

Benefit Plan Premiums

August 1, 2025 - July 31, 2026

Medical Plan - HealthPartners Open Access Base Plan				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Total Monthly Premium	\$1154.47	\$2,536.09	\$1,917.06	\$3,254.43
Employee Cost	\$115.44	\$634.02	\$479.26	\$813.60
Employer Cost	\$1039.03	\$1902.07	\$1437.80	\$2440.03
Medical Plan - HealthPartners Primary Clinic Buy Up Plan - Enrollment Closed				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Total Monthly Premium	\$1293.51	\$2,844.53	\$2,169.84	\$3,650.75
Employee Cost	\$254.48	\$942.46	\$731.04	\$1209.92
Employer Cost	\$1039.03	\$1902.07	\$1437.80	\$2440.03
Delta Dental of Minnesota				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Total Monthly Premium	\$43.61	\$86.64	\$105.95	\$147.58
Employee Cost	\$18.36	\$50.34	\$61.56	\$85.76
Employer Cost	\$25.25	\$36.30	\$44.39	\$61.81
Hartford Insurance Group \$50,000 Basic Life Insurance and AD&D (Employer Paid)				
	Employee			
Total Monthly Premium	\$4.25			
Employee Cost	\$0.00			
Employer Cost	\$4.25			
Hartford Insurance Group Employee Supplemental Life Insurance and AD&D (Employee Paid)		Hartford Insurance Group Spouse Supplemental Life Insurance and AD&D (Employee Paid)		Hartford Insurance Group Child(ren) Supplemental Life Insurance and AD&D (Employee Paid)
Age	Rate/\$10,000	Age	Rate/\$5,000	
0-24	\$0.70	0-24	\$0.35	
25-29	\$0.80	25-29	\$0.40	
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	
EyeMed Vision Materials Only (Employee Paid)				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Total Monthly Premium	\$5.30	\$10.09	\$10.61	\$15.60
EyeMed Vision Exam + Materials (Employee Paid)				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Total Monthly Premium	\$6.90	\$13.10	\$13.79	\$20.25