
Appendix B: Detailed Health Insurance Information, 2022

This appendix provides 2022 health insurance costs and provisions for law enforcement officers in jurisdictions within our review. Chapter 2 provides summary-level information on the employee-only and family insurance costs for the plans with the highest premiums in each jurisdiction we examined. This appendix is intended to provide additional details on health insurance costs for plans available to law enforcement officers. Below is a description of the contents of the tables in this appendix.

Table Column	Description of Contents
Plan	<ul style="list-style-type: none">• A plan name contains three elements: (1) the copay or deductible amount for the plan for single coverage, (2) terms “Copay” or “Deductible” depending on the plan type, and (3) terms “HRA” or “HSA” if the plan includes a health expense account.<ul style="list-style-type: none">○ Health Reimbursement Arrangement (HRA) accounts and Health Savings Accounts (HSAs) allow employees to be reimbursed tax-free for qualified medical expenses. Both are funded on a pre-tax basis, but HRAs are funded by the employer, while HSAs are funded by the employee. Several of the health expense accounts we reviewed were a Voluntary Employees’ Beneficiary Association (VEBA) account, a type of HRA. We refer to these as HRAs throughout Appendix B.
Network	<ul style="list-style-type: none">• The facilities, providers, and suppliers with which health insurers have contracted to provide health care services are called a “network.”• For each plan, we either named the network covered by the health insurance plan or used “All” to denote plans for which the premium amounts and plan details were the same across all networks available to plan participants.
Coverage	<ul style="list-style-type: none">• Employees can choose who is covered by their health insurance plan. When just the employee is covered, we call that “single” coverage. When the employee, a spouse, and any number of dependents are covered, that is “family” coverage. In between are EE + 1, EE + Spouse, and EE + Child(ren). “EE” means “eligible employee,” and “+ 1” could be a spouse, domestic partner, or child. “Spouse” refers to the eligible employee’s spouse. “Child(ren)” could be any number of children.
Copay or Coinsurance after Deductible	<ul style="list-style-type: none">• A copay is a <i>fixed amount</i> that the employee pays for covered health care services after meeting their yearly deductible. Coinsurance is a <i>specified percentage</i> of the cost of covered health care services that employees and/or employers pay after the employee meets their yearly deductible.• Coinsurance amounts are reported here as the percentage the <i>employee</i> pays.
Premium Amounts (Total, Employer, and Employee)	<ul style="list-style-type: none">• The monthly cost of the specified health insurance plan.• The total premium amount as well as the share paid by the employer and the employee.
Annual Deductible	<ul style="list-style-type: none">• The dollar amount that the employee pays—on a yearly basis—for covered health care services before their insurance carrier starts to contribute to those health care costs.
Maximum Out-of-Pocket Amount	<ul style="list-style-type: none">• The maximum dollar amount the employee would have to spend on covered health care services on a yearly basis before those services would be paid for entirely by the insurance provider.

City of Apple Valley

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$30 Copay	All	Single	\$30	\$1,151	\$ 960	\$ 191	\$ 0	\$1,200
\$30 Copay	All	EE + Spouse	30	2,418	960	1,458	0	5,000
\$30 Copay	All	EE + Child(ren)	30	2,303	960	1,343	0	5,000
\$30 Copay	All	Family	30	2,993	960	2,033	0	5,000
\$2,500 Deductible HRA	All	Single	0%	832	1,415	(584)	2,500	2,500
\$2,500 Deductible HRA	All	EE + Spouse	0%	1,747	1,415	332	5,000	5,000
\$2,500 Deductible HRA	All	EE + Child(ren)	0%	1,664	1,415	249	5,000	5,000
\$2,500 Deductible HRA	All	Family	0%	2,163	1,415	748	5,000	5,000
\$4,000 Deductible HRA	All	Single	0%	733	1,415	(682)	4,000	4,000
\$4,000 Deductible HRA	All	EE + Spouse	0%	1,540	1,415	125	8,000	8,000
\$4,000 Deductible HRA	All	EE + Child(ren)	0%	1,467	1,415	52	8,000	8,000
\$4,000 Deductible HRA	All	Family	0%	1,907	1,415	492	8,000	8,000
\$2,800 Deductible HSA	All	Single	0%	746	1,415	(669)	2,800	2,800
\$2,800 Deductible HSA	All	EE + Spouse	0%	1,568	1,415	153	5,600	5,600
\$2,800 Deductible HSA	All	EE + Child(ren)	0%	1,493	1,415	78	5,600	5,600
\$2,800 Deductible HSA	All	Family	0%	1,941	1,415	526	5,600	5,600
\$4,000 Deductible HSA	All	Single	0%	694	1,415	(721)	4,000	4,000
\$4,000 Deductible HSA	All	EE + Spouse	0%	1,459	1,415	44	8,000	8,000
\$4,000 Deductible HSA	All	EE + Child(ren)	0%	1,389	1,415	(26)	8,000	8,000
\$4,000 Deductible HSA	All	Family	0%	1,806	1,415	391	8,000	8,000

Note: For deductible plans, the city contributed \$184 for single and \$288 for all other coverage types to the employee's HRA or HSA monthly.

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive up to \$60 a month as taxable income.

City of Blaine

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$30 Copay	All	Single	\$30	\$1,151	\$1,390	\$ (239)	\$ 0	\$1,200
\$30 Copay	All	EE + Spouse	30	2,418	1,390	1,028	0	5,000
\$30 Copay	All	EE + Child(ren)	30	2,303	1,390	913	0	5,000
\$30 Copay	All	Family	30	2,993	1,390	1,603	0	5,000
\$2,800 Deductible HSA+	All	Single	0%	764	1,390	(626)	2,800	2,800
\$2,800 Deductible HSA+	All	EE + Spouse	0%	1,605	1,390	215	5,600	5,600
\$2,800 Deductible HSA+	All	EE + Child(ren)	0%	1,528	1,390	138	5,600	5,600
\$2,800 Deductible HSA+	All	Family	0%	1,987	1,390	597	5,600	5,600
\$2,800 Deductible HSA	All	Single	0%	746	1,390	(644)	2,800	2,800
\$2,800 Deductible HSA	All	EE + Spouse	0%	1,568	1,390	178	5,600	5,600
\$2,800 Deductible HSA	All	EE + Child(ren)	0%	1,493	1,390	103	5,600	5,600
\$2,800 Deductible HSA	All	Family	0%	1,941	1,390	551	5,600	5,600
\$4,000 Deductible HSA+	All	Single	0%	713	1,390	(677)	4,000	4,000
\$4,000 Deductible HSA+	All	EE + Spouse	0%	1,498	1,390	108	8,000	8,000
\$4,000 Deductible HSA+	All	EE + Child(ren)	0%	1,427	1,390	37	8,000	8,000
\$4,000 Deductible HSA+	All	Family	0%	1,854	1,390	464	8,000	8,000

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

City of Bloomington

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$30 Copay	Passport	Single	\$30/20%	\$ 688	\$ 589	\$ 99	\$ 350	\$1,500
\$30 Copay	Passport	EE + 1	\$30/20%	1,377	978	398	700	3,000
\$30 Copay	Passport	Family	\$30/20%	2,065	1,326	739	700	3,000
\$30 Copay	Elect	Single	\$30/20%	640	589	51	350	1,500
\$30 Copay	Elect	EE + 1	\$30/20%	1,280	978	302	700	3,000
\$30 Copay	Elect	Family	\$30/20%	1,920	1,326	594	700	3,000
\$2,800 Deductible HRA	Passport	Single	0%	596	554	42	2,800	2,800
\$2,800 Deductible HRA	Passport	EE + 1	0%	1,192	1,098	95	5,600	5,600
\$2,800 Deductible HRA	Passport	Family	0%	1,788	1,663	125	5,600	5,600
\$2,800 Deductible HRA	Elect	Single	0%	554	554	0	2,800	2,800
\$2,800 Deductible HRA	Elect	EE + 1	0%	1,109	1,098	11	5,600	5,600
\$2,800 Deductible HRA	Elect	Family	0%	1,663	1,630	33	5,600	5,600
\$2,800 Deductible HSA	Passport	Single	0%	577	537	40	2,800	2,800
\$2,800 Deductible HSA	Passport	EE + 1	0%	1,154	1,063	92	5,600	5,600
\$2,800 Deductible HSA	Passport	Family	0%	1,732	1,610	121	5,600	5,600
\$2,800 Deductible HSA	Elect	Single	0%	537	537	0	2,800	2,800
\$2,800 Deductible HSA	Elect	EE + 1	0%	1,074	1,063	11	5,600	5,600
\$2,800 Deductible HSA	Elect	Family	0%	1,610	1,578	32	5,600	5,600

Note: For deductible plans, the city contributed \$200 for all coverage types to the employee's HRA or HSA monthly.

