

# State of Indiana Employee Health Benefits

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**Indiana State**  
**Personnel Department**

# State of Indiana Anthem Benefit Comparison

## Summary of Benefits for 2026

	CDHP 1			CDHP 2			Traditional		
	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network
<b>Deductible</b>									
Single	\$3,000	\$6,000	\$7,500	\$2,000	\$5,000	\$6,500	\$1,000	\$4,000	\$5,500
Family	\$6,000	\$12,000	\$15,000	\$4,000	\$10,000	\$13,000	\$2,000	\$8,000	\$11,000
<b>Out-of-Pocket Maximum</b>									
Single	\$4,500	\$7,500	\$9,000	\$4,000	\$6,500	\$8,000	\$2,500	\$5,500	\$7,000
Family	\$9,000	\$15,000	\$18,000	\$8,000	\$13,000	\$16,000	\$5,000	\$11,000	\$14,000
Individual embedded	n/a	\$10,600	n/a	n/a	\$10,600	n/a	n/a	\$10,600	n/a
<b>Coinsurance Rates</b>									
Office Visit	10%	30%	50%	10%	30%	50%	10%	30%	50%
Inpatient	10%	30%	50%	10%	30%	50%	10%	30%	50%
Emergency Room	10%	10%	10%	10%	10%	10%	10%	10%	10%
Urgent Care	10%	30%	50%	10%	30%	50%	10%	30%	50%
Wellness Prevention	0%	0%	50%	0%	0%	50%	0%	0%	50%



# Prescription Drug Summary

Prescription Drug Coverage			
Deductible must be met before coinsurance rates apply			
	Retail Pharmacy Network (Up to 30-day supply)	Mail Order Pharmacy (Up to 90-day supply)	Retail Pharmacy Network (Up to 90-day supply)
<b>Preventive Medicines</b> (mandated by the ACA)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
<b>Generic Medicines</b>	\$10 copay	\$20 copay	\$30 copay
<b>Preferred Brand-Name Medicines</b>	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$90, Max \$150
<b>Non-Preferred Brand-Name Medicines</b>	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$150, Max \$210
<b>Specialty Medicines</b>	40% Min \$75, Max \$150 (30-day supply)		



# 2026 Rates

## 2026 Rates for Indiana School Corporations

Plan	Coverage	Minimum Bi-Weekly Employee Rate	Maximum Bi-Weekly Employer Rate	Bi-Weekly Total Rate	Minimum Monthly Employee Rate	Maximum Monthly Employer Rate	Total Monthly Rate	Minimum Annual Employee Rate	Maximum Annual Employer Rate	Total Annual Rate
CDHP 1	Single	\$68.06	\$331.80	\$399.86	\$147.46	\$718.90	\$866.36	\$1,769.56	\$8,626.80	\$10,396.36
	Family	\$135.32	\$983.94	\$1,119.26	\$293.19	\$2,131.87	\$2,425.06	\$3,518.32	\$25,582.44	\$29,100.76
CDHP 1 W/ Non-Tobacco Use Incentive	Single	\$33.06	\$331.80	\$364.86	\$71.63	\$718.90	\$790.53	\$859.56	\$8,626.80	\$9,486.36
	Family	\$100.32	\$983.94	\$1,084.26	\$217.36	\$2,131.87	\$2,349.23	\$2,608.32	\$25,582.44	\$28,190.76
CDHP 2	Single	\$82.58	\$344.76	\$427.34	\$178.92	\$746.98	\$925.90	\$2,147.08	\$8,963.76	\$11,110.84
	Family	\$188.66	\$1,009.86	\$1,198.52	\$408.76	\$2,188.03	\$2,596.79	\$4,905.16	\$26,256.36	\$31,161.52
CDHP 2 W/ Non-Tobacco Use Incentive	Single	\$47.58	\$344.76	\$392.34	\$103.09	\$746.98	\$850.07	\$1,237.08	\$8,963.76	\$10,200.84
	Family	\$153.66	\$1,009.86	\$1,163.52	\$332.93	\$2,188.03	\$2,520.96	\$3,995.16	\$26,256.36	\$30,251.52
Traditional	Single	\$141.02	\$375.06	\$516.08	\$305.54	\$812.63	\$1,118.17	\$3,666.52	\$9,751.56	\$13,418.08
	Family	\$399.08	\$1,070.46	\$1,469.54	\$864.67	\$2,319.33	\$3,184.00	\$10,376.08	\$27,831.96	\$38,208.04
Traditional W/ Non-Tobacco Use Incentive	Single	\$106.02	\$375.06	\$481.08	\$229.71	\$812.63	\$1,042.34	\$2,756.52	\$9,751.56	\$12,508.08
	Family	\$364.08	\$1,070.46	\$1,434.54	\$788.84	\$2,319.33	\$3,108.17	\$9,466.08	\$27,831.96	\$37,298.04

