SOUTH WASHINGTON COUNTY SCHOOLS
Teachers .3 FTE
Employee Premium Sheet
Jan. 1 - Dec. 31, 2026

HealthPartners Health Plans Achieve Network				
		Total Cost Per Month	**District Cost Per Month**	**Employee Cost Per Pay Period (24 pay)**
$25 Copay Plan	Single	$1,121.99	$248.91	$436.54
	Family	$3,006.95	$471.58	$1,267.69
$15 Copay Plan	Single	$1,144.86	$247.72	$448.57
	Family	$3,068.26	$471.02	$1,298.62
High Deductible Plan $1,000	Single	$999.82	$266.51	$366.66
	Family	$2,679.56	$578.33	$1,050.62
High Deductible Plan $3,000	Single	$872.21	$436.11	$218.05
	Family	$2,337.53	$569.86	$883.84

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	$1,193.60	$250.69	$471.46
	Family	$3,198.89	$476.33	$1,361.28
$15 Copay Plan	Single	$1,217.94	$249.53	$484.21
	Family	$3,264.11	$475.87	$1,394.12
High Deductible Plan $1,000	Single	$1,063.64	$283.53	$390.06
	Family	$2,850.59	$582.56	$1,134.02
High Deductible Plan $3,000	Single	$927.87	$278.36	$324.76
	Family	$2,486.74	$573.55	$956.60

SOUTH WASHINGTON COUNTY SCHOOLS
Teachers .3 FTE
Employee Premium Sheet
Jan. 1 - Dec. 31, 2026

HealthPartners Dental Plan

		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)
Dental Plan Rates	Single	$42.96	$12.89	$15.04
	Family	$120.28	$12.89	$53.70

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&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

SOUTH WASHINGTON COUNTY SCHOOLS
Teachers .3 FTE
Employee Premium Sheet
Jan. 1 - Dec. 31, 2026

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

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

SOUTH WASHINGTON COUNTY SCHOOLS
Teachers .3 FTE
Employee Premium Sheet
Jan. 1 - Dec. 31, 2026

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

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

PLEASE NOTE: Premium amounts may differ based on pay frequency and benefit eligibility start date. Please refer to Benefitfocus for exact amounts.