City of Brooklyn Center

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$2,500 Deductible HRA	All	Single	0%	\$ 854	\$1,386	\$(532)	\$2,500	\$2,500
\$2,500 Deductible HRA	All	EE + Spouse	0%	1,793	1,386	407	5,000	5,000
\$2,500 Deductible HRA	All	EE + Child(ren)	0%	1,707	1,386	321	5,000	5,000
\$2,500 Deductible HRA	All	Family	0%	2,219	1,386	833	5,000	5,000
\$4,000 Deductible HRA	All	Single	0%	753	1,386	(633)	4,000	4,000
\$4,000 Deductible HRA	All	EE + Spouse	0%	1,581	1,386	195	8,000	8,000
\$4,000 Deductible HRA	All	EE + Child(ren)	0%	1,505	1,386	119	8,000	8,000
\$4,000 Deductible HRA	All	Family	0%	1,965	1,386	579	8,000	8,000
\$2,800 Deductible HSA+	All	Single	0%	785	1,386	(602)	2,800	2,800
\$2,800 Deductible HSA+	All	EE + Spouse	0%	1,647	1,386	261	5,600	5,600
\$2,800 Deductible HSA+	All	EE + Child(ren)	0%	1,568	1,386	182	5,600	5,600
\$2,800 Deductible HSA+	All	Family	0%	2,039	1,386	653	5,600	5,600
\$4,000 Deductible HSA+	All	Single	0%	732	1,386	(654)	4,000	4,000
\$4,000 Deductible HSA+	All	EE + Spouse	0%	1,537	1,386	151	8,000	8,000
\$4,000 Deductible HSA+	All	EE + Child(ren)	0%	1,464	1,386	78	8,000	8,000
\$4,000 Deductible HSA+	All	Family	0%	1,903	1,386	517	8,000	8,000

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

City of Brooklyn Park

Plan	Network or Cost Level	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible ^b	Maximum Out-of-Pocket ^b
\$30 Copay HRA	Cost Level 1	Single	\$ 30	\$ 975	\$ 724	\$251	\$ 250	\$2,750
\$30 Copay HRA	Cost Level 1	Family	30	2,588	1,712	875	500	5,500
\$35 Copay HRA	Cost Level 2	Single	35	975	724	251	400	2,750
\$35 Copay HRA	Cost Level 2	Family	35	2,588	1,712	875	800	5,500
\$65 Copay HRA	Cost Level 3	Single	65	975	724	251	750	3,450
\$65 Copay HRA	Cost Level 3	Family	65	2,588	1,712	875	1,500	6,900
\$85 Copay HRA	Cost Level 4	Single	85	975	724	251	1,500	4,650
\$85 Copay HRA	Cost Level 4	Family	85	2,588	1,712	875	3,000	9,300
\$35 Copay HRA	Cost Level 1	Single	35	877	724	154	600	3,850
\$35 Copay HRA	Cost Level 1	Family	35	2,327	1,712	615	1,200	7,700
\$40 Copay HRA	Cost Level 2	Single	40	877	724	154	850	3,850
\$40 Copay HRA	Cost Level 2	Family	40	2,327	1,712	615	1,700	7,700
\$100 Copay HRA	Cost Level 3	Single	100	877	724	154	1,300	5,050
\$100 Copay HRA	Cost Level 3	Family	100	2,327	1,712	615	2,600	10,100
\$125 Copay HRA	Cost Level 4	Single	125	877	724	154	2,100	6,050
\$125 Copay HRA	Cost Level 4	Family	125	2,327	1,712	615	4,200	12,100
\$45 Copay HSA	Cost Level 1	Single	45	685	724	(39)	1,500	3,000
\$45 Copay HSA	Cost Level 1	Family	45	1,813	1,712	101	2,800/3,000	5,000/6,000
\$55 Copay HSA	Cost Level 2	Single	55	685	724	(39)	2,000	3,000
\$55 Copay HSA	Cost Level 2	Family	55	1,813	1,712	101	3,200/4,000	5,000/6,000
\$105 Copay HSA	Cost Level 3	Single	105	685	724	(39)	3,000	4,000
\$105 Copay HSA	Cost Level 3	Family	105	1,813	1,712	101	4,800/6,000	6,900/8,000
\$130 Copay HSA	Cost Level 4	Single	130	685	724	(39)	4,000	5,000
\$130 Copay HSA	Cost Level 4	Family	130	1,813	1,712	101	6,400/8,000	6,900/10,000

Note: For all plans and coverage types, the city contributed \$125 to the employee's HRA or HSA monthly.

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life.

^b When there are two figures in the column, the first figure is the cost per family member, and the second figure is the cost per family.

City of Burnsville

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$30 Copay	Open Access	Single	\$30	\$ 921	\$ 756	\$166	\$ 0	\$1,200
\$30 Copay	Open Access	EE + 1	30	1,482	973	510	0	2,500
\$30 Copay	Open Access	Family	30	1,945	1,276	668	0	2,500
\$1,250 Deductible HRA	Open Access	Single	20%	810	756	54	1,250	2,500
\$1,250 Deductible HRA	Open Access	EE + 1	20%	1,303	973	330	2,500	5,000
\$1,250 Deductible HRA	Open Access	Family	20%	1,709	1,276	433	2,500	5,000
\$1,750 Deductible HRA	Open Access	Single	20%	772	756	16	1,750	3,500
\$1,750 Deductible HRA	Open Access	EE + 1	20%	1,242	973	269	3,500	7,000
\$1,750 Deductible HRA	Open Access	Family	20%	1,629	1,276	353	3,500	7,000
\$2,800 Deductible HRA	Open Access	Single	0%	786	756	31	2,800	2,800
\$2,800 Deductible HRA	Open Access	EE + 1	0%	1,265	973	293	5,600	5,600
\$2,800 Deductible HRA	Open Access	Family	0%	1,660	1,276	384	5,600	5,600
\$2,800 Deductible HRA	Achieve	Single	0%	739	739	0	2,800	2,800
\$2,800 Deductible HRA	Achieve	EE + 1	0%	1,189	952	238	5,600	5,600
\$2,800 Deductible HRA	Achieve	Family	0%	1,561	1,248	312	5,600	5,600
\$2,800 Deductible HSA	Open Access	Single	0%	739	739	0	2,800	2,800
\$2,800 Deductible HSA	Open Access	EE + 1	0%	1,189	952	238	5,600	5,600
\$2,800 Deductible HSA	Open Access	Family	0%	1,561	1,248	312	5,600	5,600
\$2,800 Deductible HSA	Achieve	Single	0%	710	710	0	2,800	2,800
\$2,800 Deductible HSA	Achieve	EE + 1	0%	1,143	914	229	5,600	5,600
\$2,800 Deductible HSA	Achieve	Family	0%	1,500	1,200	300	5,600	5,600

Notes: For the \$1,250 and \$1,750 deductible plans, the city contributed \$145 for single and \$170 for all other coverage types to the employee's HRA monthly. For the \$2,800 deductible plans, the city contributed \$240 for single and \$373 for all other coverage types to the employee's HRA or HSA monthly.

City of Chaska

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$2,500 Deductible HRA	Aware	Single	0%	\$ 670	\$ 932	\$(262)	\$2,500	\$2,500
\$2,500 Deductible HRA	Aware	EE + Spouse	0%	1,407	1,306	101	5,000	5,000
\$2,500 Deductible HRA	Aware	EE+ Child(ren)	0%	1,340	1,306	34	5,000	5,000
\$2,500 Deductible HRA	Aware	Family	0%	1,741	1,306	435	5,000	5,000
\$2,500 Deductible HRA	Metro MN Health	Single	0%	584	932	(348)	2,500	2,500
\$2,500 Deductible HRA	Metro MN Health	EE + Spouse	0%	1,225	1,306	(81)	5,000	5,000
\$2,500 Deductible HRA	Metro MN Health	EE+ Child(ren)	0%	1,167	1,306	(139)	5,000	5,000
\$2,500 Deductible HRA	Metro MN Health	Family	0%	1,516	1,306	210	5,000	5,000
\$2,800 Deductible HSA	Aware	Single	0%	646	1,036	(390)	2,800	2,800
\$2,800 Deductible HSA	Aware	EE + Spouse	0%	1,356	1,514	(158)	5,600	5,600
\$2,800 Deductible HSA	Aware	EE+ Child(ren)	0%	1,291	1,514	(223)	5,600	5,600
\$2,800 Deductible HSA	Aware	Family	0%	1,678	1,514	164	5,600	5,600
\$2,800 Deductible HSA	Metro MN Health	Single	0%	563	1,036	(473)	2,800	2,800
\$2,800 Deductible HSA	Metro MN Health	EE + Spouse	0%	1,181	1,514	(333)	5,600	5,600
\$2,800 Deductible HSA	Metro MN Health	EE+ Child(ren)	0%	1,125	1,514	(389)	5,600	5,600
\$2,800 Deductible HSA	Metro MN Health	Family	0%	1,462	1,514	(52)	5,600	5,600

Note: For the \$2,500 deductible plans, the city contributed \$104 for single and \$208 for all other coverage types to the employee's HRA monthly.

