

INDIANA STATE POLICE HEALTH CARE PLAN

EMPLOYEE CONTRIBUTIONS

BLUE ACCESS PLAN

Effective January 1, 2024

BIWEEKLY RATES

TRADITIONAL PPO

Employee Only (Medical/Vision/Dental)	\$447.41
State Contribution.....	<u>-329.52</u>
Employee Contribution	\$117.89

Employee + One Dependent (Medical/Vision/Dental)	\$1,114.19
State Contribution.....	<u>-930.96</u>
Employee Contribution	\$183.23

Employee + Multiple Dependents (Medical/Vision/Dental)	\$1,178.15
State Contribution.....	<u>-930.96</u>
Employee Contribution	\$247.19

HIGH DEDUCTIBLE WITH HSA

Employee Only (Medical/Vision/Dental)	\$384.33
State Contribution.....	<u>-316.02</u>
Employee Contribution	\$68.31

Employee + One Dependent (High Deductible Medical/Vision/Dental with HSA)	\$1,074.55
State Contribution.....	<u>-903.96</u>
Employee Contribution	\$170.59

Employee + Multiple Dependents (High Deductible Medical/Vision/Dental with HSA)	\$1,135.85
State Contribution.....	<u>-903.96</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 1/1/24 through 6/1/24 and with an open HSA. High Deductible plans effective after 6/1/24 but before 12/1/24 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, 2024

WELLNESS
BIWEEKLY RATES

TRADITIONAL PPO

Employee Only (Medical/Vision/Dental)	\$432.02
State Contribution.....	<u>-329.52</u>
Employee Contribution	\$102.50

Employee + One Dependent (Medical/Vision/Dental)	\$1,098.80
State Contribution.....	<u>-930.96</u>
Employee Contribution	\$167.84

Employee + Multiple Dependents (Medical/Vision/Dental)	\$1,162.76
State Contribution.....	<u>-930.96</u>
Employee Contribution	\$231.80

HIGH DEDUCTIBLE WITH HSA

Employee Only (Medical/Vision/Dental)	\$368.94
State Contribution.....	<u>-316.02</u>
Employee Contribution	\$52.92

Employee + One Dependent (High Deductible Medical/Vision/Dental with HSA)	\$1,059.16
State Contribution.....	<u>-903.96</u>
Employee Contribution	\$155.20

Employee + Multiple Dependents (High Deductible Medical/Vision/Dental with HSA)	\$1,120.46
State Contribution.....	<u>-903.96</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 1/1/24 through 6/1/24 and with an open HSA. High Deductible plans effective after 6/1/24 but before 12/1/24 and with an open HSA will receive ½ of the initial contribution.

Biweekly 401(h) contribution \$ 20.00

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Note: For plan year 2024: Annual Premium Credit = \$400.14 (\$15.39 per pay period).