



**SOUTH WASHINGTON COUNTY SCHOOLS**

**Teachers .7 FTE**

Employee Premium Sheet

Jan. 1 - Dec. 31, 2027

| <b>HealthPartners Health Plans</b><br><b>Achieve Network</b> |        |                                 |                                    |                                                      |
|--------------------------------------------------------------|--------|---------------------------------|------------------------------------|------------------------------------------------------|
|                                                              |        | <b>Total Cost<br/>Per Month</b> | <b>District Cost<br/>Per Month</b> | <b>Employee Cost Per<br/>Pay Period<br/>(24 pay)</b> |
| <b>\$25 Copay Plan</b>                                       | Single | \$1,278.37                      | \$590.10                           | \$344.14                                             |
|                                                              | Family | \$3,426.06                      | \$1,108.94                         | \$1,158.56                                           |
| <b>\$15 Copay Plan</b>                                       | Single | \$1,304.24                      | \$626.65                           | \$338.80                                             |
|                                                              | Family | \$3,495.41                      | \$1,200.42                         | \$1,147.50                                           |
| <b>High Deductible<br/>Plan \$1,000</b>                      | Single | \$1,145.82                      | \$652.96                           | \$246.43                                             |
|                                                              | Family | \$3,070.82                      | \$1,416.91                         | \$826.96                                             |
| <b>High Deductible<br/>Plan \$3,000</b>                      | Single | \$1,008.25                      | \$641.07                           | \$183.59                                             |
|                                                              | Family | \$2,702.14                      | \$1,396.14                         | \$653.00                                             |

| <b>HealthPartners Health Plans</b><br><b>Open Access Network</b> |        |                                 |                                    |                                                      |
|------------------------------------------------------------------|--------|---------------------------------|------------------------------------|------------------------------------------------------|
|                                                                  |        | <b>Total Cost<br/>Per Month</b> | <b>District Cost<br/>Per Month</b> | <b>Employee Cost Per<br/>Pay Period<br/>(24 pay)</b> |
| <b>\$25 Copay Plan</b>                                           | Single | \$1,359.96                      | \$593.46                           | \$383.25                                             |
|                                                                  | Family | \$3,644.74                      | \$1,117.95                         | \$1,263.40                                           |
| <b>\$15 Copay Plan</b>                                           | Single | \$1,387.49                      | \$632.07                           | \$377.71                                             |
|                                                                  | Family | \$3,718.52                      | \$1,214.95                         | \$1,251.79                                           |
| <b>High Deductible<br/>Plan \$1,000</b>                          | Single | \$1,218.95                      | \$694.64                           | \$262.16                                             |
|                                                                  | Family | \$3,266.83                      | \$1,427.28                         | \$919.78                                             |
| <b>High Deductible<br/>Plan \$3,000</b>                          | Single | \$1,072.61                      | \$681.99                           | \$195.31                                             |
|                                                                  | Family | \$2,874.62                      | \$1,405.20                         | \$734.71                                             |



**SOUTH WASHINGTON COUNTY SCHOOLS**

**Teachers .7 FTE**

Employee Premium Sheet

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              | \$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<br>Life and Long-Term Disability<br>Total Month Premium Charged by Insurer |                        |                               |
|-----------------------------------------------------------------------------------------------|------------------------|-------------------------------|
| Plan Options - Employee Paid                                                                  | Life                   | LTD                           |
| Basic Life \$50,000<br>Basic AD&D                                                             | \$4.50<br>.015/\$1,000 |                               |
| Supplemental Life Insurance<br>(Per additional \$50,000)                                      | \$11.00                |                               |
| Dependent Life Insurance<br>(\$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



| The Standard<br>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<br>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 |



| <b>The Standard<br/>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                     |

| <b>Allstate<br/>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                     |

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