

Full Time Employees

(FT, Elected Officials, PT ACA Eligible)



2025 MONTHLY PREMIUMS

| MEDICAL | PLAN | | TOTAL | | CITY | | EMPLOYEE |
|---------------|---------------------|----|----------|----|----------|----|----------|
| AWARE CO-PAY | EMPLOYEE | \$ | 1,457.14 | \$ | 1,357.70 | \$ | 99.44 |
| | EMPLOYEE+CHILD(REN) | \$ | 2,141.70 | \$ | 1,582.56 | \$ | 559.14 |
| | EMPLOYEE+SPOUSE | \$ | 2,243.50 | \$ | 1,657.52 | \$ | 585.98 |
| | FAMILY | \$ | 2,736.54 | \$ | 2,016.16 | \$ | 720.38 |
| AWARE VEBA 1* | EMPLOYEE | \$ | 1,127.84 | \$ | 1,127.84 | \$ | - |
| | EMPLOYEE+CHILD(REN) | \$ | 1,657.70 | \$ | 1,265.96 | \$ | 391.74 |
| | EMPLOYEE+SPOUSE | \$ | 1,736.50 | \$ | 1,328.30 | \$ | 408.20 |
| | FAMILY | \$ | 2,118.12 | \$ | 1,626.80 | \$ | 491.32 |
| AWARE VEBA 2* | EMPLOYEE | \$ | 1,196.32 | \$ | 1,127.84 | \$ | 68.48 |
| | EMPLOYEE+CHILD(REN) | \$ | 1,758.36 | \$ | 1,265.96 | \$ | 492.40 |
| | EMPLOYEE+SPOUSE | \$ | 1,841.92 | \$ | 1,328.30 | \$ | 513.62 |
| | FAMILY | \$ | 2,246.72 | \$ | 1,626.80 | \$ | 619.92 |

*The City of Eagan will make **quarterly VEBA contributions** into a Health Reimbursement Account (HRA):

- \$375 for Employee coverage
- \$750 for Employee+Spouse, Employee+Children and Family coverage

| DENTAL | PLAN | | TOTAL | | CITY | | EMPLOYEE |
|--------------------------|---------------------|----|--------|----|-------|----|----------|
| BASE PLAN | EMPLOYEE | \$ | 27.00 | \$ | 27.00 | \$ | - |
| | EMPLOYEE+CHILD(REN) | \$ | 51.00 | \$ | 51.00 | \$ | - |
| | EMPLOYEE+SPOUSE | \$ | 54.50 | \$ | 54.50 | \$ | - |
| | FAMILY | \$ | 88.50 | \$ | 88.50 | \$ | - |
| BUY UP w/LITTLE PARTNERS | EMPLOYEE | \$ | 44.40 | \$ | 27.00 | \$ | 17.40 |
| | EMPLOYEE+CHILD(REN) | \$ | 84.00 | \$ | 51.00 | \$ | 33.00 |
| | EMPLOYEE+SPOUSE | \$ | 89.20 | \$ | 54.50 | \$ | 34.70 |
| | FAMILY | \$ | 141.40 | \$ | 88.50 | \$ | 52.90 |

| FLEXIBLE SPENDING ACCOUNT | PLAN | | Annual Max Election | | | | EMPLOYEE |
|---------------------------|------|-------------|---------------------|----------|------------------|--|---------------------|
| HEALTH CARE | | elect up to | \$ | 3,300.00 | *projected limit | | bi-weekly deduction |
| DEPENDENT CARE | | elect up to | \$ | 5,000.00 | | | bi-weekly deduction |

| LEGAL | PLAN | | TOTAL | | CITY | | EMPLOYEE |
|--------|--------|----|-------|----|------|----|----------|
| METLAW | FAMILY | \$ | 19.50 | \$ | - | \$ | 19.50 |

| VISION | PLAN | | TOTAL | | CITY | | EMPLOYEE |
|--------|---------------------|----|-------|----|------|----|----------|
| | EMPLOYEE | \$ | 4.38 | \$ | - | \$ | 4.38 |
| | EMPLOYEE+CHILD(REN) | \$ | 9.22 | \$ | - | \$ | 9.22 |
| | EMPLOYEE+SPOUSE | \$ | 7.68 | \$ | - | \$ | 7.68 |
| | FAMILY | \$ | 11.40 | \$ | - | \$ | 11.40 |

| *NEW* ACCIDENT INSURANCE | PLAN | | TOTAL | | CITY | | EMPLOYEE |
|--------------------------|---------------------|----|-------|----|------|----|----------|
| | EMPLOYEE | \$ | 7.88 | \$ | - | \$ | 7.88 |
| | EMPLOYEE+CHILD(REN) | \$ | 14.00 | \$ | - | \$ | 14.00 |
| | EMPLOYEE+SPOUSE | \$ | 12.46 | \$ | - | \$ | 12.46 |
| | FAMILY | \$ | 21.68 | \$ | - | \$ | 21.68 |