Insurance Breakdown 2013 - Certified

	Deductible	Employer Annual Contribution	State Allowable Maximum Contribution	Total Premium	Employee Annual Premium	Employee Monthly Premium	Employee Premium Per Pay
State of Indiana							
Consumer Driven Health Plan 1							
Single	$ 2,500.00	$ 4,000.00	$ 4,363.32	$ 5,474.56	$ 1,474.56	$ 122.88	$ 61.44
Plus Add'l Funding ($400) Family	$ 5,000.00	$ 8,900.00	$ 13,077.48	$ 14,631.76	$ 5,731.76	$ 477.64	$ 238.82
Plus Add'l Funding ($500) Family	$ 5,000.00	$ 9,000.00	$ 13,077.48	$ 14,631.76	$ 5,631.76	$ 469.31	$ 234.66
CDHP 1 W/ Non-tobacco Incentive							
Single	$ 2,500.00	$ 4,000.00	$ 4,363.32	$ 4,564.56	$ 564.56	$ 47.04	$ 23.52
Plus Add'l Funding ($400) Family	$ 5,000.00	$ 8,900.00	$ 13,077.48	$ 13,721.76	$ 4,821.76	$ 401.81	$ 200.91
Plus Add'l Funding ($500) Family	$ 5,000.00	$ 9,000.00	$ 13,077.48	$ 13,721.76	$ 4,721.76	$ 393.48	$ 196.74
CDHP 2							
Single	$ 1,500.00	$ 4,000.00	$ 4,812.60	$ 6,936.28	$ 2,936.28	$ 244.69	$ 122.35
Plus Add'l Funding ($400) Family	$ 3,000.00	$ 8,900.00	$ 13,979.16	$ 18,386.68	$ 9,486.68	$ 790.55	$ 395.28
Plus Add'l Funding ($500) Family	$ 3,000.00	$ 9,000.00	$ 13,979.16	$ 18,386.68	$ 9,386.68	$ 782.22	$ 391.11
CDHP 2 W/ Non-tobacco Incentive							
Single	$ 1,500.00	$ 4,000.00	$ 4,812.60	$ 6,026.28	$ 2,026.28	$ 168.85	$ 84.43
Plus Add'l Funding ($400) Family	$ 3,000.00	$ 8,900.00	$ 13,979.16	$ 17,476.68	$ 8,576.68	$ 714.72	$ 357.36
Plus Add'l Funding ($500) Family	$ 3,000.00	$ 9,000.00	$ 13,979.16	$ 17,476.68	$ 8,476.68	$ 706.39	$ 353.20
Traditional PPO							
Single	$ 750.00	$ 4,000.00	$ 5,486.52	$ 10,614.76	$ 6,614.76	$ 551.23	$ 275.62
Plus Add'l Funding ($400) Family	$ 1,500.00	$ 8,900.00	$ 15,327.00	$ 28,178.80	$ 19,278.80	$ 1,606.56	$ 803.28
Plus Add'l Funding ($500) Family	$ 1,500.00	$ 9,000.00	$ 15,327.00	$ 28,178.80	$ 19,178.80	$ 1,598.23	$ 799.12
Traditional PPO W/ Non-tobacco Incentive							
Single	$ 750.00	$ 4,000.00	$ 5,486.52	$ 9,704.76	$ 5,704.76	$ 475.39	$ 237.70
Plus Add'l Funding ($400) Family	$ 1,500.00	$ 8,900.00	$ 15,327.00	$ 27,268.80	$ 18,368.80	$ 1,530.73	$ 765.37
Plus Add'l Funding ($500) Family	$ 1,500.00	$ 9,000.00	$ 15,327.00	$ 27,268.80	$ 18,268.80	$ 1,522.40	$ 761.20

Corporation Single Plan Contribution = $4,000

Corporation Family Plan Contribution = $8,900 ($400 Add'l Funding)

Corporation Family Plan Contribution = $9,000 ($500 Add'l Funding)

Insurance Breakdown 2013 - Non-Certified

	Deductible	Employer Annual Contribution	State Allowable Maximum Contribution	Total Premium	Employee Annual Premium	Employee Monthly Premium	Employee Premium Per Pay
State of Indiana							
Consumer Driven Health Plan 1							
Single	$ 2,500.00	$ 3,400.00	$ 4,363.32	$ 5,474.56	$ 2,074.56	$ 172.88	$ 86.44
Family	$ 5,000.00	$ 4,500.00	$ 13,077.48	$ 14,631.76	$ 10,131.76	$ 844.31	$ 422.16
CDHP 1 W/ Non-tobacco Incentive							
Single	$ 2,500.00	$ 3,400.00	$ 4,363.32	$ 4,564.56	$ 1,164.56	$ 97.05	$ 48.52
Family	$ 5,000.00	$ 4,500.00	$ 13,077.48	$ 13,721.76	$ 9,221.76	$ 768.48	$ 384.24
CDHP 2							
Single	$ 1,500.00	$ 3,400.00	$ 4,812.60	$ 6,936.28	$ 3,536.28	$ 294.69	$ 147.35
Family	$ 3,000.00	$ 4,500.00	$ 13,979.16	$ 18,386.68	$ 13,886.68	$ 1,157.22	$ 578.61
CDHP 2 W/ Non-tobacco Incentive							
Single	$ 1,500.00	$ 3,400.00	$ 4,812.60	$ 6,026.28	$ 2,626.28	$ 218.86	$ 109.43
Family	$ 3,000.00	$ 4,500.00	$ 13,979.16	$ 17,476.68	$ 12,976.68	$ 1,081.39	$ 540.70
Traditional PPO							
Single	$ 750.00	$ 3,400.00	$ 5,486.52	$ 10,614.76	$ 7,214.76	$ 601.23	$ 300.62
Family	$ 1,500.00	$ 4,500.00	$ 15,327.00	$ 28,178.80	$ 23,678.80	$ 1,973.23	$ 986.62
Traditional PPO W/ Non-tobacco Incentive							
Single	$ 750.00	$ 3,400.00	$ 5,486.52	$ 9,704.76	$ 6,304.76	$ 525.40	$ 262.70
Family	$ 1,500.00	$ 4,500.00	$ 15,327.00	$ 27,268.80	$ 22,768.80	$ 1,897.40	$ 948.70
Corporation Single Plan Contribu	$ 3,400.00						
Corporation Family Plan Contribu	$ 4,500.00						