

2018 Rates

ACDHP Plan

(Advantage Consumer Directed Health Plan)

2018 Health Rates for ACDHP

Advantage Consumer Directed Health Plan

Full ER Contribution

Union Codes – 213-217-219-220-221-222-223-308-309-INS

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	564.14	532.60	31.54	1157.50	973.88	183.62	1721.64	1506.48	215.16
CDHP HealthPartners	564.14	532.60	31.54	1157.50	973.88	183.62	1721.64	1506.48	215.16
CDHP PreferredOne	564.14	532.60	31.54	1157.50	973.88	183.62	1721.64	1506.48	215.16

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	282.07	266.30	15.77	578.75	486.94	91.81	860.82	753.24	107.58
CDHP HealthPartners	282.07	266.30	15.77	578.75	486.94	91.81	860.82	753.24	107.58
CDHP PreferredOne	282.07	266.30	15.77	578.75	486.94	91.81	860.82	753.24	107.58

HSA Contribution	Semi-Monthly ER paid		
	Health Plan	Single	Dependent
CDHP BlueCross	20.83	20.83	41.66
CDHP HealthPartners	20.83	20.83	41.66
CDHP PreferredOne	20.83	20.83	41.66

2018 Health Rates for ACDHP

Advantage Consumer Directed Health Plan

75.00% ER Contribution

Union Codes – 213-217-219-220-221-222-223-308-309-INS

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	564.14	399.46	164.68	1157.50	730.42	427.08	1721.64	1129.88	591.76
CDHP HealthPartners	564.14	399.46	164.68	1157.50	730.42	427.08	1721.64	1129.88	591.76
CDHP PreferredOne	564.14	399.46	164.68	1157.50	730.42	427.08	1721.64	1129.88	591.76

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	282.07	199.73	82.34	578.75	365.21	213.54	860.82	564.94	295.88
CDHP HealthPartners	282.07	199.73	82.34	578.75	365.21	213.54	860.82	564.94	295.88
CDHP PreferredOne	282.07	199.73	82.34	578.75	365.21	213.54	860.82	564.94	295.88

HSA Contribution	Semi-Monthly ER paid		
	Health Plan	Single	Dependent
CDHP BlueCross	15.62	15.62	31.24
CDHP HealthPartners	15.62	15.62	31.24
CDHP PreferredOne	15.62	15.62	31.24

2018 Health Rates for ACDHP

Advantage Consumer Directed Health Plan

50.00% ER Contribution

Union Codes – 213-217-219-220-221-222-223-308-309-INS

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	564.14	266.30	297.84	1157.50	486.94	670.56	1721.64	753.24	968.40
CDHP HealthPartners	564.14	266.30	297.84	1157.50	486.94	670.56	1721.64	753.24	968.40
CDHP PreferredOne	564.14	266.30	297.84	1157.50	486.94	670.56	1721.64	753.24	968.40

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	282.07	133.15	148.92	578.75	243.47	335.28	860.82	376.62	484.20
CDHP HealthPartners	282.07	133.15	148.92	578.75	243.47	335.28	860.82	376.62	484.20
CDHP PreferredOne	282.07	133.15	148.92	578.75	243.47	335.28	860.82	376.62	484.20

HSA Contribution	Semi-Monthly ER paid		
	Health Plan	Single	Dependent
CDHP BlueCross	10.41	10.42	20.83
CDHP HealthPartners	10.41	10.42	20.83
CDHP PreferredOne	10.41	10.42	20.83

2018 Health Rates for ACDHP

Advantage Consumer Directed Health Plan

0.00% ER Contribution

Union Codes – 213-217-219-220-221-222-223-308-309-INS

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	564.14	0	564.14	1157.50	0	1157.50	1721.64	0	1721.64
CDHP HealthPartners	564.14	0	564.14	1157.50	0	1157.50	1721.64	0	1721.64
CDHP PreferredOne	564.14	0	564.14	1157.50	0	1157.50	1721.64	0	1721.64

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	282.07	0	282.07	578.75	0	578.75	860.82	0	860.82
CDHP HealthPartners	282.07	0	282.07	578.75	0	578.75	860.82	0	860.82
CDHP PreferredOne	282.07	0	282.07	578.75	0	578.75	860.82	0	860.82

HSA Contribution	Semi-Monthly ER paid		
	Health Plan	Single	Dependent
CDHP BlueCross	0	0	0
CDHP HealthPartners	0	0	0
CDHP PreferredOne	0	0	0