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

City of Coon Rapids

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$2,500 Deductible HRA	Open Access	Single	0%	\$ 874	\$ 817	\$ 57	\$2,500	\$2,500
\$2,500 Deductible HRA	Open Access	EE + Spouse	0%	1,837	968	869	5,000	5,000
\$2,500 Deductible HRA	Open Access	EE+ Child(ren)	0%	1,749	1,147	602	5,000	5,000
\$2,500 Deductible HRA	Open Access	Family	0%	2,274	1,287	987	5,000	5,000
\$2,500 Deductible HRA	Perform	Single	0%	857	817	39	2,500	2,500
\$2,500 Deductible HRA	Perform	EE + Spouse	0%	1,800	968	832	5,000	5,000
\$2,500 Deductible HRA	Perform	EE+ Child(ren)	0%	1,714	1,147	567	5,000	5,000
\$2,500 Deductible HRA	Perform	Family	0%	2,228	1,287	941	5,000	5,000
\$2,500 Deductible HRA	Achieve	Single	0%	822	817	4	2,500	2,500
\$2,500 Deductible HRA	Achieve	EE + Spouse	0%	1,727	968	759	5,000	5,000
\$2,500 Deductible HRA	Achieve	EE+ Child(ren)	0%	1,644	1,147	497	5,000	5,000
\$2,500 Deductible HRA	Achieve	Family	0%	2,137	1,287	850	5,000	5,000
\$2,800 Deductible HSA	Open Access	Single	0%	785	922	(137)	2,800	2,800
\$2,800 Deductible HSA	Open Access	EE + Spouse	0%	1,648	1,176	472	5,600	5,600
\$2,800 Deductible HSA	Open Access	EE+ Child(ren)	0%	1,570	1,355	215	5,600	5,600
\$2,800 Deductible HSA	Open Access	Family	0%	2,040	1,495	545	5,600	5,600
\$2,800 Deductible HSA	Perform	Single	0%	769	922	(153)	2,800	2,800
\$2,800 Deductible HSA	Perform	EE + Spouse	0%	1,615	1,176	439	5,600	5,600
\$2,800 Deductible HSA	Perform	EE+ Child(ren)	0%	1,538	1,355	183	5,600	5,600
\$2,800 Deductible HSA	Perform	Family	0%	1,999	1,495	504	5,600	5,600
\$2,800 Deductible HSA	Achieve	Single	0%	738	922	(184)	2,800	2,800
\$2,800 Deductible HSA	Achieve	EE + Spouse	0%	1,549	1,176	373	5,600	5,600
\$2,800 Deductible HSA	Achieve	EE+ Child(ren)	0%	1,476	1,355	121	5,600	5,600
\$2,800 Deductible HSA	Achieve	Family	0%	1,918	1,495	423	5,600	5,600

Note: For the \$2,500 deductible plans, the city contributed \$104 for single and \$208 for all other coverage types to the employee's HRA monthly.

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

City of Cottage Grove

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$2,500 Deductible HSA	Passport	Single	20%	\$ 509	\$509	\$ 0	\$2,500	\$4,500
\$2,500 Deductible HSA	Passport	EE + 1	20%	1,069	748	321	5,000	9,000
\$2,500 Deductible HSA	Passport	EE + Child(ren)	20%	967	677	290	5,000	9,000
\$2,500 Deductible HSA	Passport	Family	20%	1,425	998	428	5,000	9,000
\$2,500 Deductible HSA	Elect	Single	20%	473	473	0	2,500	4,500
\$2,500 Deductible HSA	Elect	EE + 1	20%	994	696	298	5,000	9,000
\$2,500 Deductible HSA	Elect	EE + Child(ren)	20%	900	630	270	5,000	9,000
\$2,500 Deductible HSA	Elect	Family	20%	1,326	928	398	5,000	9,000

Note: The city contributed up to a monthly maximum of \$117 for single and \$233 for all other coverage types to the employee's HSA, using a matching basis of two employer dollars for every one dollar contributed by the employee.

City of Duluth

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$250 Deductible	All	Single	20%	\$ 980	\$1,186	\$(206)	\$250	\$1,250
\$250 Deductible	All	Family	20%	2,410	2,157	253	500	2,500

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

City of Eagan

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$20 Copay	All	Single	\$20	\$1,183	\$1,102	\$ 81	\$ 0	\$1,000
\$20 Copay	All	EE + Spouse	20	1,888	1,395	493	0	3,000
\$20 Copay	All	EE + Child(ren)	20	1,802	1,332	470	0	3,000
\$20 Copay	All	Family	20	2,117	1,559	558	0	3,000
\$1,500 Deductible HRA 2	All	Single	0%	932	863	69	1,500	1,500
\$1,500 Deductible HRA 2	All	EE + Spouse	0%	1,436	1,005	431	3,000	3,000
\$1,500 Deductible HRA 2	All	EE + Child(ren)	0%	1,370	957	414	3,000	3,000
\$1,500 Deductible HRA 2	All	Family	0%	1,751	1,233	518	3,000	3,000
\$1,500 Deductible HRA 1	All	Single	20%	863	863	0	1,500	3,000
\$1,500 Deductible HRA 1	All	EE + Spouse	20%	1,329	1,005	325	3,000	6,000
\$1,500 Deductible HRA 1	All	EE + Child(ren)	20%	1,269	957	312	3,000	6,000
\$1,500 Deductible HRA 1	All	Family	20%	1,621	1,233	389	3,000	6,000

Note: For deductible plans, the city contributed \$125 for single and \$250 for all other coverage types to the employee's HRA monthly.

City of Eden Prairie

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$1,000 Deductible HRA	All	Single	20%	\$ 918	\$ 873	\$ 46	\$1,000	\$1,500
\$1,000 Deductible HRA	All	EE + 1	20%	1,837	1,469	367	2,500	4,000
\$1,000 Deductible HRA	All	Family	20%	2,181	1,571	611	2,500	4,000
\$2,000 Deductible HSA	All	Single	20%	732	695	37	2,000	3,000
\$2,000 Deductible HSA	All	EE + 1	20%	1,463	1,170	293	4,000	6,000
\$2,000 Deductible HSA	All	Family	20%	1,737	1,251	486	4,000	6,000

Notes: For the HRA plans, the city contributed \$70 for single, \$105 for EE + 1, and \$130 for family coverage to the employee's HRA monthly. For the HSA plans, the city contributed \$141 for single and \$216 for EE + 1 or family coverage to the employee's HSA monthly.

City of Edina

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$2,500 Deductible HRA	Open Access	Single	0%	\$ 853	\$ 911	\$ (58)	\$2,500	\$2,500
\$2,500 Deductible HRA	Open Access	EE + Spouse	0%	1,792	1,457	335	5,000	5,000
\$2,500 Deductible HRA	Open Access	EE + Child(ren)	0%	1,706	1,457	249	5,000	5,000
\$2,500 Deductible HRA	Open Access	Family	0%	2,218	1,807	411	5,000	5,000
\$2,500 Deductible HRA	Perform	Single	0%	836	911	(75)	2,500	2,500
\$2,500 Deductible HRA	Perform	EE + Spouse	0%	1,756	1,457	299	5,000	5,000
\$2,500 Deductible HRA	Perform	EE + Child(ren)	0%	1,672	1,457	215	5,000	5,000
\$2,500 Deductible HRA	Perform	Family	0%	2,174	1,807	367	5,000	5,000
\$2,500 Deductible HRA	Achieve	Single	0%	802	911	(109)	2,500	2,500
\$2,500 Deductible HRA	Achieve	EE + Spouse	0%	1,684	1,457	227	5,000	5,000
\$2,500 Deductible HRA	Achieve	EE + Child(ren)	0%	1,604	1,457	147	5,000	5,000
\$2,500 Deductible HRA	Achieve	Family	0%	2,086	1,807	279	5,000	5,000
\$2,800 Deductible HSA+	Open Access	Single	0%	784	965	(182)	2,800	2,800
\$2,800 Deductible HSA+	Open Access	EE + Spouse	0%	1,646	1,565	81	5,600	5,600
\$2,800 Deductible HSA+	Open Access	EE + Child(ren)	0%	1,567	1,565	2	5,600	5,600
\$2,800 Deductible HSA+	Open Access	Family	0%	2,038	1,915	123	5,600	5,600
\$2,800 Deductible HSA+	Perform	Single	0%	768	965	(197)	2,800	2,800
\$2,800 Deductible HSA+	Perform	EE + Spouse	0%	1,613	1,565	48	5,600	5,600
\$2,800 Deductible HSA+	Perform	EE + Child(ren)	0%	1,536	1,565	(30)	5,600	5,600
\$2,800 Deductible HSA+	Perform	Family	0%	1,997	1,915	82	5,600	5,600
\$2,800 Deductible HSA+	Achieve	Single	0%	737	965	(229)	2,800	2,800
\$2,800 Deductible HSA+	Achieve	EE + Spouse	0%	1,547	1,565	(18)	5,600	5,600
\$2,800 Deductible HSA+	Achieve	EE + Child(ren)	0%	1,473	1,565	(92)	5,600	5,600
\$2,800 Deductible HSA+	Achieve	Family	0%	1,916	1,915	1	5,600	5,600
\$2,800 Deductible HSA	Open Access	Single	0%	766	965	(200)	2,800	2,800
\$2,800 Deductible HSA	Open Access	EE + Spouse	0%	1,608	1,565	43	5,600	5,600
\$2,800 Deductible HSA	Open Access	EE + Child(ren)	0%	1,531	1,565	(34)	5,600	5,600
\$2,800 Deductible HSA	Open Access	Family	0%	1,991	1,915	76	5,600	5,600
\$2,800 Deductible HSA	Perform	Single	0%	750	965	(215)	2,800	2,800
\$2,800 Deductible HSA	Perform	EE + Spouse	0%	1,576	1,565	11	5,600	5,600
\$2,800 Deductible HSA	Perform	EE + Child(ren)	0%	1,501	1,565	(65)	5,600	5,600
\$2,800 Deductible HSA	Perform	Family	0%	1,951	1,915	36	5,600	5,600
\$2,800 Deductible HSA	Achieve	Single	0%	720	965	(246)	2,800	2,800
\$2,800 Deductible HSA	Achieve	EE + Spouse	0%	1,511	1,565	(54)	5,600	5,600
\$2,800 Deductible HSA	Achieve	EE + Child(ren)	0%	1,439	1,565	(126)	5,600	5,600
\$2,800 Deductible HSA	Achieve	Family	0%	1,871	1,915	(44)	5,600	5,600

