

Region 1

2022 Medical Plan Rates

Indiana and Ohio

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation. Contributions are per pay period, deducted 26 times per year.

Regular and fixed term full-time employees	You	You + spouse ¹	You + children	You + spouse ¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$43.80	\$113.10	\$81.72	\$141.18
Lower Use Plan with Health Savings Account (HSA) ²	\$21.60	\$66.30	\$41.76	\$76.68
Higher Use Plan with HSA ²	\$42.00	\$109.38	\$78.42	\$136.02
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$61.50	\$156.90	\$114.36	\$196.86
Lower Use Plan with Health Savings Account (HSA) ²	\$31.74	\$94.38	\$61.02	\$110.70
Higher Use Plan with HSA ²	\$59.04	\$151.92	\$109.98	\$189.90
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$76.92	\$193.62	\$142.74	\$244.38
Lower Use Plan with Health Savings Account (HSA) ²	\$41.70	\$119.64	\$79.50	\$142.50
Higher Use Plan with HSA ²	\$73.98	\$187.80	\$137.46	\$236.28

¹ Includes domestic partner. ² Includes Out of Area coverage.

Regular and fixed term part-time employees

	You	You + spouse ¹	You + children	You + spouse ¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$57.84	\$140.46	\$106.74	\$180.48
Lower Use Plan with Health Savings Account (HSA) ²	\$35.64	\$93.72	\$66.72	\$116.04
Higher Use Plan with HSA ²	\$56.04	\$136.80	\$103.38	\$175.26
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$79.98	\$192.84	\$147.24	\$248.52
Lower Use Plan with Health Savings Account (HSA) ²	\$50.22	\$130.32	\$93.84	\$162.36
Higher Use Plan with HSA ²	\$77.52	\$187.92	\$142.86	\$241.62
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$98.34	\$235.38	\$180.84	\$304.38
Lower Use Plan with Health Savings Account (HSA) ²	\$63.06	\$161.46	\$117.66	\$202.56
Higher Use Plan with HSA ²	\$95.40	\$229.56	\$175.56	\$296.22

¹ Includes domestic partner. ² Includes Out of Area coverage.