

Administration Health & Dental Insurance Rates

Rates are effective October 1, 2020 through September 30, 2021

HSA AWARE NETWORK High Deductible Health Plan with a Health Savings Account	HSA Premium - Single				HSA Premium - Family			
	Total	District	Employee	Employee	Total	District	Employee	Employee
	Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual
	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium
	589	589	0	0	1,707.50	1,536.75	170.75	2,049.00
	Health Savings Account - Single				Health Savings Account - Family			
	Total	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
	District	Amount to	Amount	Amount	District	Amount to	Amount	Amount
	Contribution	Premium	to Savings	to Savings	Contribution	Premium	to Savings	to Savings
	589	589	0	0	1,536.75	1,536.75	0	0
HSA Out of Pocket - Single				HSA Out of Pocket - Family				
Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +	
Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket	
3,500.00	0	3,500.00	3,500.00	7,000.00	0	7,000.00	9,049.00	
VEBA AWARE NETWORK High Deductible Health Plan with a VEBA Savings Account	VEBA Premium - Single				VEBA Premium - Family			
	Total	District	Employee	Employee	Total	District	Employee	Employee
	Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual
	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium
	652.5	652.5	0	0	1,892.00	1,702.80	189.2	2,270.40
	VEBA Savings Account - Single				VEBA Savings Account - Family			
	Total	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
	District	Amount to	Amount	Amount	District	Amount to	Amount to	Amount to
	Contribution	Premium	to Savings	to Savings	Contribution	Premium	Savings	Savings
	752.5	652.5	100	1,200.00	1,902.80	1,702.80	200	2,400.00
VEBA Out of Pocket - Single				VEBA Out of Pocket - Family				
Annual	Annual	Maximum	Premium +	Annual	Annual	Maximum	Premium +	
Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket	
1,850.00	1,200.00	650	650	3,700.00	2,400.00	1,300.00	3,570.40	

HYBRID AWARE NETWORK High Deductible Health Plan with a VEBA/ Health Savings Account	HYBRID Premium - Single				HYBRID Premium - Family			
	Total	District	Employee	Employee	Total	District	Employee	Employee
	Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual
	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium
	589	589	0	0	1,707.50	1,536.75	170.75	2,049.00
	VEBA Savings Account - Single				VEBA Savings Account - Family			
	Total	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
	District	Amount to	Amount	Amount	District	Amount to	Amount to	Amount to
	Contribution	Premium	to Savings	to Savings	Contribution	Premium	Savings	Savings
	689	589	100	1,200.00	1,736.75	1,536.75	200	2,400.00
HYBRID Out of Pocket - Single				HYBRID Out of Pocket - Family				
Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +	
Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket	
3,500.00	1,200.00	2,300.00	2,300.00	7,000.00	2,400.00	4,600.00	6,649.00	
MVP AWARE NETWORK High Deductible Health Plan with a Health Savings Account H.S.A	MVP Premium - Single				MVP Premium - Family			
	Total	District	Employee	Employee	Total	District	Employee	Employee
	Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual
	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium
	471	471	0	0	1,365.00	1,228.50	136.5	1,638.00
	Health Savings Account - Single				Health Savings Account - Family			
	Total	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
	District	Amount to	Amount	Amount	District	Amount to	Amount	Amount
	Contribution	Premium	to Savings	to Savings	Contribution	Premium	to Savings	to Savings
	471	471	0	0	1,228.50	1,228.50	0	0
MVP Out of Pocket - Single				MVP Out of Pocket - Family				
Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +	
Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket	
6,350.00	0	6,350.00	6,350.00	12,700.00	0	12,700.00	14,338.00	

All medical plans are provided by Blue Cross Blue Shield of MN Network www.bluecrossmn.com