

2017 Rates

ACDHP Plan

(Advantage Consumer Directed Health Plan)

**2017 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 Blue Cross	546.66	516.00	30.66	1123.58	945.04	178.54	1670.24	1461.04	209.20
CDHP HealthPartners	546.66	516.00	30.66	1123.58	945.04	178.54	1670.24	1461.04	209.20
CDHP PreferredOne	546.66	516.00	30.66	1123.58	945.04	178.54	1670.24	1461.04	209.20

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP Blue Cross	273.33	258.00	15.33	561.79	472.52	89.27	835.12	730.52	104.60
CDHP HealthPartners	273.33	258.00	15.33	561.79	472.52	89.27	835.12	730.52	104.60
CDHP PreferredOne	273.33	258.00	15.33	561.79	472.52	89.27	835.12	730.52	104.60

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

**2017 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 Blue Cross	546.66	387.00	159.66	1123.58	708.78	414.80	1670.24	1095.78	674.46
CDHP HealthPartners	546.66	387.00	159.66	1123.58	708.78	414.80	1670.24	1095.78	67.46
CDHP PreferredOne	546.66	387.00	159.66	1123.58	708.78	414.80	1670.24	1095.78	67.46

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP Blue Cross	273.33	193.50	79.83	561.79	354.39	207.40	835.12	547.89	287.23
CDHP HealthPartners	273.33	193.50	79.83	561.79	354.39	207.40	835.12	549.89	287.23
CDHP PreferredOne	273.33	193.50	79.83	561.79	354.39	207.40	835.12	549.89	287.23

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

**2017 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 Blue Cross	546.66	258.00	288.66	1123.58	472.52	651.06	1670.24	730.52	939.72
CDHP HealthPartners	546.66	258.00	288.66	1123.58	472.52	651.06	1670.24	730.52	939.72
CDHP PreferredOne	546.66	258.00	288.66	1123.58	472.52	651.06	1670.24	730.52	939.72

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP Blue Cross	273.33	129.00	144.33	561.79	236.26	325.53	835.12	365.26	469.86
CDHP HealthPartners	273.33	129.00	144.33	561.79	236.26	325.53	835.12	365.26	469.86
CDHP PreferredOne	273.33	129.00	144.33	561.79	236.26	325.53	835.12	365.26	469.86

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

**2017 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 Blue Cross	546.66	0	546.66	1123.58	0	1123.58	1670.24	0	1670.24
CDHP HealthPartners	546.66	0	546.66	1123.58	0	1123.58	1670.24	0	1670.24
CDHP PreferredOne	546.66	0	546.66	1123.58	0	1123.58	1670.24	0	1670.24

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP Blue Cross	273.33	0	273.33	561.79	0	561.79	835.12	0	835.12
CDHP HealthPartners	273.33	0	273.33	561.79	0	561.79	835.12	0	835.12
CDHP PreferredOne	273.33	0	273.33	561.79	0	561.79	835.12	0	835.12

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