



HealthPartners Health Plans				
Achieve Network				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 pay)
\$25 Copay Plan	Single	\$1,029.35	\$147.41	\$440.97
	Family	\$2,758.67	\$264.73	\$1,246.97
\$15 Copay Plan	Single	\$1,050.33	\$146.24	\$452.05
	Family	\$2,814.92	\$263.35	\$1,275.79
High Deductible Plan \$1,000	Single	\$917.27	\$161.17	\$378.05
	Family	\$2,458.31	\$341.30	\$1,058.51
High Deductible Plan \$3,000	Single	\$800.19	\$400.10	\$200.05
	Family	\$2,144.52	\$341.30	\$901.61

HealthPartners Health Plans				
Open Access Network				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 pay)
\$25 Copay Plan	Single	\$1,095.05	\$147.41	\$473.82
	Family	\$2,934.76	\$264.73	\$1,335.02
\$15 Copay Plan	Single	\$1,117.38	\$146.24	\$485.57
	Family	\$2,994.60	\$263.35	\$1,365.63
High Deductible Plan \$1,000	Single	\$975.82	\$171.45	\$402.19
	Family	\$2,615.22	\$341.30	\$1,136.96
High Deductible Plan \$3,000	Single	\$851.26	\$171.45	\$339.91
	Family	\$2,281.41	\$341.30	\$970.06



HealthPartners Dental Plan				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)
Dental Plan Rates	Single	\$42.96	\$8.59	\$17.19
	Family	\$120.28	\$8.59	\$55.85

EyeMed Vision Plans				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)
Exam + Materials	Single	\$7.27	\$0.00	\$3.64
	Family	\$18.55	\$0.00	\$9.28
Materials Only	Single	\$5.84	\$0.00	\$2.92
	Family	\$14.89	\$0.00	\$7.45

Ancillary Benefits		
Life and Long-Term Disability		
Total Month Premium Charged by Insurer		
Plan Options - Employee Paid	Life	LTD
Basic Life \$50,000 Basic AD and D	\$4.50 .015/\$1,000	
Supplemental Life Insurance (Per additional \$50,000)	\$11.00	
Dependent Life Insurance (\$10,000/spouse, \$5,000/child)	\$2.20	
Long Term Disability*		*Not Eligible



The Standard Accident Insurance	
Employee Paid Benefit	
Coverage Level	Total Cost Per Month
Employee Only	\$7.35
Employee + Spouse	\$11.42
Employee + Children	\$14.06
Employee + Spouse + Children	\$21.93

*Exact amount varies by pay frequency and benefit eligibility start date. Please refer to Benefitfocus for exact amounts.

The Standard Critical Illness						
Employee Paid Benefit – Employee Monthly Attained Age Premiums						
	Employee Age					
Coverage Amount	18-29	30-39	40-49	50-59	60-69	70+
\$10,000	\$2.20	\$3.50	\$7.50	\$16.00	\$29.80	\$52.70
\$20,000	\$4.40	\$7.00	\$15.00	\$32.00	\$59.60	\$105.40
\$30,000	\$6.60	\$10.50	\$22.50	\$48.00	\$89.40	\$158.10
Spouse Monthly Attained Age Premiums						
	Employee Age					
Coverage Amount	18-29	30-39	40-49	50-59	60-69	70+
\$10,000	\$2.20	\$3.50	\$7.50	\$16.00	\$29.80	\$52.70
\$20,000	\$4.40	\$7.00	\$15.00	\$32.00	\$59.60	\$105.40
\$30,000	\$6.60	\$10.50	\$22.50	\$48.00	\$89.40	\$158.10

*Exact amount varies by pay frequency and benefit eligibility start date. Please refer to Benefitfocus for exact amounts.



The Standard Hospital Indemnity	
Employee Paid Benefit	
Coverage Level	Total Cost Per Month
Employee Only	\$8.54
Employee + Spouse	\$14.46
Employee + Children	\$11.88
Employee + Spouse + Children	\$21.30

*Exact amount varies by pay frequency and benefit eligibility start date. Please refer to Benefitfocus for exact amounts.

Allstate Identity Protection Pro+ Cyber	
Employee Paid Benefit	
Coverage Level	Total Cost Per Month
Single	\$9.50
Family	\$18.50

*Exact amount varies by pay frequency and benefit eligibility start date. Please refer to Benefitfocus for exact amounts.