

State of Indiana 2024 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	\$65.66	\$274.02	\$339.68	\$735.97	\$750.69	\$1,707.16	\$7,124.52	\$1,124.76	\$8,249.28	\$8,831.68
	Family	\$127.94	\$814.74	\$942.68	\$2,042.47	\$2,083.32	\$3,326.44	\$21,183.24	\$2,249.52	\$23,432.76	\$24,509.68
CDHP 1 W/ Non-Tobacco Use	Single	\$30.66	\$274.02	\$304.68	\$660.14	\$673.34	\$797.16	\$7,124.52	\$1,124.76	\$8,249.28	\$7,921.68
	Family	\$92.94	\$814.74	\$907.68	\$1,966.64	\$2,005.97	\$2,416.44	\$21,183.24	\$2,249.52	\$23,432.76	\$23,599.68
CDHP 2	Single	\$79.10	\$286.98	\$366.08	\$793.17	\$809.04	\$2,056.60	\$7,461.48	\$787.80	\$8,249.28	\$9,518.08
	Family	\$177.44	\$840.66	\$1,018.10	\$2,205.88	\$2,250.00	\$4,613.44	\$21,857.16	\$1,575.60	\$23,432.76	\$26,470.60
CDHP 2 W/ Non-Tobacco Use	Single	\$44.10	\$286.98	\$331.08	\$717.34	\$731.69	\$1,146.60	\$7,461.48	\$787.80	\$8,249.28	\$8,608.08
	Family	\$142.44	\$840.66	\$983.10	\$2,130.05	\$2,172.65	\$3,703.44	\$21,857.16	\$1,575.60	\$23,432.76	\$25,560.60
Traditional	Single	\$133.28	\$317.28	\$450.56	\$976.21	\$995.74	\$3,465.28	\$8,249.28	\$0.00	\$8,249.28	\$11,714.56
	Family	\$372.44	\$901.26	\$1,273.70	\$2,759.68	\$2,814.88	\$9,683.44	\$23,432.76	\$0.00	\$23,432.76	\$33,116.20
Traditional W/ Non-Tobacco Use	Single	\$98.28	\$317.28	\$415.56	\$900.38	\$918.39	\$2,555.28	\$8,249.28	\$0.00	\$8,249.28	\$10,804.56
	Family	\$337.44	\$901.26	\$1,238.70	\$2,683.85	\$2,737.53	\$8,773.44	\$23,432.76	\$0.00	\$23,432.76	\$32,206.20
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 1/1/24 thru 6/1/24 and with an open HSA. CDHPs effective after 6/1/24 but before 12/1/24 and with an open HSA, will receive 1/2 of the initial contribution.

**The State's share of the HSA contribution will be paid on the first 26 pays in 2024. Employee contributions will be spread across all 27 pays.