

**City of Eagan
2024 Employee Cost Illustrations**

Plans	2024 Final Monthly Rates	Monthly City Share of Premium*	Monthly Employee Share of Premium	Annual City Contribution to HRA	Best Case	Annual In-Network Out of Pocket Maximum	Worst Case
					Employee Annual Premium Costs		Annual Employee Potential Risk/Cost**
Aware Co-Pay Plan							
Employee	\$1,385.84	\$1,291.28	\$94.56		\$1,134.72	\$1,000.00	\$2,134.72
Employee + Child(ren)	\$2,112.02	\$1,561.06	\$550.96		\$6,611.52	\$5,000.00	\$11,611.52
Employee + Spouse	\$2,211.82	\$1,634.62	\$577.20		\$6,926.40	\$5,000.00	\$11,926.40
Family	\$2,480.66	\$1,826.60	\$654.06		\$7,848.72	\$5,000.00	\$12,848.72
Aware VEBA 1 \$1,500/\$3,000 80%							
Employee	\$1,011.70	\$1,011.70	\$0.00	\$1,500.00	\$0.00	\$3,000.00	\$1,500.00
Employee + Child(ren)	\$1,487.00	\$1,129.88	\$357.12	\$3,000.00	\$4,285.44	\$6,000.00	\$7,285.44
Employee + Spouse	\$1,557.68	\$1,185.80	\$371.88	\$3,000.00	\$4,462.56	\$6,000.00	\$7,462.56
Family	\$1,900.00	\$1,453.14	\$446.86	\$3,000.00	\$5,362.32	\$6,000.00	\$8,362.32
Aware VEBA 2 \$1,500/\$3,000 100%							
Employee	\$1,092.56	\$1,011.70	\$80.86	\$1,500.00	\$970.32	\$1,500.00	\$970.32
Employee + Child(ren)	\$1,605.90	\$1,129.88	\$476.02	\$3,000.00	\$5,712.24	\$3,000.00	\$5,712.24
Employee + Spouse	\$1,682.22	\$1,185.80	\$496.42	\$3,000.00	\$5,957.04	\$3,000.00	\$5,957.04
Family	\$2,051.88	\$1,453.14	\$598.74	\$3,000.00	\$7,184.88	\$3,000.00	\$7,184.88

The purpose of the illustration is to show the potential risk for employees based on the plan choice, premium cost and the maximum in-network out-of-pocket. For full plan benefits, please refer to plan documents.

NOTES:

*Best Case illustrates no medical expenses and shows employee annual premium cost.

** Worst Case equals the in-network out of pocket maximum plus premium costs minus employer dollars funded by the HRA/VEBA. This represents the employee's max cost for in-network services.