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.