees with an CDHP plan effective between 1/1/11 thru 6/1/11 and with an open HSA account. CDHP plans effective after 6/1/11 but before 12/1/11 and with an open HSA account 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.**

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