

## 2020 HealthPartners Medical Insurance Premiums

<i>Health Insurance Plan</i>	<i>Employee Bi-Weekly Premium</i>	<i>Employee Monthly Premium</i>	<i>HSA (Annual Total - Provided per pay check)</i>	<i>Employer Bi-Weekly Premium</i>	<i>Employer Monthly Premium</i>	<i>Total Monthly Premium</i>
<b>Maize Plan</b>						
Employee	\$76.38	\$165.49	N/A	\$240.46	\$521.00	\$686.49
Employee +1	\$166.32	\$360.37	N/A	\$509.67	\$1,104.29	\$1,464.66
Family	\$256.32	\$555.37	N/A	\$778.06	\$1,685.80	\$2,241.17
<b>Blue Plan</b>						
Employee	\$60.95	\$132.06	\$1,200.00	\$240.46	\$521.00	\$653.06
Employee +1	\$128.54	\$278.51	\$2,400.00	\$508.74	\$1,102.28	\$1,380.79
Family	\$187.21	\$405.61	\$3,000.00	\$762.26	\$1,651.57	\$2,057.18

## 2020 Delta Dental of MN Insurance Premiums

<i>Dental Insurance</i>	<i>Bi-Weekly Premium</i>	<i>Monthly Premium</i>	<i>Annual Premium</i>
<b>Value</b>			
Employee	\$15.80	\$34.24	\$410.88
Employee + Spouse	\$31.72	\$68.72	\$824.64
Employee + Child(ren)	\$29.85	\$64.68	\$776.16
Family	\$51.30	\$111.16	\$1,333.92
<b>Comprehensive</b>			
Employee	\$21.04	\$45.58	\$546.96
Employee + Spouse	\$42.28	\$91.60	\$1,099.20
Employee + Child(ren)	\$39.74	\$86.10	\$1,033.20
Family	\$68.30	\$147.98	\$1,775.76

## 2020 VSP Vision Insurance Premiums

<i>Vision Insurance</i>	<i>Bi-Weekly Premium</i>	<i>Monthly Premium</i>	<i>Annual Premium</i>
Employee	\$3.69	\$7.99	\$95.88
Employee + Spouse	\$5.90	\$12.78	\$153.36
Employee + Child(ren)	\$6.02	\$13.05	\$156.60
Family	\$9.71	\$21.03	\$252.36

### DOMESTIC PARTNER COVERAGE

If you enroll a domestic partner on your plan, their portion of the premium coverage will be considered taxable income.  
Reference the 2019 Imputed Income Insurance Premiums