

---

# Advantage High Deductible Health Plan (HDHP)

Health Insurance Rate Guide

Plan year 2024

---

## 2024 Health Rates Advantage High Deductible Health Plan (HDHP)

### Full Employer Contribution

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

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – BlueCross BlueShield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$39.66	\$711.82	\$751.48	\$230.88	\$1,266.70	\$1,497.58	\$270.54	\$1,978.52	\$2,249.06

### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$19.83	\$355.91	\$375.74	\$115.44	\$633.35	\$748.79	\$135.27	\$989.26	\$1,124.53

### Semi-Monthly HSA Contribution - Employer paid

Single policy contribution	Dependent	Family policy contribution
\$20.83	\$20.83	\$41.66

### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

$$\begin{array}{rcl}
 \text{Employee Rate} + & \text{Dependent Rate} = & \text{Family Rate} \\
 \$39.66 & \$230.88 & \$270.54
 \end{array}$$

Dependent rates are shown for informational purposes only.

## 2024 Health Rates Advantage High Deductible Health Plan (HDHP)

### 75.00% ER Contribution

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

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – BlueCross BlueShield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$217.62	\$533.86	\$751.48	\$547.54	\$950.04	\$1,497.58	\$765.16	\$1,483.90	\$2,249.06

### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$108.81	\$266.93	\$375.74	\$273.77	\$475.02	\$748.79	\$382.58	\$741.95	\$1,124.53

### Semi-Monthly HSA Contribution - Employer paid

Single policy contribution	Dependent	Family policy contribution
\$15.62	\$15.62	\$31.42

### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

$$\begin{array}{rcl}
 \text{Employee Rate} + & \text{Dependent Rate} = & \text{Family Rate} \\
 \$217.62 & \$547.54 & \$765.16
 \end{array}$$

Dependent rates are shown for informational purposes only.

## 2024 Health Rates Advantage High Deductible Health Plan (HDHP)

### 50.00% ER Contribution

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

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – BlueCross BlueShield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$395.56	\$355.92	\$751.48	\$864.22	\$633.36	\$1,497.58	\$1,259.78	\$989.28	\$2,249.06

### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$197.78	\$177.96	\$375.74	\$432.11	\$316.68	\$748.79	\$629.89	\$494.64	\$1,124.53

### Semi-Monthly HSA Contribution - Employer paid

Single policy contribution	Dependent	Family policy contribution
\$10.41	\$10.42	\$20.83

### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

$$\begin{array}{rcl}
 \text{Employee Rate} + & \text{Dependent Rate} = & \text{Family Rate} \\
 \$395.56 & \$864.22 & \$1,259.78
 \end{array}$$

Dependent rates are shown for informational purposes only.

## 2024 Health Rates Advantage High Deductible Health Plan (HDHP)

### 0.00% ER Contribution

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

The Minnesota Advantage Health Plan is one plan serviced by two plan administrators – BlueCross BlueShield of Minnesota and HealthPartners. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only (single coverage).
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

### Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$751.48	\$0	\$751.48	\$1,497.58	\$0	\$1,497.58	\$2,249.06	\$0	\$2,249.06

### Semi-Monthly Rates

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$375.74	\$0	\$375.74	\$748.79	\$0	\$748.79	\$1,124.53	\$0	\$1,124.53

### Semi-Monthly HSA Contribution - Employer paid

Single policy contribution	Dependent	Family policy contribution
\$0	\$0	\$0

### How much do I pay to cover dependents?

You must choose family coverage to cover a spouse and/or dependents in addition to yourself. The family rate is the same regardless of how many dependents you cover. The following example shows the monthly rate an employee pays for family coverage:

$$\begin{array}{rcl}
 \text{Employee Rate} + & \text{Dependent Rate} = & \text{Family Rate} \\
 \$751.48 & \$1,497.58 & \$2,249.06
 \end{array}$$

Dependent rates are shown for informational purposes only.