Notes: For the HRA plans, the city contributed \$104 for single and \$208 for all other coverage types to the employee's HRA monthly. For the HSA+ and HSA plans, the city contributed \$50 for single and \$100 for all other coverage types to the employee's HSA monthly.

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

City of Fridley

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$25 Copay	All	Single	\$25/20%	\$ 953	\$ 871	\$ 83	\$ 500	\$2,750
\$25 Copay	All	EE + 1	\$25/20%	2,005	1,469	536	1,000	5,500
\$25 Copay	All	Family	\$25/20%	3,059	2,107	953	1,000	5,500
\$2,500 Deductible HRA	All	Single	0%	723	660	63	2,500	2,500
\$2,500 Deductible HRA	All	EE + 1	0%	1,521	1,257	264	5,000	5,000
\$2,500 Deductible HRA	All	Family	0%	2,320	1,884	436	5,000	5,000
\$2,800 Deductible HSA	All	Single	0%	683	623	59	2,800	2,800
\$2,800 Deductible HSA	All	EE + 1	0%	1,436	1,230	205	5,600	5,600
\$2,800 Deductible HSA	All	Family	0%	2,191	1,866	325	5,600	5,600

Note: For the deductible plans, the city contributed \$100 for all coverage types to the employee's HRA or HSA monthly.

City of Inver Grove Heights

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$2,000 Deductible HRA	All	Single	0%	\$ 759	\$1,145	\$(386)	\$2,000	\$2,000
\$2,000 Deductible HRA	All	EE + 1	0%	1,707	1,227	481	4,000	4,000
\$2,000 Deductible HRA	All	Family	0%	1,981	1,238	743	4,000	4,000
\$4,000 Deductible HSA	All	Single	0%	675	1,061	(386)	2,800	2,800
\$4,000 Deductible HSA	All	EE + 1	0%	1,519	1,227	292	5,600	5,600
\$4,000 Deductible HSA	All	Family	0%	1,762	1,238	524	5,600	5,600

Note: For all plans and coverage types, the city contributed \$111 to the employee's HRA or HSA monthly.

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

City of Lakeville

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$2,500 Deductible HRA	Passport	Single	20%	\$ 739	\$ 619	\$121	\$2,500	\$3,500
\$2,500 Deductible HRA	Passport	EE + Spouse	20%	1,593	866	727	5,000	6,000
\$2,500 Deductible HRA	Passport	EE + Child(ren)	20%	1,476	798	678	5,000	6,000
\$2,500 Deductible HRA	Passport	Family	20%	1,945	1,083	862	5,000	6,000
\$2,500 Deductible HRA	Elect	Single	20%	688	619	69	2,500	3,500
\$2,500 Deductible HRA	Elect	EE + Spouse	20%	1,481	866	615	5,000	6,000
\$2,500 Deductible HRA	Elect	EE + Child(ren)	20%	1,373	798	575	5,000	6,000
\$2,500 Deductible HRA	Elect	Family	20%	1,809	1,083	726	5,000	6,000
\$2,500 Deductible HRA	VantagePlus	Single	20%	666	619	47	2,500	3,500
\$2,500 Deductible HRA	VantagePlus	EE + Spouse	20%	1,433	866	567	5,000	6,000
\$2,500 Deductible HRA	VantagePlus	EE + Child(ren)	20%	1,328	798	530	5,000	6,000
\$2,500 Deductible HRA	VantagePlus	Family	20%	1,751	1,083	668	5,000	6,000
\$2,500 Deductible HRA	Park Nicollet	Single	20%	651	619	32	2,500	3,500
\$2,500 Deductible HRA	Park Nicollet	EE + Spouse	20%	1,402	866	535	5,000	6,000
\$2,500 Deductible HRA	Park Nicollet	EE + Child(ren)	20%	1,299	798	501	5,000	6,000
\$2,500 Deductible HRA	Park Nicollet	Family	20%	1,712	1,083	629	5,000	6,000
\$2,800 Deductible HSA	Passport	Single	20%	703	619	84	2,800	3,800
\$2,800 Deductible HSA	Passport	EE + Spouse	20%	1,514	866	648	5,600	6,400
\$2,800 Deductible HSA	Passport	EE + Child(ren)	20%	1,403	798	605	5,600	6,400
\$2,800 Deductible HSA	Passport	Family	20%	1,849	1,083	766	5,600	6,400
\$2,800 Deductible HSA	Elect	Single	20%	654	619	35	2,800	3,800
\$2,800 Deductible HSA	Elect	EE + Spouse	20%	1,408	866	542	5,600	6,400
\$2,800 Deductible HSA	Elect	EE + Child(ren)	20%	1,305	798	507	5,600	6,400
\$2,800 Deductible HSA	Elect	Family	20%	1,720	1,083	637	5,600	6,400
\$2,800 Deductible HSA	VantagePlus	Single	20%	633	619	14	2,800	3,800
\$2,800 Deductible HSA	VantagePlus	EE + Spouse	20%	1,363	866	497	5,600	6,400
\$2,800 Deductible HSA	VantagePlus	EE + Child(ren)	20%	1,263	798	465	5,600	6,400
\$2,800 Deductible HSA	VantagePlus	Family	20%	1,664	1,083	581	5,600	6,400
\$2,800 Deductible HSA	Park Nicollet	Single	20%	619	619	0	2,800	3,800
\$2,800 Deductible HSA	Park Nicollet	EE + Spouse	20%	1,332	866	466	5,600	6,400
\$2,800 Deductible HSA	Park Nicollet	EE + Child(ren)	20%	1,235	798	437	5,600	6,400
\$2,800 Deductible HSA	Park Nicollet	Family	20%	1,627	1,083	544	5,600	6,400

Note: For all plans, the city contributed \$160 for single, \$185 for EE + Spouse and EE + Child(ren), and \$205 for family coverage to the employee's HRA or HSA monthly.

City of Maple Grove

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$20 Copay	Open Access	Single	\$20	\$ 948	\$1,125	\$ (177)	\$ 0	\$1,000
\$20 Copay	Open Access	EE + Spouse	20	1,895	1,185	710	0	3,000
\$20 Copay	Open Access	EE + Child(ren)	20	1,753	1,185	568	0	3,000
\$20 Copay	Open Access	Family	20	2,841	1,590	1,251	0	3,000
\$2,800 Deductible	Open Access	Single	0%	724	1,125	(401)	2,800	2,800
\$2,800 Deductible	Open Access	EE + Spouse	0%	1,447	1,185	262	5,600	5,600
\$2,800 Deductible	Open Access	EE + Child(ren)	0%	1,339	1,185	154	5,600	5,600
\$2,800 Deductible	Open Access	Family	0%	2,170	1,590	580	5,600	5,600
\$2,800 Deductible	Achieve	Single	0%	681	1,125	(444)	2,800	2,800
\$2,800 Deductible	Achieve	EE + Spouse	0%	1,361	1,185	176	5,600	5,600
\$2,800 Deductible	Achieve	EE + Child(ren)	0%	1,259	1,185	74	5,600	5,600
\$2,800 Deductible	Achieve	Family	0%	2,040	1,590	450	5,600	5,600
\$2,800 Deductible HSA	Open Access	Single	0%	713	1,125	(412)	2,800	2,800
\$2,800 Deductible HSA	Open Access	EE + Spouse	0%	1,424	1,185	239	5,600	5,600
\$2,800 Deductible HSA	Open Access	EE + Child(ren)	0%	1,317	1,185	132	5,600	5,600
\$2,800 Deductible HSA	Open Access	Family	0%	2,135	1,590	545	5,600	5,600
\$2,800 Deductible HSA	Achieve	Single	0%	670	1,125	(455)	2,800	2,800
\$2,800 Deductible HSA	Achieve	EE + Spouse	0%	1,338	1,185	153	5,600	5,600
\$2,800 Deductible HSA	Achieve	EE + Child(ren)	0%	1,238	1,185	53	5,600	5,600
\$2,800 Deductible HSA	Achieve	Family	0%	2,007	1,590	417	5,600	5,600

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or contribute it to a deferred compensation program on a pre-tax basis.

