

2024 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	\$84.30	\$182.65	N/A	\$265.14	\$574.46	\$757.11
Employee +1	\$183.84	\$398.31	N/A	\$562.45	\$1,218.64	\$1,616.95
Family	\$283.62	\$614.51	N/A	\$858.54	\$1,860.18	\$2,474.69
Blue Plan						
Employee	\$67.34	\$145.91	\$1,200.00	\$265.55	\$575.36	\$721.26
Employee +1	\$142.06	\$307.79	\$2,400.00	\$562.77	\$1,219.33	\$1,527.11
Family	\$207.43	\$449.43	\$3,000.00	\$843.84	\$1,828.33	\$2,277.76

2024 Delta Dental of MN Insurance Premiums

Dental Insurance	Bi-Weekly Premium	Monthly Premium	Annual Premium
Value			
Employee	\$17.70	\$38.34	\$460.08
Employee + Spouse	\$35.52	\$76.96	\$923.52
Employee + Child(ren)	\$33.42	\$72.42	\$869.04
Family	\$57.44	\$124.46	\$1,493.52
Comprehensive			
Employee	\$23.56	\$51.04	\$612.48
Employee + Spouse	\$47.34	\$102.56	\$1,230.72
Employee + Child(ren)	\$44.49	\$96.40	\$1,156.80
Family	\$76.47	\$165.68	\$1,988.16

2024 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.