

State of Indiana Employee Plan Information

Name of medical plan : Consumer Driven Health Plan 1 (CDHP 1)

Type of medical plan: HDHP with HSA

Plan Year: 1/1/2025 - 12/31/2025

Is the plan fully insured or self insured: Self Insured

Sample for 2025

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	8675	\$ 7,692.36	\$ 66,731,223.00
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	10718	\$ 22,869.60	\$ 245,116,372.80
		Total Employer Plan Cost	\$ 311,847,595.80

Name of medical plan : Consumer Driven Health Plan 2 (CDHP 2)

Type of medical plan: HDHP with HSA

Plan Year: 1/1/2025 - 12/31/2025

Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	2842	\$ 8,029.32	\$ 22,819,327.44
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	2502	\$ 23,543.52	\$ 58,905,887.04
		Total Employer Plan Cost	\$ 81,725,214.48

Name of medical plan : Traditional PPO

Type of medical plan: PPO

Plan Year: 1/1/2025 - 12/31/2025

Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	627	\$ 8,817.12	\$ 5,528,334.24
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	214	\$ 25,119.12	\$ 5,375,491.68
		Total Employer Plan Cost	\$ 10,903,825.92

1	Total number of health insurance eligible employees including Board members and legal counsel (do not include dependents or retirees)	29,961
1a	How many of your health insurance eligible employees are teachers?	129
2	Are all individuals insured under the State's employee health coverage eligible for the same plans?	Y
2a	If your answer is "N", please explain how your practice comports with IC 20-26-17-5(4)(A).	
3	How many employees receive compensation for electing not to enroll in the group health insurance program?	0
4	What is the annual dollar amount paid to employees to elect not to enroll in the group health insurance program?	\$ -
5	Additional compensation, if any, provided to member(s) to offset the cost of health care coverage?	\$ -
5a	Please provide an explanation of any arrangements.	
5b	Is your pharmacy benefit carved in with the medical carrier, or carved out to a stand-alone pharmacy benefit manager?	Carved out to a stand-alone PBM
5c	Is the pricing negotiated under a group purchasing arrangement (collective,consortium)?	Y
5d	What percentage of your cost is attributed to a pharmacy?	20
6	Does the State offer/sponsor an on-site clinic?	Y
6a	If so, is it funded outside the health plan?	N
6b	If funded outside of the health plan, what is the annual dollar amount spent on	
7	Total number of employees including Board members and legal counsel enrolled in your health plans	25,578
8	Total Employer Contribution to all Health Plans (sum of "Total Employer Plan Cost" from Section 2 for all health plans offered by your school corporation)	\$ 404,476,636.20
9	Total annual employer contributions for all participants to a Health Savings Account (HSA), Health Reimbursement Account (HRA), Medical Flexible Spending Account (FSA), or Active VEBA	\$ 35,737,358.28
10	Total Broker or Benefit Consultant fees paid if they are not included in the premium.	\$ -
11	Sum of lines 5,8,9 &10	\$ 440,213,994.48
12	State's Average Employer Cost Per Employee Per Year (line 11/line 7)	\$ 17,210.65