

State of Indiana 2020 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
CDHP 1	Single	\$68.84	\$216.48	\$285.32	\$618.19	\$630.56	\$1,789.84	\$5,628.48	\$1,124.76	\$6,753.24	\$7,418.32
	Family	\$138.80	\$651.30	\$790.10	\$1,711.88	\$1,746.12	\$3,608.80	\$16,933.80	\$2,249.52	\$19,183.32	\$20,542.60
CDHP 1 W/ Non-Tobacco Use	Single	\$33.84	\$216.48	\$250.32	\$542.36	\$553.21	\$879.84	\$5,628.48	\$1,124.76	\$6,753.24	\$6,508.32
	Family	\$103.80	\$651.30	\$755.10	\$1,636.05	\$1,668.77	\$2,698.80	\$16,933.80	\$2,249.52	\$19,183.32	\$19,632.60
CDHP 2	Single	\$81.90	\$229.44	\$311.34	\$674.57	\$688.06	\$2,129.40	\$5,965.44	\$787.80	\$6,753.24	\$8,094.84
	Family	\$186.54	\$677.22	\$863.76	\$1,871.48	\$1,908.91	\$4,850.04	\$17,607.72	\$1,575.60	\$19,183.32	\$22,457.76
CDHP 2 W/ Non-Tobacco Use	Single	\$46.90	\$229.44	\$276.34	\$598.74	\$610.71	\$1,219.40	\$5,965.44	\$787.80	\$6,753.24	\$7,184.84
	Family	\$151.54	\$677.22	\$828.76	\$1,795.65	\$1,831.56	\$3,940.04	\$17,607.72	\$1,575.60	\$19,183.32	\$21,547.76
Traditional	Single	\$134.40	\$259.74	\$394.14	\$853.97	\$871.05	\$3,494.40	\$6,753.24	\$0.00	\$6,753.24	\$10,247.64
	Family	\$374.64	\$737.82	\$1,112.46	\$2,410.33	\$2,458.54	\$9,740.64	\$19,183.32	\$0.00	\$19,183.32	\$28,923.96
Traditional W/ Non-Tobacco Use	Single	\$99.40	\$259.74	\$359.14	\$778.14	\$793.70	\$2,584.40	\$6,753.24	\$0.00	\$6,753.24	\$9,337.64
	Family	\$339.64	\$737.82	\$1,077.46	\$2,334.50	\$2,381.19	\$8,830.64	\$19,183.32	\$0.00	\$19,183.32	\$28,013.96
Wellness Incentive Rates											
CDHP 1	Single	\$54.44	\$216.48	\$270.92	\$586.99	\$598.73	\$1,415.44	\$5,628.48	\$1,124.76	\$6,753.24	\$7,043.92
	Family	\$95.60	\$651.30	\$746.90	\$1,618.28	\$1,650.65	\$2,485.60	\$16,933.80	\$2,249.52	\$19,183.32	\$19,419.40
CDHP 1 W/ Non-Tobacco Use	Single	\$19.44	\$216.48	\$235.92	\$511.16	\$521.38	\$505.44	\$5,628.48	\$1,124.76	\$6,753.24	\$6,133.92
	Family	\$60.60	\$651.30	\$711.90	\$1,542.45	\$1,573.30	\$1,575.60	\$16,933.80	\$2,249.52	\$19,183.32	\$18,509.40
CDHP 2	Single	\$67.50	\$229.44	\$296.94	\$643.37	\$656.24	\$1,755.00	\$5,965.44	\$787.80	\$6,753.24	\$7,720.44
	Family	\$143.34	\$677.22	\$820.56	\$1,777.88	\$1,813.44	\$3,726.84	\$17,607.72	\$1,575.60	\$19,183.32	\$21,334.56
CDHP 2 W/ Non-Tobacco Use	Single	\$32.50	\$229.44	\$261.94	\$567.54	\$578.89	\$845.00	\$5,965.44	\$787.80	\$6,753.24	\$6,810.44
	Family	\$108.34	\$677.22	\$785.56	\$1,702.05	\$1,736.09	\$2,816.84	\$17,607.72	\$1,575.60	\$19,183.32	\$20,424.56
Traditional	Single	\$120.00	\$259.74	\$379.74	\$822.77	\$839.23	\$3,120.00	\$6,753.24	\$0.00	\$6,753.24	\$9,873.24
	Family	\$331.44	\$737.82	\$1,069.26	\$2,316.73	\$2,363.06	\$8,617.44	\$19,183.32	\$0.00	\$19,183.32	\$27,800.76
Traditional W/ Non-Tobacco Use	Single	\$85.00	\$259.74	\$344.74	\$746.94	\$761.88	\$2,210.00	\$6,753.24	\$0.00	\$6,753.24	\$8,963.24
	Family	\$296.44	\$737.82	\$1,034.26	\$2,240.90	\$2,285.71	\$7,707.44	\$19,183.32	\$0.00	\$19,183.32	\$26,890.76
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	\$0.42	\$1.74	\$2.16	\$4.68	\$4.77	\$10.92	\$45.24	\$0.00	\$45.24	\$56.16
	Family	\$3.06	\$2.22	\$5.28	\$11.44	\$11.67	\$79.56	\$57.72	\$0.00	\$57.72	\$137.28
Commuter Benefit Reimbursement Account Administrative Fee		\$0.00	\$1.38	\$1.38	\$2.99	\$3.05	\$0.00	\$35.88	\$0.00	\$35.88	\$35.88
Medical, Limited Purpose Medical (HSA Holders) and/or Dependent Care FSA Admin Fee		\$0.00	\$1.38	\$1.38	\$2.99	\$3.05	\$0.00	\$35.88	\$0.00	\$35.88	\$35.88

HSA Accounts	Coverage	Initial Contribution *	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
HSA 1	Single	\$562.38	\$21.63	\$46.87	\$1,124.76
	Family	\$1,124.76	\$43.26	\$93.73	\$2,249.52
HSA 2	Single	\$393.90	\$15.15	\$32.83	\$787.80
	Family	\$787.80	\$30.30	\$65.65	\$1,575.60

*Initial contribution as listed above apply to employees with a CDHP effective between 1/1/20 thru 6/1/20 and with an open HSA. CDHPs effective after 6/1/20 but before 12/1/20 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.