City of Maplewood

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$2,500 Deductible HRA	Passport	Single	0%	\$ 718	\$ 647	\$ 70	\$2,500	\$2,500
\$2,500 Deductible HRA	Passport	EE + 1	0%	1,043	530	513	5,000	5,000
\$2,500 Deductible HRA	Passport	Family	0%	1,760	1,177	583	5,000	5,000
\$2,500 Deductible HRA	Elect	Single	0%	667	647	20	2,500	2,500
\$2,500 Deductible HRA	Elect	EE + 1	0%	970	530	440	5,000	5,000
\$2,500 Deductible HRA	Elect	Family	0%	1,638	1,177	460	5,000	5,000
\$2,500 Deductible HRA	VantagePlus	Single	0%	646	626	20	2,500	2,500
\$2,500 Deductible HRA	VantagePlus	EE + 1	0%	939	514	424	5,000	5,000
\$2,500 Deductible HRA	VantagePlus	Family	0%	1,584	1,140	444	5,000	5,000

Notes: These rates apply to officers hired after January 1, 2013. For all plans, the city contributed \$142 for single and \$225 for EE + 1 to the employee's HRA monthly.

City of Minneapolis

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$2,000 Deductible HRA	Passport	Single	20%	\$ 766	\$ 604	\$162	\$2,000	\$3,000
\$2,000 Deductible HRA	Passport	Family	20%	2,130	1,634	496	4,000	6,000
\$2,000 Deductible HRA	Elect	Single	20%	712	604	108	2,000	3,000
\$2,000 Deductible HRA	Elect	Family	20%	1,988	1,634	354	4,000	6,000
\$2,000 Deductible HRA	VantagePlus	Single	20%	674	604	70	2,000	3,000
\$2,000 Deductible HRA	VantagePlus	Family	20%	1,882	1,634	248	4,000	6,000
\$2,000 Deductible HRA	Park Nicollet	Single	20%	654	604	50	2,000	3,000
\$2,000 Deductible HRA	Park Nicollet	Family	20%	1,830	1,634	196	4,000	6,000
\$2,000 Deductible HRA	Ridgeview Community Network	Single	20%	654	604	50	2,000	3,000
\$2,000 Deductible HRA	Ridgeview Community Network	Family	20%	1,830	1,634	196	4,000	6,000
\$2,000 Deductible HRA	Clear Value	Single	20%	654	604	50	2,000	3,000
\$2,000 Deductible HRA	Clear Value	Family	20%	1,830	1,634	196	4,000	6,000

Note: For all plans, the city contributed \$90 for single and \$190 for family coverage to the employee's HRA monthly.

Minnesota State Patrol

Plan	Network or Cost Level	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$35 Copay	Cost Level 1	Single	\$35	\$ 755	\$ 717	\$ 38	\$ 250	\$2,750
\$35 Copay	Cost Level 1	EE + 1	35	1,465	1,245	220	500	5,500
\$35 Copay	Cost Level 1	Family	35	2,220	1,963	258	500	5,500
\$40 Copay	Cost Level 2	Single	40	755	538	217	400	2,750
\$40 Copay	Cost Level 2	EE + 1	40	1,465	934	531	800	5,500
\$40 Copay	Cost Level 2	Family	40	2,220	1,472	748	800	5,500
\$70 Copay	Cost Level 3	Single	70	755	359	396	750	3,450
\$70 Copay	Cost Level 3	EE + 1	70	1,465	623	842	1,500	6,900
\$70 Copay	Cost Level 3	Family	70	2,220	981	1,239	1,500	6,900
\$90 Copay	Cost Level 4	Single	90	755	0	755	1,500	4,650
\$90 Copay	Cost Level 4	EE + 1	90	1,465	0	1,465	3,000	9,300
\$90 Copay	Cost Level 4	Family	90	2,220	0	2,220	3,000	9,300

City of Minnetonka

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$30 Copay ^b	Passport	Single	\$30	\$ 919	\$1,110	\$(191)	\$ 0	\$1,200
\$30 Copay ^b	Passport	EE + Spouse	30	1,931	1,360	571	0	5,000
\$30 Copay ^b	Passport	EE + Child(ren)	30	1,840	1,490	350	0	5,000
\$30 Copay ^b	Passport	Family	30	2,391	1,610	781	0	5,000
\$2,500 Deductible HRA	Passport	Single	0%	761	996	(235)	2,500	2,500
\$2,500 Deductible HRA	Passport	EE + Spouse	0%	1,599	1,152	448	5,000	5,000
\$2,500 Deductible HRA	Passport	EE + Child(ren)	0%	1,524	1,282	242	5,000	5,000
\$2,500 Deductible HRA	Passport	Family	0%	1,980	1,402	579	5,000	5,000
\$2,500 Deductible HRA	Elect	Single	0%	708	996	(288)	2,500	2,500
\$2,500 Deductible HRA	Elect	EE + Spouse	0%	1,487	1,152	336	5,000	5,000
\$2,500 Deductible HRA	Elect	EE + Child(ren)	0%	1,417	1,282	135	5,000	5,000
\$2,500 Deductible HRA	Elect	Family	0%	1,842	1,402	440	5,000	5,000
\$2,500 Deductible HRA	Park Nicollet	Single	0%	670	996	(326)	2,500	2,500
\$2,500 Deductible HRA	Park Nicollet	EE + Spouse	0%	1,407	1,152	256	5,000	5,000
\$2,500 Deductible HRA	Park Nicollet	EE + Child(ren)	0%	1,341	1,282	59	5,000	5,000
\$2,500 Deductible HRA	Park Nicollet	Family	0%	1,743	1,402	341	5,000	5,000
\$2,800 Deductible HSA+	Passport	Single	0%	749	1,110	(361)	2,800	2,800
\$2,800 Deductible HSA+	Passport	EE + Spouse	0%	1,573	1,360	213	5,600	5,600
\$2,800 Deductible HSA+	Passport	EE + Child(ren)	0%	1,499	1,490	9	5,600	5,600
\$2,800 Deductible HSA+	Passport	Single	0%	1,948	1,610	338	5,600	5,600
\$2,800 Deductible HSA+	Elect	Single	0%	696	1,110	(414)	2,800	2,800
\$2,800 Deductible HSA+	Elect	EE + Spouse	0%	1,463	1,360	103	5,600	5,600
\$2,800 Deductible HSA+	Elect	EE + Child(ren)	0%	1,394	1,490	(96)	5,600	5,600
\$2,800 Deductible HSA+	Elect	Family	0%	1,811	1,610	201	5,600	5,600
\$2,800 Deductible HSA+	Park Nicollet	Single	0%	659	1,110	(451)	2,800	2,800
\$2,800 Deductible HSA+	Park Nicollet	EE + Spouse	0%	1,384	1,360	24	5,600	5,600
\$2,800 Deductible HSA+	Park Nicollet	EE + Child(ren)	0%	1,319	1,490	(171)	5,600	5,600
\$2,800 Deductible HSA+	Park Nicollet	Family	0%	1,714	1,610	104	5,600	5,600
\$2,800 Deductible HSA	Passport	Single	0%	743	1,110	(367)	2,800	2,800
\$2,800 Deductible HSA	Passport	EE + Spouse	0%	1,561	1,360	201	5,600	5,600
\$2,800 Deductible HSA	Passport	EE + Child(ren)	0%	1,487	1,490	(3)	5,600	5,600
\$2,800 Deductible HSA	Passport	Family	0%	1,932	1,610	322	5,600	5,600
\$2,800 Deductible HSA	Elect	Single	0%	691	1,110	(419)	2,800	2,800
\$2,800 Deductible HSA	Elect	EE + Spouse	0%	1,451	1,360	91	5,600	5,600
\$2,800 Deductible HSA	Elect	EE + Child(ren)	0%	1,383	1,490	(107)	5,600	5,600
\$2,800 Deductible HSA	Elect	Family	0%	1,797	1,610	187	5,600	5,600
\$2,800 Deductible HSA	Park Nicollet	Single	0%	654	1,110	(456)	2,800	2,800
\$2,800 Deductible HSA	Park Nicollet	EE + Spouse	0%	1,373	1,360	13	5,600	5,600
\$2,800 Deductible HSA	Park Nicollet	EE + Child(ren)	0%	1,308	1,490	(182)	5,600	5,600
\$2,800 Deductible HSA	Park Nicollet	Family	0%	1,700	1,610	90	5,600	5,600

Note: For the \$2,500 deductible plans, the city contributed \$104 for single coverage and \$208 for all other coverage types to the employee's HRA monthly.

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

^b The copay plan was closed to new enrollment starting in 2019.

