



SOUTH WASHINGTON COUNTY SCHOOLS

Teachers .1FTE

Employee Premium Sheet

Jan. 1 - Dec. 31, 2027

HealthPartners Health Plans Achieve Network				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 pay)
\$25 Copay Plan	Single	\$1,278.37	\$84.30	\$597.04
	Family	\$3,426.06	\$158.42	\$1,633.82
\$15 Copay Plan	Single	\$1,304.24	\$89.52	\$607.36
	Family	\$3,495.41	\$171.49	\$1,661.96
High Deductible Plan \$1,000	Single	\$1,145.82	\$93.28	\$526.27
	Family	\$3,070.82	\$202.42	\$1,434.20
High Deductible Plan \$3,000	Single	\$1,008.25	\$504.13	\$252.06
	Family	\$2,702.14	\$199.45	\$1,251.35

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	\$1,359.96	\$84.78	\$637.59
	Family	\$3,644.74	\$159.71	\$1,742.52
\$15 Copay Plan	Single	\$1,387.49	\$90.30	\$648.60
	Family	\$3,718.52	\$173.56	\$1,772.48
High Deductible Plan \$1,000	Single	\$1,218.95	\$99.23	\$559.86
	Family	\$3,266.83	\$203.90	\$1,531.47
High Deductible Plan \$3,000	Single	\$1,072.61	\$97.43	\$487.59
	Family	\$2,874.62	\$200.74	\$1,336.94



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Jan. 1 - Dec. 31, 2027

HealthPartners Dental Plan				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)
Dental Plan Rates	Single	\$42.96	\$4.30	\$19.33
	Family	\$120.28	\$4.30	\$57.99

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



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 .1 FTE**

Employee Premium Sheet

Jan. 1 - Dec. 31, 2027

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.