



**SOUTH WASHINGTON COUNTY SCHOOLS**

**Teachers .1 FTE**

Employee Premium Sheet

Jan. 1 - Dec. 31, 2023

<b>HealthPartners Health Plans</b> <b>Achieve Network</b>				
		<b>Total Cost Per Month</b>	<b>District Cost Per Month</b>	<b>Employee Cost Per Pay Period (24 Pay)</b>
<b>\$25 Copay Plan</b>	Single	\$753.75	\$63.82	\$344.97
	Family	\$2,020.08	\$114.60	\$952.74
<b>\$15 Copay Plan</b>	Single	\$767.88	\$63.31	\$352.29
	Family	\$2,057.93	\$114.00	\$971.97
<b>High Deductible Plan</b>	Single	\$678.31	\$339.16	\$169.58
	Family	\$1,817.90	\$147.75	\$835.08

<b>HealthPartners Health Plans</b> <b>Open Access Network</b>				
		<b>Total Cost Per Month</b>	<b>District Cost Per Month</b>	<b>Employee Cost Per Pay Period (24 Pay)</b>
<b>\$25 Copay Plan</b>	Single	\$801.86	\$63.82	\$369.02
	Family	\$2,149.02	\$114.60	\$1,017.21
<b>\$15 Copay Plan</b>	Single	\$816.89	\$63.31	\$376.79
	Family	\$2,189.29	\$114.00	\$1,037.65
<b>High Deductible Plan</b>	Single	\$721.61	\$360.81	\$180.40
	Family	\$1,933.94	\$147.75	\$893.10



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<b>Delta Dental Plans</b> <b>Delta Preferred Plan (PPO + Premier Networks)</b>				
		<b>Total Cost Per Month</b>	<b>District Cost Per Month</b>	<b>Employee Cost Per Pay Period (24 Pay)</b>
<b>Dental Plan Rates</b>	Single	\$42.96	\$4.30	\$19.33
	Family	\$120.28	\$4.30	\$57.99

<b>EyeMed Vision Plans</b>				
		<b>Total Cost Per Month</b>	<b>District Cost Per Month</b>	<b>Employee Cost Per Pay Period (24 Pay)</b>
<b>Exam + Materials</b>	Single	\$7.27	\$0.00	\$3.64
	Family	\$18.55	\$0.00	\$9.28
<b>Materials Only</b>	Single	\$5.84	\$0.00	\$2.92
	Family	\$14.89	\$0.00	\$7.45

<b>Ancillary Benefits</b> <b>Life and Long-Term Disability</b> Total Month Premium Charged by Insurer		
<b>Plan Options - Employee Paid</b>	<b>Life</b>	<b>LTD</b>
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



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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<b>The Standard 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

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

<b>Allstate 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

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