

**Benefit Plan Premiums**  
**August 1, 2024 - July 31, 2025**

<b>Medical Plan - HealthPartners Open Access Base Plan</b>				
	<b>Employee</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
<b>Total Monthly Premium</b>	\$1089.12	\$2,392.54	\$1,808.55	\$3,070.22
<b>Employee Cost</b>	\$108.90	\$598.14	\$452.14	\$767.56
<b>Employer Cost</b>	\$980.22	\$1794.41	\$1356.41	\$2302.67

<b>Medical Plan - HealthPartners Primary Clinic Buy Up Plan - Enrollment Closed</b>				
	<b>Employee</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
<b>Total Monthly Premium</b>	\$1220.28	\$2,683.52	\$2,046.07	\$3,444.09
<b>Employee Cost</b>	\$240.06	\$889.12	\$689.66	\$1141.44
<b>Employer Cost</b>	\$980.22	\$1794.41	\$1356.41	\$2302.67

<b>Delta Dental of Minnesota</b>				
	<b>Employee</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
<b>Total Monthly Premium</b>	\$43.61	\$86.64	\$105.95	\$147.58
<b>Employee Cost</b>	\$18.36	\$50.34	\$61.56	\$85.76
<b>Employer Cost</b>	\$25.25	\$36.30	\$44.39	\$61.81

<b>Hartford Insurance Group</b>	
<b>\$50,000 Basic Life Insurance and AD&amp;D (Employer Paid)</b>	
	<b>Employee</b>
<b>Total Monthly Premium</b>	\$4.65
<b>Employee Cost</b>	\$0.00
<b>Employer Cost</b>	\$4.65

<b>Hartford Insurance Group Employee Supplemental Life Insurance and AD&amp;D (Employee Paid)</b>		<b>Hartford Insurance Group Spouse Supplemental Life Insurance and AD&amp;D (Employee Paid)</b>		<b>Hartford Insurance Group Child(ren) Supplemental Life Insurance and AD&amp;D (Employee Paid)</b>	
<b>Age</b>	<b>Rate/\$10,000</b>	<b>Age</b>	<b>Rate/\$5,000</b>	<b>Coverage</b>	<b>Rate</b>
0-24	\$0.70	0-24	\$0.35	\$5,000	\$0.23
25-29	\$0.80	25-29	\$0.40	\$10,000	\$0.46
30-34	\$1.00	30-34	\$0.50		
35-39	\$1.10	35-39	\$0.55		
40-44	\$1.20	40-44	\$0.60		
45-49	\$1.70	45-49	\$0.85		
50-54	\$2.50	50-54	\$1.25		
55-59	\$4.50	55-59	\$2.25		
60-64	\$6.80	60-64	\$3.40		
65-69	\$12.90	65-69	\$6.45		
70-74	\$20.80	70-74	\$10.40		
75-79	\$40.20	75-79	\$20.10		

<b>EyeMed Vision Materials Only (Employee Paid)</b>				
	<b>Employee</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
<b>Total Monthly Premium</b>	\$3.93	\$7.48	\$7.87	\$11.57

<b>EyeMed Vision Exam + Materials (Employee Paid)</b>				
	<b>Employee</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
<b>Total Monthly Premium</b>	\$5.40	\$10.25	\$10.79	\$15.85