City of Oakdale

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$1,400 Deductible HRA	All	Single	0%	\$ 644	\$ 644	\$ 0	\$1,400	\$1,400
\$1,400 Deductible HRA	All	Family	0%	1,733	1,350	382	2,800	2,800
\$1,850 Deductible HRA	All	Single	0%	618	618	0	1,850	1,850
\$1,850 Deductible HRA	All	Family	0%	1,663	1,350	313	3,700	3,700
\$2,250 Deductible HSA	All	Single	0%	593	593	0	2,250	2,250
\$2,250 Deductible HSA	All	Family	0%	1,595	1,350	245	4,500	4,500
\$2,800 Deductible HSA	All	Single	0%	573	573	0	2,800	2,800
\$2,800 Deductible HSA	All	Family	0%	1,540	1,350	190	5,600	5,600

Notes: For the \$1,400 and \$1,850 deductible plans, the city contributed \$70 for single and \$80 for family coverage to the employee's HRA monthly. For the \$2,250 and \$2,800 deductible plans, the city contributed \$112 for single and \$80 for family coverage to the employee's HRA or HSA monthly.

City of Plymouth

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$2,250 Deductible HRA	Open Access	Single	0%	\$ 834	\$ 834	\$ 0	\$2,250	\$2,250
\$2,250 Deductible HRA	Open Access	Family	0%	2,085	1,459	625	4,500	4,500
\$2,250 Deductible HRA	Achieve	Single	0%	784	784	0	2,250	2,250
\$2,250 Deductible HRA	Achieve	Family	0%	1,960	1,372	588	4,500	4,500
\$2,250 Deductible HRA	Open Access	Single	20%	746	746	0	2,500	4,000
\$2,250 Deductible HRA	Open Access	Family	20%	1,864	1,305	559	5,000	8,000
\$2,250 Deductible HRA	Achieve	Single	20%	701	701	0	2,500	4,000
\$2,250 Deductible HRA	Achieve	Family	20%	1,752	1,226	526	5,000	8,000

Note: For all plans, the city contributed \$188 for all coverage types to the employee's HRA monthly.

City of Prior Lake

Plan	Network or Cost Level	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible ^a	Maximum Out-of- Pocket ^a
\$45 Copay HSA	Cost Level 1	Single	\$ 45	\$ 565	\$ 555	\$ 10	\$1,500	\$3,000
\$45 Copay HSA	Cost Level 1	EE + 1	45	1,117	935	181	2,800/3,000	5,000/6,000
\$45 Copay HSA	Cost Level 1	Family	45	1,551	1,156	394	2,800/3,000	5,000/6,000
\$55 Copay HSA	Cost Level 2	Single	55	565	555	10	2,000	3,000
\$55 Copay HSA	Cost Level 2	EE + 1	55	1,117	935	181	3,200/4,000	5,000/6,000
\$55 Copay HSA	Cost Level 2	Family	55	1,551	1,156	394	3,200/4,000	5,000/6,000
\$105 Copay HSA	Cost Level 3	Single	105	565	555	10	3,000	4,000
\$105 Copay HSA	Cost Level 3	EE + 1	105	1,117	935	181	4,800/6,000	6,900/8,000
\$105 Copay HSA	Cost Level 3	Family	105	1,551	1,156	394	4,800/6,000	6,900/8,000
\$130 Copay HSA	Cost Level 4	Single	130	565	555	10	4,000	5,000
\$130 Copay HSA	Cost Level 4	EE + 1	130	1,117	935	181	6,400/8,000	6,900/10,000
\$130 Copay HSA	Cost Level 4	Family	130	1,551	1,156	394	6,400/8,000	6,900/10,000

Note: For all plans, the city contributed \$160 for single coverage to the employee's HSA monthly.

^a When there are two figures in the column, the first figure is the cost per family member, and the second figure is the cost per family.

City of Ramsey

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$2,500 Deductible HRA	Open Access	Single	0%	\$ 896	\$ 878	\$ 18	\$2,500	\$2,500
\$2,500 Deductible HRA	Open Access	EE + Spouse	0%	1,881	1,106	775	5,000	5,000
\$2,500 Deductible HRA	Open Access	EE + Child(ren)	0%	1,792	1,053	738	5,000	5,000
\$2,500 Deductible HRA	Open Access	Family	0%	2,329	1,370	960	5,000	5,000
\$2,500 Deductible HRA	Perform	Single	0%	878	878	0	2,500	2,500
\$2,500 Deductible HRA	Perform	EE + Spouse	0%	1,844	1,106	737	5,000	5,000
\$2,500 Deductible HRA	Perform	EE + Child(ren)	0%	1,756	1,053	702	5,000	5,000
\$2,500 Deductible HRA	Perform	Family	0%	2,283	1,370	913	5,000	5,000
\$2,800 Deductible HSA	Open Access	Single	0%	804	804	0	2,800	2,800
\$2,800 Deductible HSA	Open Access	EE + Spouse	0%	1,688	1,106	582	5,600	5,600
\$2,800 Deductible HSA	Open Access	EE + Child(ren)	0%	1,608	1,053	554	5,600	5,600
\$2,800 Deductible HSA	Open Access	Family	0%	2,090	1,370	721	5,600	5,600
\$2,800 Deductible HSA	Perform	Single	0%	788	788	0	2,800	2,800
\$2,800 Deductible HSA	Perform	EE + Spouse	0%	1,654	1,106	548	5,600	5,600
\$2,800 Deductible HSA	Perform	EE + Child(ren)	0%	1,576	1,053	522	5,600	5,600
\$2,800 Deductible HSA	Perform	Family	0%	2,048	1,370	679	5,600	5,600
\$4,000 Deductible HRA	Open Access	Single	0%	790	790	0	4,000	4,000
\$4,000 Deductible HRA	Open Access	EE + Spouse	0%	1,658	1,106	552	8,000	8,000
\$4,000 Deductible HRA	Open Access	EE + Child(ren)	0%	1,579	1,053	526	8,000	8,000
\$4,000 Deductible HRA	Open Access	Family	0%	2,053	1,370	684	8,000	8,000
\$4,000 Deductible HRA	Perform	Single	0%	774	774	0	4,000	4,000
\$4,000 Deductible HRA	Perform	EE + Spouse	0%	1,625	1,106	519	8,000	8,000
\$4,000 Deductible HRA	Perform	EE + Child(ren)	0%	1,548	1,053	494	8,000	8,000
\$4,000 Deductible HRA	Perform	Family	0%	2,012	1,370	643	8,000	8,000
\$4,000 Deductible HSA	Open Access	Single	0%	748	748	0	4,000	4,000
\$4,000 Deductible HSA	Open Access	EE + Spouse	0%	1,571	1,106	464	8,000	8,000
\$4,000 Deductible HSA	Open Access	EE + Child(ren)	0%	1,496	1,053	442	8,000	8,000
\$4,000 Deductible HSA	Open Access	Family	0%	1,945	1,370	575	8,000	8,000
\$4,000 Deductible HSA	Perform	Single	0%	733	733	0	4,000	4,000
\$4,000 Deductible HSA	Perform	EE + Spouse	0%	1,539	1,106	433	8,000	8,000
\$4,000 Deductible HSA	Perform	EE + Child(ren)	0%	1,466	1,053	412	8,000	8,000
\$4,000 Deductible HSA	Perform	Family	0%	1,906	1,370	536	8,000	8,000

Notes: For the \$2,500 and \$2,800 deductible plans, the city contributed \$130 for single, \$160 for EE + Spouse and EE + Child(ren), and \$192 for family coverage to the employee's HRA or HSA monthly. For the \$4,000 deductible plans, the city increased the contribution for single coverage to \$194 and kept all other contributions the same.

