



SOUTH WASHINGTON COUNTY SCHOOLS

Teachers .6 FTE

Employee Premium Sheet

Jan. 1 - Dec. 31, 2022

HealthPartners Health Plans Achieve Network					
		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	\$375.39	\$156.23	\$197.34
	Family	\$1,843.45	\$674.12	\$584.67	\$738.52
\$15 Copay Plan	Single	\$702.04	\$372.39	\$164.83	\$208.20
	Family	\$1,881.50	\$670.60	\$605.45	\$764.78
High Deductible Plan*	Single	\$617.08	\$370.25	\$123.42	\$155.90
	Family	\$1,653.78	\$869.12	\$392.33	\$495.57

HealthPartners Health Plans Open Access Network					
		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	\$375.39	\$178.18	\$225.07
	Family	\$1,961.12	\$674.12	\$643.50	\$812.84
\$15 Copay Plan	Single	\$746.86	\$372.39	\$187.24	\$236.51
	Family	\$2,001.59	\$670.60	\$665.50	\$840.63
High Deductible Plan*	Single	\$656.46	\$393.88	\$131.29	\$165.84
	Family	\$1,759.34	\$869.12	\$445.11	\$562.24



Delta Dental Plans					
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	\$25.78	\$8.59	\$10.85
	Family	\$120.28	\$25.78	\$47.25	\$59.68

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 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