CITY OF INDIANAPOLIS & MARION COUNTY

2026 IMPD Rate Sheet

ANTHEM MEDICAL PLANS

	Employee Only	Employee & Spouse/Domestic Partner	Employee & Child(ren)	Family
Low	$115.53	$233.98	$178.90	$306.30
Medium	$94.69	$184.27	$142.62	$238.99
High	$69.79	$124.87	$99.26	$158.49
Max	$36.49	$45.47	$41.29	$50.93

All 4 medical plans are paired with a Health Savings Account (HSA). For all Anthem medical plan participants: The employer annual HSA contribution will be up to $1250 for employee only plans and up to $2500 for all other plans. New hires and mid-year entrants will receive pro-rated contributions.

DELTA DENTAL PLANS

	Employee Only	Employee & Spouse/Domestic Partner	Employee & Child(ren)	Family
Low	$11.47	$22.78	$30.82	$47.38
High	$19.87	$42.29	$47.38	$75.26

ANTHEM VISION PLAN

Employee Only	Employee & Spouse/Domestic Partner	Employee & Child(ren)	Family
$3.07	$5.55	$5.95	$9.02

UNUM OPTIONAL LIFE INSURANCE

Rates per $1,000 per month are the same for the employee and/or the spouse. Child(ren) rate is $1.50 per month.

<25 25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$0.058	$0.083	$0.099	$0.132	$0.223	$0.363	$0.600	$0.795	$1.329	$2.054

Rates are based on 24 deductions