

State of Indiana 2025 Rates

Plan	Coverage	Bi-Weekly Employee Rate	Bi-Weekly Employer Rate	Bi-Weekly Total Rate	Early Retiree (Monthly)	COBRA (Monthly)	Annual Employee Rate	Annual Employer Rate	Annual Employer HSA Contribution	Total Annual Employer Contribution	Total Annual Rate
CDHP 1	Single	\$68.06	\$295.86	\$363.92	\$788.49	\$804.26	\$1,769.56	\$7,692.36	\$1,124.76	\$8,817.12	\$9,461.92
	Family	\$135.32	\$879.60	\$1,014.92	\$2,198.99	\$2,242.97	\$3,518.32	\$22,869.60	\$2,249.52	\$25,119.12	\$26,387.92
CDHP 1 W/ Non-Tobacco Use	Single	\$33.06	\$295.86	\$328.92	\$712.66	\$726.91	\$859.56	\$7,692.36	\$1,124.76	\$8,817.12	\$8,551.92
	Family	\$100.32	\$879.60	\$979.92	\$2,123.16	\$2,165.62	\$2,608.32	\$22,869.60	\$2,249.52	\$25,119.12	\$25,477.92
CDHP 2	Single	\$82.58	\$308.82	\$391.40	\$848.03	\$864.99	\$2,147.08	\$8,029.32	\$787.80	\$8,817.12	\$10,176.40
	Family	\$188.66	\$905.52	\$1,094.18	\$2,370.72	\$2,418.14	\$4,905.16	\$23,543.52	\$1,575.60	\$25,119.12	\$28,448.68
CDHP 2 W/ Non-Tobacco Use	Single	\$47.58	\$308.82	\$356.40	\$772.20	\$787.64	\$1,237.08	\$8,029.32	\$787.80	\$8,817.12	\$9,266.40
	Family	\$153.66	\$905.52	\$1,059.18	\$2,294.89	\$2,340.79	\$3,995.16	\$23,543.52	\$1,575.60	\$25,119.12	\$27,538.68
Traditional	Single	\$141.02	\$339.12	\$480.14	\$1,040.30	\$1,061.11	\$3,666.52	\$8,817.12	\$0.00	\$8,817.12	\$12,483.64
	Family	\$399.08	\$966.12	\$1,365.20	\$2,957.93	\$3,017.09	\$10,376.08	\$25,119.12	\$0.00	\$25,119.12	\$35,495.20
Traditional W/ Non-Tobacco Use	Single	\$106.02	\$339.12	\$445.14	\$964.47	\$983.76	\$2,756.52	\$8,817.12	\$0.00	\$8,817.12	\$11,573.64
	Family	\$364.08	\$966.12	\$1,330.20	\$2,882.10	\$2,939.74	\$9,466.08	\$25,119.12	\$0.00	\$25,119.12	\$34,585.20
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	\$0.48	\$1.86	\$2.34	\$5.07	\$5.17	\$12.48	\$48.36	\$0.00	\$48.36	\$60.84
	Family	\$3.36	\$2.40	\$5.76	\$12.48	\$12.73	\$87.36	\$62.40	\$0.00	\$62.40	\$149.76
Medical, Limited Purpose Medical (HSA Holders) and/or Dependent Care Admin Fee		\$0.00	\$1.38	\$1.38	\$2.99	\$3.05	\$0.00	\$35.88	\$0.00	\$35.88	\$35.88
Employee Assistance Program (EAP)		\$0.00	\$0.72	\$0.72	\$1.56	not applicable	\$0.00	\$18.72	not applicable	\$18.72	\$18.72

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 1/1/25 thru 6/1/25 and with an open HSA. CDHPs effective after 6/1/25 but before 12/1/25 and with an open HSA, will receive 1/2 of the initial contribution.