



**SOUTH WASHINGTON COUNTY SCHOOLS**

**Teachers .2 FTE**

Employee Premium Sheet

Jan. 1 - Dec. 31, 2022

<b>HealthPartners Health Plans</b> <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)
\$25 Copay Plan	Single	\$687.85	\$125.13	\$281.36	\$355.40
	Family	\$1,843.45	\$224.71	\$809.37	\$1,022.36
\$15 Copay Plan	Single	\$702.04	\$124.13	\$288.96	\$365.00
	Family	\$1,881.50	\$223.53	\$828.99	\$1,047.14
High Deductible Plan*	Single	\$617.08	\$308.54	\$154.27	\$194.87
	Family	\$1,653.78	\$289.71	\$682.04	\$861.52

<b>HealthPartners Health Plans</b> <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)
\$25 Copay Plan	Single	\$731.75	\$125.13	\$303.31	\$383.13
	Family	\$1,961.12	\$224.71	\$868.21	\$1,096.68
\$15 Copay Plan	Single	\$746.86	\$124.13	\$311.37	\$393.30
	Family	\$2,001.59	\$223.53	\$889.03	\$1,122.99
High Deductible Plan*	Single	\$656.46	\$328.23	\$164.12	\$207.30
	Family	\$1,759.34	\$289.71	\$724.82	\$928.19



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Delta Dental Plans					
Delta Preferred Plan (PPO+Premiere 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	\$8.59	\$17.19	\$21.71
	Family	\$120.28	\$8.59	\$55.85	\$70.54

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)
Exams+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 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*		*Not Eligible

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