

**Appendix B
2018 Monthly Insurance Premiums and Contributions**

*The County contributions for insurance listed below are the same as 2017. The County and Employee contributions for 2018 have not yet been set by bargaining unit contracts and County Board Resolution. **

**MEDICAL INSURANCE
HealthPartners**

	Full-Time Employees			Part Time 2/3 contribution	
	<u>Total Premium</u>	<u>Employee Cost*</u>	<u>County Cost</u>	<u>Employee Cost*</u>	<u>County Cost</u>
Single	\$ 864.05	\$ 101.15	\$ 762.90	Single \$ 352.91	\$ 511.14
Family	\$ 2,059.22	\$ 595.86	\$ 1,463.36	Family \$1,078.76	\$ 980.46
Family Bi-weekly deduction:		\$ 297.93	\$ 731.68	Bi-weekly: \$ 539.38	\$ 490.23

DENTAL INSURANCE – Delta Dental

Delta Dental	Full-Time			Part-Time 2/3	
	<u>Total Premium</u>	<u>Employee Cost*</u>	<u>County Cost</u>	<u>Employee Cost*</u>	<u>County Cost</u>
Single	\$ 45.24	\$ 17.23	\$ 28.01	Single \$ 26.47	\$ 18.77
Family	\$ 100.84	\$ 45.81	\$ 55.03	Family \$ 63.97	\$ 36.87

LIFE INSURANCE - Minnesota Life

Basic Life/AD&D (County paid)		<u>Monthly Premium</u> \$.155/\$1000 annual salary	
Optional Life (Employee paid)	Age		
	29 or less	\$ 0.04	per \$1,000
	30-34	\$ 0.05	
	35-39	\$ 0.06	
	40-44	\$ 0.10	
	45-49	\$ 0.14	
	50-54	\$ 0.22	
	55-59	\$ 0.38	
	60-64	\$ 0.52	
	65-69	\$ 0.81	
	70+	\$ 0.90	
Accidental Death and Dismemberment (Employee paid)		\$ 0.025	per \$1,000
Dependent Life (Employee paid)	Coverage \$ 15,000	\$ 2.70	per month

LONG-TERM DISABILITY - N.I.S.

40% Income replacement (County paid)	
	<u>Monthly Premium</u>
All ages	\$ 0.112 /\$100 monthly salary
Optional 20% Buy up (Employee paid)	
	<u>Age</u>
39 or less	\$ 0.090 /\$100 monthly salary
40-49	\$ 0.235 /\$100 monthly salary
50 or over	\$ 0.281 /\$100 monthly salary

SHORT-TERM DISABILITY - N.I.S.

(All premiums employee paid)	
	<u>Monthly Premium</u>
Option 1 - 30 day elimination period	.459% of monthly salary
Option 2 - 60 day elimination period	.352% of monthly salary
Option 3 - 90 day elimination period	.214% of monthly salary