City of Richfield

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$2,800 Deductible HSA+	Open Access	Single	0%	\$ 965	\$ 965	\$ 0	\$2,800	\$2,800
\$2,800 Deductible HSA+	Open Access	EE + Spouse	0%	1,646	1,370	276	5,600	5,600
\$2,800 Deductible HSA+	Open Access	EE+ Child(ren)	0%	1,567	1,370	197	5,600	5,600
\$2,800 Deductible HSA+	Open Access	Family	0%	2,038	1,500	538	5,600	5,600
\$2,800 Deductible HSA+	Perform	Single	0%	965	965	0	2,800	2,800
\$2,800 Deductible HSA+	Perform	EE + Spouse	0%	1,613	1,370	243	5,600	5,600
\$2,800 Deductible HSA+	Perform	EE+ Child(ren)	0%	1,536	1,370	166	5,600	5,600
\$2,800 Deductible HSA+	Perform	Family	0%	1,997	1,500	497	5,600	5,600
\$2,800 Deductible HSA+	Achieve	Single	0%	965	965	0	2,800	2,800
\$2,800 Deductible HSA+	Achieve	EE + Spouse	0%	1,547	1,370	177	5,600	5,600
\$2,800 Deductible HSA+	Achieve	EE+ Child(ren)	0%	1,473	1,370	103	5,600	5,600
\$2,800 Deductible HSA+	Achieve	Family	0%	1,916	1,500	416	5,600	5,600
\$2,800 Deductible HSA	Open Access	Single	0%	965	965	0	2,800	2,800
\$2,800 Deductible HSA	Open Access	EE + Spouse	0%	1,608	1,370	238	5,600	5,600
\$2,800 Deductible HSA	Open Access	EE+ Child(ren)	0%	1,531	1,370	161	5,600	5,600
\$2,800 Deductible HSA	Open Access	Family	0%	1,991	1,500	491	5,600	5,600
\$2,800 Deductible HSA	Perform	Single	0%	965	965	0	2,800	2,800
\$2,800 Deductible HSA	Perform	EE + Spouse	0%	1,576	1,370	206	5,600	5,600
\$2,800 Deductible HSA	Perform	EE+ Child(ren)	0%	1,501	1,370	131	5,600	5,600
\$2,800 Deductible HSA	Perform	Family	0%	1,951	1,500	451	5,600	5,600
\$2,800 Deductible HSA	Achieve	Single	0%	965	965	0	2,800	2,800
\$2,800 Deductible HSA	Achieve	EE + Spouse	0%	1,511	1,370	141	5,600	5,600
\$2,800 Deductible HSA	Achieve	EE+ Child(ren)	0%	1,439	1,370	69	5,600	5,600
\$2,800 Deductible HSA	Achieve	Family	0%	1,871	1,500	371	5,600	5,600
\$4,000 Deductible HSA	Open Access	Single	0%	965	965	0	4,000	4,000
\$4,000 Deductible HSA	Open Access	EE + Spouse	0%	1,496	1,370	126	8,000	8,000
\$4,000 Deductible HSA	Open Access	EE+ Child(ren)	0%	1,425	1,370	55	8,000	8,000
\$4,000 Deductible HSA	Open Access	Family	0%	1,852	1,500	352	8,000	8,000
\$4,000 Deductible HSA	Perform	Single	0%	965	965	0	4,000	4,000
\$4,000 Deductible HSA	Perform	EE + Spouse	0%	1,466	1,370	96	8,000	8,000
\$4,000 Deductible HSA	Perform	EE+ Child(ren)	0%	1,396	1,370	26	8,000	8,000
\$4,000 Deductible HSA	Perform	Family	0%	1,815	1,500	315	8,000	8,000
\$4,000 Deductible HSA	Achieve	Single	0%	965	965	0	4,000	4,000
\$4,000 Deductible HSA	Achieve	EE + Spouse	0%	1,406	1,370	36	8,000	8,000
\$4,000 Deductible HSA	Achieve	EE+ Child(ren)	0%	1,370	1,370	0	8,000	8,000
\$4,000 Deductible HSA	Achieve	Family	0%	1,741	1,500	241	8,000	8,000

Notes: For the HSA+ plans, the city contributed \$182 for single coverage to the employee's HSA monthly. For the HSA plans, the city contributed \$200 for single coverage to the employee's HSA monthly.

City of Rochester

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$200 Deductible	All	Single	20%	\$ 945	\$ 837	\$109	\$200	\$3,000
\$200 Deductible	All	EE + Spouse	20%	2,050	1,743	308	400	6,000
\$200 Deductible	All	EE + Child(ren)	20%	1,881	1,599	282	400	6,000
\$200 Deductible	All	Family	20%	3,334	2,834	500	400	6,000

City of Rosemount

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$1,200 Deductible HRA	All	Single	0%	\$ 851	\$ 851	\$ 0	\$1,200	\$1,200
\$1,200 Deductible HRA	All	Family	0%	2,617	1,963	654	2,400	2,400
\$1,400 Deductible HSA	All	Single	0%	823	823	0	1,400	1,400
\$1,400 Deductible HSA	All	Family	0%	2,531	1,898	633	2,800	2,800

Note: For all plans and coverage types, the city contributed \$53 to the employee's HRA or HSA monthly.

City of Roseville

Plan	Network	Coverage	Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$2,000 Deductible HRA	National One	Single	0%	\$ 721	\$ 882	\$(161)	\$2,000	\$ 2,500
\$2,000 Deductible HRA	National One	EE + 1	0%	1,403	1,124	279	4,000	5,000
\$2,000 Deductible HRA	National One	Family	0%	1,965	1,572	393	4,000	5,000
\$2,800 Deductible HSA	Empower	Single	20%	520	832	(312)	2,800	5,600
\$2,800 Deductible HSA	Empower	EE + 1	20%	1,021	1,084	(63)	5,600	11,200
\$2,800 Deductible HSA	Empower	Family	20%	1,409	1,409	0	5,600	11,200

Notes: For the HRA plans, the city contributed \$200 for single, \$170 for EE + 1, and \$125 for family coverage to the employee's HRA monthly. For the HSA plans, the city contributed \$210 for single, \$180 for EE + 1, and \$135 for family coverage to the employee's HSA monthly.

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

City of Savage

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$35 Copay	Open Access	Single	\$35/20%	\$ 738	\$ 688	\$ 50	\$ 500	\$2,500
\$35 Copay	Open Access	EE + Spouse	35/20%	1,872	1,128	744	2,500	5,000
\$35 Copay	Open Access	EE + Child(ren)	35/20%	1,346	861	485	2,500	5,000
\$35 Copay	Open Access	Family	35/20%	2,170	1,322	848	2,500	5,000
\$35 Copay	Achieve	Single	35/20%	696	671	25	500	2,500
\$35 Copay	Achieve	EE + Spouse	35/20%	1,767	1,119	648	2,500	5,000
\$35 Copay	Achieve	EE + Child(ren)	35/20%	1,273	885	388	2,500	5,000
\$35 Copay	Achieve	Family	35/20%	2,047	1,295	753	2,500	5,000
\$2,500 Deductible HSA	Open Access	Single	0%	643	593	50	2,500	2,500
\$2,500 Deductible HSA	Open Access	EE + Spouse	0%	1,634	980	654	5,000	5,000
\$2,500 Deductible HSA	Open Access	EE + Child(ren)	0%	1,180	748	432	5,000	5,000
\$2,500 Deductible HSA	Open Access	Family	0%	1,892	1,147	745	5,000	5,000
\$2,500 Deductible HSA	Achieve	Single	0%	606	581	25	2,500	2,500
\$2,500 Deductible HSA	Achieve	EE + Spouse	0%	1,543	978	565	5,000	5,000
\$2,500 Deductible HSA	Achieve	EE + Child(ren)	0%	1,116	777	340	5,000	5,000
\$2,500 Deductible HSA	Achieve	Family	0%	1,786	1,128	657	5,000	5,000

Notes: For the HSA plans with the Open Access network, the city contributed \$95 for single, \$121 for EE + Spouse, \$95 for EE + Child(ren), and \$143 for family coverage to the employee's HSA monthly. For the HSA plans with the Achieve network, the city contributed \$89 for single, \$116 for EE + Spouse, \$91 for EE + Child(ren), and \$137 for family coverage to the employee's HSA monthly.

City of Shakopee

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$25 Copay	Passport	Single	\$25/20%	\$ 757	\$ 606	\$151	\$ 500	\$2,750
\$25 Copay	Passport	EE + 1	25/20%	1,514	1,039	474	1,000	5,500
\$25 Copay	Passport	Family	25/20%	2,413	1,458	956	1,000	5,500
\$25 Copay	Park Nicollet	Single	25/20%	666	604	62	500	2,750
\$25 Copay	Park Nicollet	EE + 1	25/20%	1,332	1,035	297	1,000	5,500
\$25 Copay	Park Nicollet	Family	25/20%	2,124	1,451	673	1,000	5,500
\$1,500 Deductible HSA	Passport	Single	10%	689	608	80	1,500	2,500
\$1,500 Deductible HSA	Passport	EE + 1	10%	1,377	1,044	334	3,000	4,900
\$1,500 Deductible HSA	Passport	Family	10%	2,196	1,465	731	3,000	4,900
\$1,500 Deductible HSA	Elect	Single	10%	640	607	33	1,500	2,500
\$1,500 Deductible HSA	Elect	EE + 1	10%	1,281	1,041	240	3,000	4,900
\$1,500 Deductible HSA	Elect	Family	10%	2,042	1,460	582	3,000	4,900
\$1,500 Deductible HSA	Vantage	Single	10%	620	606	13	1,500	2,500
\$1,500 Deductible HSA	Vantage	EE + 1	10%	1,240	1,040	200	3,000	4,900
\$1,500 Deductible HSA	Vantage	Family	10%	1,976	1,458	518	3,000	4,900
\$1,500 Deductible HSA	Park Nicollet/ Ridgeview	Single	10%	606	606	0	1,500	2,500
\$1,500 Deductible HSA	Park Nicollet/ Ridgeview	EE + 1	10%	1,212	1,039	173	3,000	4,900
\$1,500 Deductible HSA	Park Nicollet/ Ridgeview	Family	10%	1,932	1,457	475	3,000	4,900
\$2,800 Deductible HSA	Passport	Single	10%	624	607	17	2,800	3,650
\$2,800 Deductible HSA	Passport	EE + 1	10%	1,247	1,041	207	5,600	7,300
\$2,800 Deductible HSA	Passport	Family	10%	1,989	1,460	529	5,600	7,300
\$2,800 Deductible HSA	Elect	Single	10%	580	580	0	2,800	3,650
\$2,800 Deductible HSA	Elect	EE + 1	10%	1,160	1,038	122	5,600	7,300
\$2,800 Deductible HSA	Elect	Family	10%	1,849	1,456	394	5,600	7,300
\$2,800 Deductible HSA	Vantage	Single	10%	561	561	0	2,800	3,650
\$2,800 Deductible HSA	Vantage	EE + 1	10%	1,122	1,037	86	5,600	7,300
\$2,800 Deductible HSA	Vantage	Family	10%	1,790	1,454	336	5,600	7,300
\$2,800 Deductible HSA	Park Nicollet/ Ridgeview	Single	10%	549	549	0	2,800	3,650
\$2,800 Deductible HSA	Park Nicollet/ Ridgeview	EE + 1	10%	1,098	1,036	61	5,600	7,300
\$2,800 Deductible HSA	Park Nicollet/ Ridgeview	Family	10%	1,750	1,453	297	5,600	7,300

Note: For deductible plans, the city contributed \$63 for single and \$125 for all other coverage types to the employee's HSA monthly.

