

## State of Indiana 2010 Rates

Plan	Coverage	Bi-Weekly Employee Rate	Bi-Weekly Employer Rate	Bi-Weekly Total Rate	Early Retirees (Monthly)	COBRA (Monthly)	Annual Employee Rate	Annual Employer Rate	Annual Employer HSA Contribution	Total Annual Employer Contribution	Annual Total Rate
CDHP 1	Single	\$10.00	\$128.34	\$138.34	\$299.74	\$305.73	\$260.00	\$3,336.84	\$1,375.92	\$4,712.76	\$4,972.76
	Family	\$10.00	\$399.24	\$409.24	\$886.69	\$904.42	\$260.00	\$10,380.24	\$2,750.28	\$13,130.52	\$13,390.52
CDHP 1 W/ Non-Tobacco Use Incentive	Single	\$0.00	\$128.34	\$128.34	\$278.07	\$283.63	\$0.00	\$3,336.84	\$1,375.92	\$4,712.76	\$4,712.76
	Family	\$0.00	\$399.24	\$399.24	\$865.02	\$882.32	\$0.00	\$10,380.24	\$2,750.28	\$13,130.52	\$13,130.52
CDHP 2	Single	\$31.00	\$149.46	\$180.46	\$391.00	\$398.82	\$806.00	\$3,885.96	\$826.80	\$4,712.76	\$5,518.76
	Family	\$59.68	\$441.54	\$501.22	\$1,085.98	\$1,107.70	\$1,551.68	\$11,480.04	\$1,650.48	\$13,130.52	\$14,682.20
CDHP 2 W/ Non-Tobacco Use Incentive	Single	\$21.00	\$149.46	\$170.46	\$369.33	\$376.72	\$546.00	\$3,885.96	\$826.80	\$4,712.76	\$5,258.76
	Family	\$49.68	\$441.54	\$491.22	\$1,064.31	\$1,085.60	\$1,291.68	\$11,480.04	\$1,650.48	\$13,130.52	\$14,422.20
Traditional PPO	Single	\$86.56	\$181.26	\$267.82	\$580.28	\$591.88	\$2,250.56	\$4,712.76	\$0.00	\$4,712.76	\$6,963.32
	Family	\$231.16	\$505.02	\$736.18	\$1,595.06	\$1,626.96	\$6,010.16	\$13,130.52	\$0.00	\$13,130.52	\$19,140.68
Traditional PPO W/ Non-Tobacco Use Incentive	Single	\$76.56	\$181.26	\$257.82	\$558.61	\$569.78	\$1,990.56	\$4,712.76	\$0.00	\$4,712.76	\$6,703.32
	Family	\$221.16	\$505.02	\$726.18	\$1,573.39	\$1,604.86	\$5,750.16	\$13,130.52	\$0.00	\$13,130.52	\$18,880.68
Welborn HMO	Single	\$58.49	\$181.26	\$239.75	\$519.46	\$529.85	\$1,520.74	\$4,712.76	\$0.00	\$4,712.76	\$6,233.50
	Family	\$139.04	\$505.02	\$644.06	\$1,395.46	\$1,423.37	\$3,615.04	\$13,130.52	\$0.00	\$13,130.52	\$16,745.56
Welborn HMO W/ Non-Tobacco Use Incentive	Single	\$48.49	\$181.26	\$229.75	\$497.79	\$507.75	\$1,260.74	\$4,712.76	\$0.00	\$4,712.76	\$5,973.50
	Family	\$129.04	\$505.02	\$634.06	\$1,373.80	\$1,401.28	\$3,355.04	\$13,130.52	\$0.00	\$13,130.52	\$16,485.56
Dental	Single	\$1.02	\$9.16	\$10.18	\$22.05	\$22.49	\$26.52	\$238.16	\$0.00	\$238.16	\$264.68
	Family	\$2.68	\$24.12	\$26.80	\$58.06	\$59.22	\$69.68	\$627.12	\$0.00	\$627.12	\$696.80
Vision	Single	\$0.17	\$1.47	\$1.64	\$3.55	\$3.62	\$4.42	\$38.22	\$0.00	\$38.22	\$42.64
	Family	\$2.52	\$1.64	\$4.16	\$9.01	\$9.19	\$65.52	\$42.64	\$0.00	\$42.64	\$108.16
Flexible Spending Accounts											
Medical, Limited Purpose Medical (HSA Holders) and/or Dependent Care Admin Fee		\$2.63	\$0.00	\$2.63	\$5.70	\$5.70	\$68.38	\$0.00	\$0.00	\$0.00	\$68.38

HSA Accounts	Coverage	Initial Contribution *	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
HSA 1	Single	\$687.96	\$26.46	\$57.33	\$1,375.92
	Family	\$1,375.14	\$52.89	\$114.60	\$2,750.28
HSA 2	Single	\$413.40	\$15.90	\$34.45	\$826.80
	Family	\$825.24	\$31.74	\$68.77	\$1,650.48

\* Initial contribution as listed above apply to employees with an CDHP plan effective between 1/1/10 thru 6/1/10 and with an open HSA account. CDHP plans effective after 6/1/10 but before 12/1/10 and with an open HSA account will receive 1/2 of the initial contribution.

**Employees participating in the CDHP plans are reminded that they must open an HSA account in order to receive the State's HSA contribution.**