

Appendix B
2024 Monthly Insurance Premiums and Contributions

Medical Rates

<u>Full-Time Rates</u>	<u>Total Rate</u>	<u>County Contribution</u>	<u>Employee Rate</u>
<u>BCBS Preferred Plan</u>			
Single Employee	\$ 975.59	\$ 926.81	\$ 48.78
Employee + Spouse	\$ 2,048.75	\$ 1,679.97	\$ 368.78
Employee + Child(ren)	\$ 2,146.31	\$ 1,759.97	\$ 386.34
Family	\$ 3,219.46	\$ 2,672.14	\$ 547.32

<u>BCBS Broad Plan</u>			
Single Employee	\$ 881.67	\$ 837.59	\$ 44.08
Employee + Spouse	\$ 1,851.51	\$ 1,518.23	\$ 333.28
Employee + Child(ren)	\$ 1,939.67	\$ 1,590.53	\$ 349.14
Family	\$ 2,909.51	\$ 2,414.89	\$ 494.62

<u>BCBS High Deductible Health Plan</u>			
Single Employee	\$ 754.50	\$ 716.78 + \$60 HSA	\$ 37.72
Employee + Spouse	\$ 1,585.00	\$ 1,299.70 + \$125 HSA	\$ 285.30
Employee + Child(ren)	\$ 1,660.50	\$ 1,361.60 + \$125 HSA	\$ 298.90
Family	\$ 2,490.50	\$ 2,067.12 + \$125 HSA	\$ 423.38

<u>Part-Time Rates</u>	<u>Total Rate</u>	<u>County Contribution</u>	<u>Employee Rate</u>
<u>BCBS Preferred Plan</u>			
Single Employee	\$ 975.59	\$ 620.97	\$ 354.62
Employee + Spouse	\$ 2,048.75	\$ 1,125.61	\$ 923.14
Employee + Child(ren)	\$ 2,146.31	\$ 1,179.19	\$ 967.12
Family	\$ 3,219.46	\$ 1,790.34	\$ 1,429.12
<u>BCBS Broad Plan</u>			
Single Employee	\$ 881.67	\$ 561.19	\$ 320.48
Employee + Spouse	\$ 1,851.51	\$ 1,017.21	\$ 834.30
Employee + Child(ren)	\$ 1,939.67	\$ 1,065.65	\$ 874.02
Family	\$ 2,909.51	\$ 1,617.99	\$ 1,291.52

<u>BCBS High Deductible Health Plan</u>			
Single Employee	\$ 754.50	\$ 480.24 + \$ 60 HSA	\$ 274.26
Employee + Spouse	\$ 1,585.00	\$ 870.80 + \$125 HSA	\$ 714.20
Employee + Child(ren)	\$ 1,660.50	\$ 912.27 + \$125 HSA	\$ 748.23
Family	\$ 2,490.50	\$ 1,384.97 + \$125 HSA	\$ 1,105.53

*Monthly premiums for medical insurance are split and deducted from the first two paychecks of the month

Appendix B- Continued

DENTAL INSURANCE

MetLife Select Plan Full-Time				MetLife Open Plan Full-Time			
	Total	County	Employee	Total	County	Employee	
	<u>Premium</u>	<u>Cost</u>	<u>Cost</u>	<u>Premium</u>	<u>Cost</u>	<u>Cost</u>	
Single Employee	\$ 41.28	\$ 20.64	\$ 20.64	\$ 37.57	\$ 18.79	\$ 18.78	
Employee+Spouse	\$ 66.76	\$ 33.38	\$ 33.38	\$ 61.00	\$ 30.50	\$ 30.50	
Employee+Child(ren)	\$ 73.72	\$ 36.86	\$ 36.86	\$ 66.86	\$ 33.44	\$ 33.42	
Family	\$122.90	\$ 67.60	\$ 55.30	\$112.09	\$ 61.65	\$ 50.44	

MetLife Select Plan Part-Time				MetLife Open Plan Part-Time			
	Total	County	Employee	Total	County	Employee	
	<u>Premium</u>	<u>Cost</u>	<u>Cost</u>	<u>Premium</u>	<u>Cost</u>	<u>Cost</u>	
Single Employee	\$ 41.28	\$ 13.84	\$ 27.44	\$ 37.57	\$ 12.57	\$ 25.00	
Employee+Spouse	\$ 66.76	\$ 22.36	\$ 44.40	\$ 61.00	\$ 20.44	\$ 40.56	
Employee+Child(ren)	\$ 73.72	\$ 24.70	\$ 49.02	\$ 66.86	\$ 22.40	\$ 44.46	
Family	\$122.90	\$ 45.30	\$ 77.60	\$112.09	\$ 41.31	\$ 70.78	

LIFE INSURANCE - Minnesota Life

Basic Life/AD&D (County paid) Monthly Premium
 \$.13/\$1000 annual salary

Optional Life (Employee paid)	Age		per \$1,000
	29 or less	\$ 0.04	
	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
 \$ 20,000 \$ 3.60 per month

LONG-TERM DISABILITY - N.I.S.

40% Income replacement (County paid)
Monthly Premium
 All ages \$ 0.084 /\$100 monthly salary

Optional 20% Buy up (Employee paid)
Age
 Under 40 \$ 0.068 /\$100 monthly salary
 40-49 \$ 0.176 /\$100 monthly salary
 50 or over \$ 0.211 /\$100 monthly salary

SHORT-TERM DISABILITY - N.I.S.

(All premiums employee-paid)
Monthly Premium
 Option 1 - 30-day elimination period .344% of monthly salary
 Option 2 - 60-day elimination period .264% of monthly salary
 Option 3 - 90-day elimination period .161% of monthly salary