

2020 Advantage Health Plan Rates

100% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
Advantage BlueCross	700.72	665.68	35.04	1359.88	1155.90	203.98	2060.60	1821.58	239.02
Advantage HealthPartners	700.72	665.68	35.04	1359.88	1155.90	203.98	2060.60	1821.58	239.02
Advantage PreferredOne	700.72	665.68	35.04	1359.88	1155.90	203.98	2060.60	1821.58	239.02

75% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
Advantage BlueCross	700.72	499.26	201.46	1359.88	866.94	492.94	2060.60	1366.20	694.40
Advantage HealthPartners	700.72	499.26	201.46	1359.88	866.94	492.94	2060.60	1366.20	694.40
Advantage PreferredOne	700.72	499.26	201.46	1359.88	866.94	492.94	2060.60	1366.20	694.40

50% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
Advantage BlueCross	700.72	332.84	367.88	1359.88	577.96	781.92	2060.60	910.80	1149.80
Advantage HealthPartners	700.72	332.84	367.88	1359.88	577.96	781.92	2060.60	910.80	1149.80
Advantage PreferredOne	700.72	332.84	367.88	1359.88	577.96	781.92	2060.60	910.80	1149.80

0% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
Advantage BlueCross	700.72	0	700.72	1359.88	0	1359.88	2060.60	0	2060.60
Advantage HealthPartners	700.72	0	700.72	1359.88	0	1359.88	2060.60	0	2060.60
Advantage PreferredOne	700.72	0	700.72	1359.88	0	1359.88	2060.60	0	2060.60