

State of Indiana 2017 Rates
Charles A. Beard Memorial School Corporation

Plan	Coverage	Per Pay Rate (24 Pays)	Per Pay Rate (20 Pays)	Minimum Monthly Employee Rate	Maximum Monthly Employer Rate	Total Monthly Rate	Minimum Annual Employee Rate	Maximum Annual Employer Rate	Annual Total Rate
CDHP 1	Single	\$69.45	\$83.33	\$138.88	\$444.34	\$583.22	\$1,666.60	\$5,332.08	\$6,998.68
	Family	\$134.51	\$161.41	\$269.01	\$1,322.88	\$1,591.89	\$3,228.16	\$15,874.56	\$19,102.72
CDHP 1	Single	\$31.53	\$37.83	\$63.05	\$444.34	\$507.39	\$756.60	\$5,332.08	\$6,088.68
	Family	\$96.59	\$115.91	\$193.18	\$1,322.88	\$1,516.06	\$2,318.16	\$15,874.56	\$18,192.72
CDHP 2	Single	\$161.03	\$193.24	\$322.05	\$477.88	\$799.93	\$3,864.64	\$5,734.56	\$9,599.20
	Family	\$394.84	\$473.80	\$789.66	\$1,389.96	\$2,179.62	\$9,475.96	\$16,679.52	\$26,155.48
CDHP 2	Single	\$123.11	\$147.74	\$246.22	\$477.88	\$724.10	\$2,954.64	\$5,734.56	\$8,689.20
	Family	\$356.92	\$428.30	\$713.83	\$1,389.96	\$2,103.79	\$8,565.96	\$16,679.52	\$25,245.48
Traditional PPO	Single	\$391.46	\$469.75	\$782.90	\$527.80	\$1,310.70	\$9,394.84	\$6,333.60	\$15,728.44
	Family	\$1,044.64	\$1,253.57	\$2,089.27	\$1,489.80	\$3,579.07	\$25,071.28	\$17,877.60	\$42,948.88
Traditional PPO	Single	\$353.54	\$424.25	\$707.07	\$527.80	\$1,234.87	\$8,484.84	\$6,333.60	\$14,818.44
	Family	\$1,006.72	\$1,208.07	\$2,013.44	\$1,489.80	\$3,503.24	\$24,161.28	\$17,877.60	\$42,038.88
Wellness*	Single	\$54.50	\$65.39	\$108.98	\$423.54	\$532.52	\$1,307.80	\$5,082.48	\$6,390.28
	Family	\$90.83	\$109.00	\$181.65	\$1,281.28	\$1,462.93	\$2,179.84	\$15,375.36	\$17,555.20
Wellness *	Single	\$16.58	\$19.89	\$33.15	\$423.54	\$456.69	\$397.80	\$5,082.48	\$5,480.28
	Family	\$52.91	\$63.50	\$105.82	\$1,281.28	\$1,387.10	\$1,269.84	\$15,375.36	\$16,645.20

* Criteria for The Wellness Plan Must Have Been Met By August 1 to Qualify for Enrollment