

City of New Hope Health Insurance Premium Rates
Effective January 1, 2025

				24 pay periods			
				PREMIUM per MONTH			
				PREMIUM per PAY PERIOD			
Annual		Single Coverage	Employee + 1 Coverage	Family Coverage	Single Coverage	Employee + 1 Coverage	Family Coverage
City Contribution		\$1,075.00	\$1,488.00	\$1,665.00	\$537.50	\$744.00	\$832.50
Waive (FT Emp on PL hired prior to 11/2009) = Month \$792 PPP \$396.50							
HealthPartners Medical Insurance (Group 10734)							
High Deductible A (Non-embedded & Creditable) - CG 349	\$1,650/\$3,300	\$653.35	\$1,470.00	\$1,704.88	\$326.68	\$735.00	\$852.44
High Deductible B (Embedded & Creditable) - CG 347	\$3,300/\$6,600	\$592.11	\$1,332.20	\$1,545.07	\$296.06	\$666.10	\$772.54
High Deductible C (Embedded & Creditable) - CG 348	\$4,000/\$8,000	\$566.04	\$1,273.55	\$1,477.04	\$283.02	\$636.78	\$738.52
HealthPartners Dental Insurance							
Distinctions 6 - deductible based on clinic, healthpartners.com/dental distinctions		\$47.00	\$93.99	\$141.02	\$23.50	\$47.00	\$70.51
HSA City Contribution with Single Coverage							
HSA cont. from city cont. for FTVS & FTPL11 single coverage is half of single medical deductible (\$1,650=\$825; \$3,300=\$1,650; \$4,000=\$2,000)	\$825.00	\$68.75			\$34.39		
	\$1,650.00	\$137.50			\$68.75		
	\$2,000.00	\$166.67			\$83.34		
HSA Additional Contribution Maximums							
Single* - Total Contribution Maximum is \$4,300	\$3,475.00	\$289.58			\$144.80		
Family or 1+1*	\$8,550.00		\$712.50	\$712.50		\$356.26	\$356.26
*Age 55+ add \$1,000 to annual HSA maximum = \$5,300 single; \$9,550 1+1 or family							
Flex & Deferred Comp Maximums		Same for all coverages			Same for all coverages		
Flex (FSA) Medical	\$3,300.00		\$275.00			\$137.51	
Flex (FSA) Limited - Dental and Vision Only	\$3,300.00		\$275.00			\$137.51	
Dependent Care	\$5,000.00		\$416.67			\$208.34	
Deferred Comp (457b) Traditional/Roth combined	\$23,500.00		\$1,958.33			\$979.18	
Deferred Comp (457b) Traditional/Roth combined Age 50+	\$31,000.00		\$2,583.33			\$1,291.68	
Deferred Comp (457b) Traditional/Roth combined Age 60+	\$34,750.00		\$2,895.83			\$1,447.93	