\*Spousal Surcharge: Employees who choose to cover a spouse who has access to health coverage through their own employer but elects not to enroll in that coverage will pay a \$162.50 per month Spousal Surcharge in addition to their regular premium. If you cover a spouse on the State's medical plan you will be automatically charged the Spousal Surcharge unless you provide certification that is approved.

# Rate History

Plan	Coverage	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Wellness	Single			\$4,817.28	\$5,148.00	\$5,480.28	\$5,800.08	\$6,021.60						
	Family			\$14,692.08	\$15,653.04	\$16,645.20	\$17,637.36	\$18,331.56						
CDHP 1	Single	\$4,564.56	\$4,815.72	\$5,252.52	\$5,714.28	\$6,088.68	\$6,408.48	\$6,631.56	\$6,133.92	\$6,133.92	\$6,489.60	\$6,882.72	\$7,921.68	\$8,551.92
	Family	\$13,721.76	\$14,475.24	\$15,784.08	\$17,086.68	\$18,192.72	\$19,184.88	\$19,879.08	\$18,509.40	\$18,509.40	\$19,520.28	\$20,610.72	\$23,599.68	\$25,477.92
CDHP2	Single	\$6,026.28	\$6,377.28	\$7,190.04	\$8,099.52	\$8,689.20	\$9,118.20	\$9,383.40	\$6,810.44	\$6,810.44	\$7,166.12	\$7,569.12	\$8,608.08	\$9,266.40
	Family	\$17,476.68	\$18,493.80	\$20,846.28	\$23,538.84	\$25,245.48	\$26,490.36	\$27,262.56	\$20,424.56	\$20,424.56	\$21,435.44	\$22,571.64	\$25,560.60	\$27,538.68
Traditional PPO	Single	\$9,704.76	\$10,275.72	\$11,653.20	\$13,648.44	\$14,818.44	\$15,615.60	\$16,175.64	\$8,963.24	\$8,963.24	\$9,318.92	\$9,765.60	\$10,804.56	\$11,573.64
	Family	\$27,268.80	\$28,870.92	\$32,738.16	\$38,725.44	\$42,038.88	\$44,299.32	\$45,892.08	\$26,890.76	\$26,890.76	\$27,901.64	\$29,217.24	\$32,206.20	\$34,585.20

Rates base on the Non-Tobacco Rate

2020-2023 Rates based on Wellness Incentive Rate

# What Can Be Customized

## Eligibility

- School corporations can define eligible employees as full-time, part-time or minimum number of hours/week.

## The Rate Split

- School corporations shall not pay more than the State; the school corporation employees shall pay at least the amount paid by a State employee.

## Contributions to an HSA

- Your school can decide if you will contribute, how much you will contribute and which financial institution(s) you will use.

Plan	2026 Initial Contribution	2026 Bi-Weekly Contribution	Annual Employer Contribution
HSA 1 Single	\$562.38	\$21.63	\$1,124.76
HSA 1 Family	\$1,124.76	\$43.26	\$2,249.52
HSA 2 Single	\$393.90	\$15.15	\$787.80
HSA 2 Family	\$787.80	\$30.30	\$1,575.60

*\*State Contribution Amount*

# What Cannot Be Changed

## Plan Design

- Plan designs are set by the State.
- You must offer all plans to all benefit eligible employees.

## Inclusion

- All benefit eligible employees in your school corporation must be included. You cannot split out employees by classifications/groups.

## Dependent Definition

- Definition of dependent is set by the State.