City of St. Louis Park

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium ^a	Annual Deductible	Maximum Out-of- Pocket
\$30 Copay	Open Access	Single	\$30	\$ 872	\$ 875	\$ (3)	\$ 0	\$ 1,200
\$30 Copay	Open Access	EE + Spouse	30	1,919	1,110	809	0	5,000
\$30 Copay	Open Access	EE + Child(ren)	30	1,831	1,060	771	0	5,000
\$30 Copay	Open Access	Family	30	2,440	1,410	1,031	0	5,000
\$2,500 Deductible HRA	Open Access	Single	0%	720	875	(156)	2,500	4,000
\$2,500 Deductible HRA	Open Access	EE + Spouse	0%	1,584	1,110	474	5,000	8,000
\$2,500 Deductible HRA	Open Access	EE + Child(ren)	0%	1,511	1,060	451	5,000	8,000
\$2,500 Deductible HRA	Open Access	Family	0%	2,015	1,410	605	5,000	8,000
\$4,500 Deductible HRA	Open Access	Single	20%	642	875	(233)	4,500	6,000
\$4,500 Deductible HRA	Open Access	EE + Spouse	20%	1,414	1,110	304	9,000	12,000
\$4,500 Deductible HRA	Open Access	EE + Child(ren)	20%	1,349	1,060	289	9,000	12,000
\$4,500 Deductible HRA	Open Access	Family	20%	1,798	1,410	388	9,000	12,000
\$4,500 Deductible HRA	SmartCare	Single	20%	604	875	(272)	4,500	6,000
\$4,500 Deductible HRA	SmartCare	EE + Spouse	20%	1,329	1,110	219	9,000	12,000
\$4,500 Deductible HRA	SmartCare	EE + Child(ren)	20%	1,268	1,060	208	9,000	12,000
\$4,500 Deductible HRA	SmartCare	Family	20%	1,690	1,410	280	9,000	12,000

Note: For deductible plans, the city contributed \$208 for single and \$292 for all other coverage types to the employee's HRA monthly.

^a A negative employee premium amount means that the city contribution exceeded the total premium amount. The employee could use the remaining balance on other insurance, such as dental or life, or receive it as taxable income.

City of St. Paul

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$35 Copay	Choice	Single	\$35	\$ 911	\$ 399	\$ 512	\$ 0	\$3,000
\$35 Copay	Choice	Family	35	2,389	748	1,641	0	5,000
\$2,500 Deductible HRA	Choice	Single	20%	713	691	21	2,500	3,500
\$2,500 Deductible HRA	Choice	Family	20%	1,860	1,633	228	3,500	3,500
\$2,500 Deductible HRA	Elect	Single	20%	663	663	0	2,500	3,500
\$2,500 Deductible HRA	Elect	Family	20%	1,732	1,633	100	3,500	3,500
\$2,500 Deductible HRA	Park Nicollet	Single	20%	642	642	0	2,500	3,500
\$2,500 Deductible HRA	Park Nicollet	Family	20%	1,677	1,633	45	3,500	3,500
\$2,500 Deductible HRA	VantagePlus	Single	20%	642	642	0	2,500	3,500
\$2,500 Deductible HRA	VantagePlus	Family	20%	1,677	1,633	45	3,500	3,500

Note: For deductible plans, the city contributed \$75 for single and \$45 for family coverage to the employee's HRA monthly.

City of White Bear Lake

Plan	Network	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible	Maximum Out-of- Pocket
\$40 Copay	Passport	Single	\$40/20%	\$ 722	\$ 598	\$124	\$1,000	\$3,000
\$40 Copay	Passport	EE+1	40/20%	1,587	1,121	466	3,000	6,000
\$40 Copay	Passport	Family	40/20%	2,017	1,401	616	3,000	6,000
\$40 Copay	VantagePlus	Single	40/20%	649	591	58	1,000	3,000
\$40 Copay	VantagePlus	EE+1	40/20%	1,428	1,107	321	3,000	6,000
\$40 Copay	VantagePlus	Family	40/20%	1,815	1,383	432	3,000	6,000
\$2000 Deductible	Passport	Single	20%	679	589	90	2,000	3,000
\$2000 Deductible	Passport	EE+1	20%	1,493	1,104	389	3,000	6,000
\$2000 Deductible	Passport	Family	20%	1,898	1,380	518	3,000	6,000
\$2000 Deductible	VantagePlus	Single	20%	611	583	28	2,000	3,000
\$2000 Deductible	VantagePlus	EE+1	20%	1,343	1,091	252	3,000	6,000
\$2000 Deductible	VantagePlus	Family	20%	1,708	1,363	345	3,000	6,000
\$2800 Deductible HSA	Passport	Single	0%	662	612	50	2,800	2,800
\$2800 Deductible HSA	Passport	EE+1	0%	1,457	1,152	305	5,600	5,600
\$2800 Deductible HSA	Passport	Family	0%	1,852	1,441	411	5,600	5,600
\$2800 Deductible HSA	VantagePlus	Single	0%	596	574	22	2,800	2,800
\$2800 Deductible HSA	VantagePlus	EE+1	0%	1,311	1,139	172	5,600	5,600
\$2800 Deductible HSA	VantagePlus	Family	0%	1,667	1,424	243	5,600	5,600

Note: For the HSA plans, the city contributed \$58 for single and \$117 for all other coverage types to the employee's HSA monthly.

City of Woodbury

Plan	Network or Cost Level	Coverage	Copay or Coinsurance after Deductible	Monthly Total Premium	Monthly Employer Premium	Monthly Employee Premium	Annual Deductible ^a	Maximum Out-of- Pocket ^a
\$45 Copay HSA	Cost Level 1	Single	\$ 45	\$ 532	\$ 294	\$239	\$1,500	\$3,000
\$45 Copay HSA	Cost Level 1	EE + Spouse	45	1,225	845	379	2,800/3,000	5,000/6,000
\$45 Copay HSA	Cost Level 1	EE + Child(ren)	45	900	606	294	2,800/3,000	5,000/6,000
\$45 Copay HSA	Cost Level 1	Family	45	1,981	1,287	694	2,800/3,000	5,000/6,000
\$55 Copay HSA	Cost Level 2	Single	55	532	294	239	2,000	3,000
\$55 Copay HSA	Cost Level 2	EE + Spouse	55	1,225	845	379	3,200/4,000	5,000/6,000
\$55 Copay HSA	Cost Level 2	EE + Child(ren)	55	900	606	294	3,200/4,000	5,000/6,000
\$55 Copay HSA	Cost Level 2	Family	55	1,981	1,287	694	3,200/4,000	5,000/6,000
\$105 Copay HSA	Cost Level 3	Single	105	532	294	239	3,000	4,000
\$105 Copay HSA	Cost Level 3	EE + Spouse	105	1,225	845	379	4,800/6,000	6,900/8,000
\$105 Copay HSA	Cost Level 3	EE + Child(ren)	105	900	606	294	4,800/6,000	6,900/8,000
\$105 Copay HSA	Cost Level 3	Family	105	1,981	1,287	694	4,800/6,000	6,900/8,000
\$130 Copay HSA	Cost Level 4	Single	130	532	294	239	4,000	5,000
\$130 Copay HSA	Cost Level 4	EE + Spouse	130	1,225	845	379	6,400/8,000	6,900/10,000
\$130 Copay HSA	Cost Level 4	EE + Child(ren)	130	900	606	294	6,400/8,000	6,900/10,000
\$130 Copay HSA	Cost Level 4	Family	130	1,981	1,287	694	6,400/8,000	6,900/10,000

Note: For all plans, the city contributed \$167 for single and \$333 for all other coverage types to the employee's HSA monthly.

^a When there are two figures in the column, the first figure is the cost per family member, and the second figure is the cost per family.



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