

INDIANA STATE POLICE HEALTH CARE PLAN

EMPLOYEE CONTRIBUTIONS

BLUE ACCESS PLAN

Effective January 1, 2023

BIWEEKLY RATES

TRADITIONAL PPO

Employee Only (Medical/Vision/Dental)	\$416.51
State Contribution.....	<u>-298.62</u>
Employee Contribution	\$117.89

Employee + One Dependent (Medical/Vision/Dental)	\$1,026.47
State Contribution.....	<u>-843.24</u>
Employee Contribution	\$183.23

Employee + Multiple Dependents (Medical/Vision/Dental)	\$1,090.43
State Contribution.....	<u>-843.24</u>
Employee Contribution	\$247.19

HIGH DEDUCTIBLE WITH HSA

Employee Only (Medical/Vision/Dental)	\$353.43
State Contribution.....	<u>-285.12</u>
Employee Contribution	\$68.31

Employee + One Dependent (High Deductible Medical/Vision/Dental with HSA)	\$986.83
State Contribution.....	<u>-816.24</u>
Employee Contribution	\$170.59

Employee + Multiple Dependents (High Deductible Medical/Vision/Dental with HSA)	\$1,048.13
State Contribution.....	<u>-816.24</u>
Employee Contribution	\$231.89

HSA Contribution:

Coverage	Initial Employer Contribution*	Biweekly Employer Contribution	Max Annual Employer Contribution
Employee	\$175.50	\$6.75	\$351.00
Employee + One Dependent	\$351.00	\$13.50	\$702.00
Employee + Multiple Dependents	\$351.00	\$13.50	\$702.00

*Initial contribution is for employees with the High Deductible plan effective between 1/1/23 through 6/1/23 and with an open HSA. High Deductible plans effective after 6/1/23 but before 12/1/23 and with an open HSA will receive ½ of the initial contribution.

Biweekly 401(h) contribution \$ 20.00

Human Resources Division Telephone Numbers
 317-232-8275
 1-800-622-4995 (In State Only)

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EMPLOYEE CONTRIBUTIONS

BLUE ACCESS PLAN

Effective January 1, 2023

WELLNESS
BIWEEKLY RATES

TRADITIONAL PPO

Employee Only (Medical/Vision/Dental)	\$401.12
State Contribution.....	<u>-298.62</u>
Employee Contribution	\$102.50

Employee + One Dependent (Medical/Vision/Dental)	\$1,011.08
State Contribution.....	<u>-843.24</u>
Employee Contribution	\$167.84

Employee + Multiple Dependents (Medical/Vision/Dental)	\$1,075.04
State Contribution.....	<u>-843.24</u>
Employee Contribution	\$231.80

HIGH DEDUCTIBLE WITH HSA

Employee Only (Medical/Vision/Dental)	\$338.04
State Contribution.....	<u>-285.12</u>
Employee Contribution	\$52.92

Employee + One Dependent (High Deductible Medical/Vision/Dental with HSA)	\$971.44
State Contribution.....	<u>-816.24</u>
Employee Contribution	\$155.20

Employee + Multiple Dependents (High Deductible Medical/Vision/Dental with HSA)	\$1,032.74
State Contribution.....	<u>-816.24</u>
Employee Contribution	\$216.50

HSA Contribution:

Coverage	Initial Employer Contribution*	Biweekly Employer Contribution	Max Annual Employer Contribution
Employee	\$175.50	\$6.75	\$351.00
Employee + One Dependent	\$351.00	\$13.50	\$702.00
Employee + Multiple Dependents	\$351.00	\$13.50	\$702.00

*Initial contribution is for employees with the High Deductible plan effective between 1/1/23 through 6/1/23 and with an open HSA. High Deductible plans effective after 6/1/23 but before 12/1/23 and with an open HSA will receive ½ of the initial contribution.

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Note: For plan year 2023: Annual Premium Credit = \$400.14 (\$15.39 per pay period).