2024 Rates for Indiana School Corporation
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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	\$65.66	\$274.02	\$339.68	\$142.26	\$593.71	\$735.97	\$1,707.16	\$7,124.52	\$8,831.68
	Family	\$127.94	\$814.74	\$942.68	\$277.20	\$1765.27	\$2042.47	\$3,326.44	\$21,183.24	\$24,509.68
CDHP 1 W/ Non-Tobacco Use	Single	\$30.66	\$274.02	\$304.68	\$66.43	\$593.71	\$660.14	\$797.16	\$7,124.52	\$7,921.68
	Family	\$92.94	\$814.74	\$907.68	\$201.37	\$1765.27	\$1966.64	\$2,416.44	\$21,183.24	\$23,599.68
CDHP 2	Single	\$79.10	\$286.98	\$366.08	\$171.38	\$621.79	\$793.17	\$2,056.60	\$7,461.48	\$9,518.08
	Family	\$177.44	\$840.66	\$1,018.10	\$384.45	\$1821.43	\$2205.88	\$4,613.44	\$21,857.16	\$26,470.60
CDHP 2 W/ Non-Tobacco Use	Single	\$44.10	\$286.98	\$331.08	\$95.55	\$621.79	\$717.34	\$1,146.60	\$7,461.48	\$8,608.08
	Family	\$142.44	\$840.66	\$983.10	\$308.62	\$1821.43	\$2130.05	\$3,703.44	\$21,857.16	\$25,560.60
Traditional	Single	\$133.28	\$317.28	\$450.56	\$288.77	\$687.44	\$976.21	\$3,465.28	\$8,249.28	\$11,714.56
	Family	\$372.44	\$901.26	\$1,273.70	\$806.95	\$1952.73	\$2759.68	\$9,683.44	\$23,432.76	\$33,116.20
Traditional	Single	\$98.28	\$317.28	\$415.56	\$212.94	\$687.44	\$900.38	\$2,555.28	\$8,249.28	\$10,804.56
W/ Non-Tobacco Use	Family	\$337.44	\$901.26	\$1,238.70	\$731.12	\$1952.73	\$2683.85	\$8,773.44	\$23,432.76	\$32,206.20