



## South Washington County Schools / Employee Premium Sheet Teacher (.3 FTE)

January 1, 2021– December 31, 2021

HealthPartners Health Plans <b>Achieve Network</b>					
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)	Employee Cost Per Pay Period (19 Pay)
<b>\$25 Copay Plan</b>	Single	\$635.91	\$170.63	\$232.64	\$293.87
	Family	\$1,704.27	\$321.01	\$691.63	\$873.64
<b>\$15 Copay Plan</b>	Single	\$650.15	\$169.27	\$240.44	\$303.72
	Family	\$1,742.41	\$319.34	\$711.54	\$898.79
<b>High Deductible Plan</b>	Single	\$560.36	\$280.18	\$140.09	\$176.96
	Family	\$1,501.78	\$413.87	\$543.96	\$687.11

HealthPartners Health Plans <b>Open Access Network</b>					
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)	Employee Cost Per Pay Period (19 Pay)
<b>\$25 Copay Plan</b>	Single	\$676.50	\$170.63	\$252.94	\$319.50
	Family	\$1,813.05	\$321.01	\$746.02	\$942.35
<b>\$15 Copay Plan</b>	Single	\$691.65	\$169.27	\$261.19	\$329.93
	Family	\$1,853.63	\$319.34	\$767.15	\$969.03
<b>High Deductible Plan</b>	Single	\$596.13	\$298.07	\$149.03	\$188.25
	Family	\$1,597.64	\$413.87	\$591.89	\$747.65

Delta Dental Dental Plans Delta Care Plan (Care Network) or Delta Preferred Plan (PPO & Premier Networks)					
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)	Employee Cost Per Pay Period (19 Pay)
Dental Plan Rates	Single	\$42.96	\$12.89	\$15.04	\$18.99
	Family	\$120.28	\$12.89	\$53.70	\$67.83

EyeMed Vision Plans					
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)	Employee Cost Per Pay Period (19 Pay)
Exam + Materials	Single	\$7.27	\$0.00	\$3.64	\$4.59
	Family	\$18.55	\$0.00	\$9.28	\$11.72
Materials only	Single	\$5.84	\$0.00	\$2.92	\$3.69
	Family	\$14.89	\$0.00	\$7.45	\$9.40

ANCILLARY BENEFITS (LIFE AND LONG-TERM DISABILITY) TOTAL MONTHLY PREMIUM CHARGED BY INSURER		
PLAN OPTIONS – Employee Paid	LIFE	LTD
BASIC LIFE \$50,000 Basic AD & D	\$4.50 0.015/\$1000	
SUPPL LIFE (Per additional \$50,000)	\$11.00	
DEPENDENT LIFE (\$10,000/spouse, \$5,000/child)	\$2.20	
LONG TERM DISABILITY*		*Not Eligible

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