

2022 HealthPartners Medical Insurance Premiums

Health Insurance Plan	Employee Bi-Weekly Premium	Employee Monthly Premium	HSA (Annual Total - Provided per pay check)	Employer Bi-Weekly Premium	Employer Monthly Premium	Total Monthly Premium
Maize Plan						
Employee	\$78.00	\$169.00	N/A	\$245.52	\$531.95	\$700.95
Employee +1	\$170.31	\$369.00	N/A	\$520.83	\$1,128.46	\$1,497.46
Family	\$262.62	\$569.00	N/A	\$795.01	\$1,722.53	\$2,291.53
Blue Plan						
Employee	\$62.31	\$135.00	\$1,200.00	\$245.90	\$532.78	\$667.78
Employee +1	\$131.54	\$285.00	\$2,400.00	\$521.12	\$1,129.10	\$1,414.10
Family	\$192.00	\$416.00	\$3,000.00	\$781.40	\$1,693.04	\$2,109.04

2022 Delta Dental of MN Insurance Premiums

Dental Insurance	Bi-Weekly Premium	Monthly Premium	Annual Premium
Value			
Employee	\$16.54	\$35.84	\$430.08
Employee + Spouse	\$33.19	\$71.92	\$863.04
Employee + Child(ren)	\$31.24	\$67.68	\$812.16
Family	\$53.69	\$116.32	\$1,395.84
Comprehensive			
Employee	\$22.02	\$47.70	\$572.40
Employee + Spouse	\$44.24	\$95.85	\$1,150.20
Employee + Child(ren)	\$41.58	\$90.10	\$1,081.20
Family	\$71.47	\$154.85	\$1,858.20

2022 VSP Vision Insurance Premiums

Vision Insurance	Bi-Weekly Premium	Monthly Premium	Annual Premium
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 2022 Imputed Income Insurance Premiums