



HealthPartners Health Plans				
Achieve Network				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 pay)
<b>\$25 Copay Plan</b>	Single	\$1,029.35	\$515.95	\$256.70
	Family	\$2,758.67	\$926.55	\$916.06
<b>\$15 Copay Plan</b>	Single	\$1,050.33	\$511.84	\$269.25
	Family	\$2,814.92	\$921.71	\$946.61
<b>High Deductible Plan \$1,000</b>	Single	\$917.27	\$564.08	\$176.60
	Family	\$2,458.31	\$1,194.56	\$631.88
<b>High Deductible Plan \$3,000</b>	Single	\$800.19	\$564.08	\$118.06
	Family	\$2,144.52	\$1,194.56	\$474.98

HealthPartners Health Plans				
Open Access Network				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 pay)
<b>\$25 Copay Plan</b>	Single	\$1,095.05	\$515.95	\$289.55
	Family	\$2,934.76	\$926.55	\$1,004.11
<b>\$15 Copay Plan</b>	Single	\$1,117.38	\$511.84	\$302.77
	Family	\$2,994.60	\$921.71	\$1,036.45
<b>High Deductible Plan \$1,000</b>	Single	\$975.82	\$600.09	\$187.87
	Family	\$2,615.22	\$1,194.56	\$710.33
<b>High Deductible Plan \$3,000</b>	Single	\$851.26	\$600.09	\$125.59
	Family	\$2,281.41	\$1,194.56	\$543.43



HealthPartners Dental Plan				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)
Dental Plan Rates	Single	\$42.96	\$30.07	\$6.45
	Family	\$120.28	\$30.07	\$45.11

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*		.300 *yearly earnings/\$1,000

\*LTD Max can be found in the benefit plan summaries



<b>The Standard Accident Insurance</b>	
<b>Employee Paid Benefit</b>	
<b>Coverage Level</b>	<b>Total Cost Per Month</b>
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.

<b>The Standard Critical Illness</b>						
<b>Employee Paid Benefit – Employee Monthly Attained Age Premiums</b>						
	<b>Employee Age</b>					
<b>Coverage Amount</b>	<b>18-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
\$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
<b>Spouse Monthly Attained Age Premiums</b>						
	<b>Employee Age</b>					
<b>Coverage Amount</b>	<b>18-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>
\$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.



<b>The Standard Hospital Indemnity</b>	
<b>Employee Paid Benefit</b>	
<b>Coverage Level</b>	<b>Total Cost Per Month</b>
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.

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

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