

State of Indiana 2026 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	\$331.80	\$399.86	\$866.36	\$883.69	\$1,769.56	\$8,626.80	\$1,124.76	\$9,751.56	\$10,396.36
	Family	\$135.32	\$983.94	\$1,119.26	\$2,425.06	\$2,473.56	\$3,518.32	\$25,582.44	\$2,249.52	\$27,831.96	\$29,100.76
CDHP 1 W/ Non-Tobacco Use Incentive	Single	\$33.06	\$331.80	\$364.86	\$790.53	\$806.34	\$859.56	\$8,626.80	\$1,124.76	\$9,751.56	\$9,486.36
	Family	\$100.32	\$983.94	\$1,084.26	\$2,349.23	\$2,396.21	\$2,608.32	\$25,582.44	\$2,249.52	\$27,831.96	\$28,190.76
CDHP 2	Single	\$82.58	\$344.76	\$427.34	\$925.90	\$944.42	\$2,147.08	\$8,963.76	\$787.80	\$9,751.56	\$11,110.84
	Family	\$188.66	\$1,009.86	\$1,198.52	\$2,596.79	\$2,648.73	\$4,905.16	\$26,256.36	\$1,575.60	\$27,831.96	\$31,161.52
CDHP 2 W/ Non-Tobacco Use Incentive	Single	\$47.58	\$344.76	\$392.34	\$850.07	\$867.07	\$1,237.08	\$8,963.76	\$787.80	\$9,751.56	\$10,200.84
	Family	\$153.66	\$1,009.86	\$1,163.52	\$2,520.96	\$2,571.38	\$3,995.16	\$26,256.36	\$1,575.60	\$27,831.96	\$30,251.52
Traditional	Single	\$141.02	\$375.06	\$516.08	\$1,118.17	\$1,140.54	\$3,666.52	\$9,751.56	\$0.00	\$9,751.56	\$13,418.08
	Family	\$399.08	\$1,070.46	\$1,469.54	\$3,184.00	\$3,247.68	\$10,376.08	\$27,831.96	\$0.00	\$27,831.96	\$38,208.04
Traditional W/ Non-Tobacco Use Incentive	Single	\$106.02	\$375.06	\$481.08	\$1,042.34	\$1,063.19	\$2,756.52	\$9,751.56	\$0.00	\$9,751.56	\$12,508.08
	Family	\$364.08	\$1,070.46	\$1,434.54	\$3,108.17	\$3,170.33	\$9,466.08	\$27,831.96	\$0.00	\$27,831.96	\$37,298.04
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 1/1/26 thru 6/1/26 and with an open HSA. CDHPs effective after 6/1/26 but before 12/1/26 and with an open HSA, will receive 1/2 of the initial contribution.

** 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 \$75 per pay-period 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. More information can be found at [in.gov/spd/benefits](https://www.in.gov/spd/benefits).