SOUTH WASHINGTON COUNTY SCHOOLS
Teachers .6 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	$497.83	$312.08
	Family	$3,006.95	$943.15	$1,031.90
$15 Copay Plan	Single	$1,144.86	$495.44	$324.71
	Family	$3,068.26	$942.04	$1,063.11
High Deductible Plan $1,000	Single	$999.82	$533.03	$233.40
	Family	$2,679.56	$1,156.66	$761.45
High Deductible Plan $3,000	Single	$872.21	$523.33	$174.44
	Family	$2,337.53	$1,139.71	$598.91

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	$501.37	$346.12
	Family	$3,198.89	$952.66	$1,123.12
$15 Copay Plan	Single	$1,217.94	$499.06	$359.44
	Family	$3,264.11	$951.74	$1,156.19
High Deductible Plan $1,000	Single	$1,063.64	$567.05	$248.30
	Family	$2,850.59	$1,165.13	$842.73
High Deductible Plan $3,000	Single	$927.87	$556.72	$185.58
	Family	$2,486.74	$1,147.10	$669.82

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HealthPartners Dental Plan				
		Total Cost Per Month	**District Cost Per Month**	**Employee Cost Per Pay Period (24 Pay)**
Dental Plan Rates	Single	$42.96	$25.78	$8.59
	Family	$120.28	$25.78	$47.25

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*		.300 *yearly earnings/$1,000

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

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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

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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.