



SOUTH WASHINGTON COUNTY SCHOOLS

Teachers .7 FTE

Employee Premium Sheet

Jan. 1 - Dec. 31, 2023

HealthPartners Health Plans Achieve Network				
		Total Cost Per Month	District Cost Per Month	Employee Cost Per Pay Period (24 Pay)
\$25 Copay Plan	Single	\$753.75	\$446.71	\$153.52
	Family	\$2,020.08	\$802.21	\$608.94
\$15 Copay Plan	Single	\$767.88	\$443.14	\$162.37
	Family	\$2,057.93	\$798.02	\$629.96
High Deductible Plan	Single	\$678.31	\$440.59	\$118.86
	Family	\$1,817.90	\$1,034.25	\$391.83

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	\$801.86	\$446.71	\$177.58
	Family	\$2,149.02	\$802.21	\$673.41
\$15 Copay Plan	Single	\$816.89	\$443.15	\$186.87
	Family	\$2,189.29	\$798.02	\$695.64
High Deductible Plan	Single	\$721.61	\$468.71	\$126.45
	Family	\$1,933.94	\$1,034.25	\$449.85



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Delta Dental Plans Delta Preferred Plan (PPO + Premier Networks)				
		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 Life and Long-Term Disability Total Month Premium Charged by Insurer		
Plan Options - Employee Paid	Life	LTD
Basic Life \$50,000 Basic AD and 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*		.273 *yearly earnings/\$1,000

*LTD Max can be found in the benefit plan summaries



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

*Exact amount varies by pay frequency and benefit eligibility start date. Please refer to Benefitfocus for exact amounts.

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

*Exact amount varies by pay frequency and benefit eligibility start date. Please refer to Benefitfocus for exact amounts.

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

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