## **PT Clerical**

17.5 up to 22.5 Hours

## **2025 MONTHLY PREMIUMS**



21.68

MEDICAL	PLAN	TOTAL		CITY		EMPLOYEE
AWARE CO-PAY	EMPLOYEE	\$ 1,457.14	\$	678.86	\$	778.28
	EMPLOYEE+CHILD(REN)	\$ 2,141.70	\$	791.28	\$	1,350.42
	EMPLOYEE+SPOUSE	\$ 2,243.50	\$	828.76	\$	1,414.74
	FAMILY	\$ 2,736.54	\$	1,008.08	\$	1,728.46
AWARE VEBA 1*	EMPLOYEE	\$ 1,127.84	\$	501.42	\$	626.42
	EMPLOYEE+CHILD(REN)	\$ 1,657.70	\$	507.98	\$	1,149.72
	EMPLOYEE+SPOUSE	\$ 1,736.50	\$	539.16	\$	1,197.34
	FAMILY	\$ 2,118.12	\$	688.40	\$	1,429.72
AWARE VEBA 2*	EMPLOYEE	\$ 1,196.32	\$	501.42	\$	694.90
	EMPLOYEE+CHILD(REN)	\$ 1,758.36	\$	507.98	\$	1,250.38
	EMPLOYEE+SPOUSE	\$ 1,841.92	\$	539.16	\$	1,302.76
	FAMILY	\$ 2,246.72	\$	688.40	\$	1,558.32

<sup>\*</sup>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

**FAMILY** 

DENTAL	PLAN		TOTAL		CITY		EMPLOYEE
BASE PLAN	EMPLOYEE	\$	27.00	\$	13.50	\$	13.50
	EMPLOYEE+CHILD(REN)	\$	51.00	\$	25.50	\$	25.50
	EMPLOYEE+SPOUSE	\$	54.50	\$	27.26	\$	27.24
	FAMILY	\$	88.50	\$	44.26	\$	44.24
BUY UP w/LITTLE PARTNERS	EMPLOYEE	\$	44.40	\$	13.50	\$	30.90
	EMPLOYEE+CHILD(REN)	\$	84.00	\$	25.50	\$	58.50
	EMPLOYEE+SPOUSE	\$	89.20	\$	27.26	\$	61.94
	FAMILY	\$	141.40	\$	44.26	\$	97.14
FLEXIBLE SPENDING ACCOUNT (FSA)	PLAN	Anr	nual Max Election				EMPLOYEE
HEALTH CARE	elect up to	\$	3,300.00	*pı	ojected 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

\$

21.68 \$