# Eligible Dependents

“Dependent” means:

- (a) Spouse of an employee;
- (b) Any children, step-children, foster children, legally adopted children of the employee or spouse, or children who reside in the employee’s home:
  - i) for whom the employee or spouse has been:
    - (I) appointed legal guardian or
    - (II) awarded legal custody by a court, or
  - ii.) in an I.C. 31-19-7-1 approved placement for purposes of adoption, under the age of twenty-six 26).

In the event a child:

- i.) was defined as a “dependent”, prior to age 19, and
- ii.) meets the following disability criteria, prior to age 19:
  - (I) is incapable of self-sustaining employment by reason of mental or physical disability,
  - (II) resides with the employee at least six (6) months of the year, and
  - (III) receives 50% of his or her financial support from the parent

such child’s eligibility for coverage shall continue if satisfactory evidence of such disability and dependency is received by Contractor in accordance with Contractor’s disabled dependent certification and recertification procedures. Eligibility for coverage of the “Dependent” will continue until the employee discontinues his coverage or the disability no longer exists. A Dependent child of the employee who attained age 19 while covered under another Health Care policy and met the disability criteria specified above, is an eligible Dependent for enrollment so long as no break in Coverage longer than sixty-three (63) days has occurred immediately prior to enrollment. Proof of disability and prior coverage will be required. The plan requires periodic documentation from a physician after the child’s attainment of the limiting age.

# Fees

## Information Fee

- Similar to a monthly premium

## COBRA Administration

- \$0.35 per enrolled member per month



# Plan Administration

## State

- Notify school of any changes to plans (including Open Enrollment)
- Sample communications

## Insurance Carriers

- Send billing inquiries and adjustments.
- Administer COBRA

## School Corporation

- Administration of HIPAA
- Administration of FMLA
- Comply with ACA Reporting Requirements



# Benefit Eligibility

## Open Enrollment

- Occurs at the same time as Open Enrollment for State employees
- Benefit changes will be effective on January 1<sup>st</sup>

## New Employees

- Benefits effective on the first day of the month following their date of hire.

## Terminated Employees

- Benefits terminate on the last day of the month in which they separate employment.



# School Benefit Coordinator Role

## Communications

- Communicate benefit options and open enrollment information for current and new employees.

## Enrollment

- Complete enrollment of current and new employees on medical plans.
- Paper applications or Anthem Employer Access.

## Carrier Notification

- Update carriers with eligibility and plan enrollment information.

## Payroll

- Inform school payroll of benefit adjustments and verify correct deductions for employees.



# Additional Benefits

## Anthem Health and Wellness Programs:

- **Total Health Connections:** Gives you access to a team of clinicians to help you navigate any healthcare need. This team is here to help explain treatment options, understand your care plan, connect with local resources, and guide you toward healthy lifestyle changes. The program can also connect you with specially trained nurses, nurse care managers, pharmacists, dietitians, doctors, and other health care professionals to help you manage conditions like diabetes, high blood pressure, asthma, and more.
- **Building Healthy Families:** Provides moms-to-be with telephone access to nurses to discuss pregnancy-related concerns.

## Nurseline

- Nurseline provides anytime, toll-free access to nurses for answers to general health questions and guidance with health concerns.



# Additional Benefits

## LiveHealth Online

- 24-hours, 7 days per week, 365 days per year, access to in-network, board-certified doctors online for acute care needs.
- Average cost of a doctor visit using LiveHealth Online is \$59 or less
- Behavioral health services

## Mobile Health Consumer

- An online tool for employees to manage their well-being.
- Through Mobile Health Consumer, employees can complete a health assessment, digital care paths, health journeys, start new healthy habits, and much more.



# Getting Started

## Binder Agreements

- Term of three (3) years.
- Must be signed no later than 30 days prior to the start of the effective date of the school corporation.

## Plan Information

- Provide current plan and enrollment information to State Personnel.
- Determine your rate split prior to employee education sessions. (this will also need to be done prior to each open enrollment period)

## Enrollment

- Employee education sessions held no more than 30 days prior to effective date.
- Benefit applications or electronic enrollment must be submitted to the carrier no later than 30 days prior to the effective date.



# Contacts

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# Additional Resources

## Websites

Interested School Corporations

<http://www.in.gov/spd/2755.htm>

Participating School Corporations

<http://www.in.gov/spd/2756.htm>

## Email

[BenefitingSchools@spd.in.gov](mailto:BenefitingSchools@spd.in.gov)

