City of Eagan 2025 Full Time Employee Cost Illustrations

					Best Case		Worst Case
Plans	2025 Final Monthly Rates	Monthly City Share of Premium*	Monthly Employee Share of Premium	Annual City Contribution to HRA	Employee Annual Premium Costs	Annual In-Network Out of Pocket Maximum	Annual Employee Potential Risk/Cost**
Aware Co-Pay Plan							
Employee	\$1,457.14	\$1,357.70	\$99.44		\$1,193.28	\$1,000.00	\$2,193.28
Employee + Child(ren)	\$2,141.70	\$1,582.56	\$559.14		\$6,709.68	\$5,000.00	\$11,709.68
Employee + Spouse	\$2,243.50	\$1,657.52	\$585.98		\$7,031.76	\$5,000.00	\$12,031.76
Family	\$2,736.54	\$2,016.16	\$720.38		\$8,644.56	\$5,000.00	\$13,644.56
Aware VEBA 1 \$1,500/\$3,000 80%							
Employee	\$1,127.84	\$1,127.84	\$0.00	\$1,500.00	\$0.00	\$3,000.00	\$1,500.00
Employee + Child(ren)	\$1,657.70	\$1,265.96	\$391.74	\$3,000.00	\$4,700.88	\$6,000.00	\$7,700.88
Employee + Spouse	\$1,736.50	\$1,328.30	\$408.20	\$3,000.00	\$4,898.40	\$6,000.00	\$7,898.40
Family	\$2,118.12	\$1,626.80	\$491.32	\$3,000.00	\$5,895.84	\$6,000.00	\$8,895.84
Aware VEBA 2 \$1,500/\$3,000 100%							
Employee	\$1,196.32	\$1,127.84	\$68.48	\$1,500.00	\$821.76	\$1,500.00	\$821.76
Employee + Child(ren)	\$1,758.36	\$1,265.96	\$492.40	\$3,000.00	\$5,908.80	\$3,000.00	\$5,908.80
Employee + Spouse	\$1,841.92	\$1,328.30	\$513.62	\$3,000.00	\$6,163.44	\$3,000.00	\$6,163.44
Family	\$2,246.72	\$1,626.80	\$619.92	\$3,000.00	\$7,439.04	\$3,000.00	\$7,439.04

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.

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Group: City of Eagan Date: October 20, 2021