

2021 Advantage High Deductible Health Plan (HDHP) Rates

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

100% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
HDHP BlueCross	691.28	654.64	36.64	1380.78	1167.42	213.36	2072.06	1822.06	250.00
HDHP HealthPartners	691.28	654.64	36.64	1380.78	1167.42	213.36	2072.06	1822.06	250.00
HDHP PreferredOne	691.28	654.64	36.64	1380.78	1167.42	213.36	2072.06	1822.06	250.00

75% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
HDHP BlueCross	691.28	491.00	200.28	1380.78	875.56	505.22	2072.06	1366.56	705.50
HDHP HealthPartners	691.28	491.00	200.28	1380.78	875.56	505.22	2072.06	1366.56	705.50
HDHP PreferredOne	691.28	491.00	200.28	1380.78	875.56	505.22	2072.06	1366.56	705.50

50% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
HDHP BlueCross	691.28	327.34	363.94	1380.76	583.70	797.08	2072.06	911.04	1161.02
HDHP HealthPartners	691.28	327.34	363.94	1380.76	583.70	797.08	2072.06	911.04	1161.02
HDHP PreferredOne	691.28	327.34	363.94	1380.76	583.70	797.08	2072.06	911.04	1161.02

0% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
HDHP BlueCross	691.28	0	691.28	1380.78	0	1380.78	2072.06	0	2072.06
HDHP HealthPartners	691.28	0	691.28	1380.78	0	1380.78	2072.06	0	2072.06
HDHP PreferredOne	691.28	0	691.28	1380.78	0	1380.78	2072.06	0	2072.06

2021 Advantage High Deductible Health Plan (HDHP) Employer paid HSA Contribution

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

100% Employer Contribution

Health Plan	Semi-monthly contribution		
	Single	Dependent	Family
HDHP BlueCross	20.83	20.83	41.66
HDHP HealthPartners	20.83	20.83	41.66
HDHP PreferredOne	20.83	20.83	41.66

75% Employer Contribution

Health Plan	Semi-monthly contribution		
	Single	Dependent	Family
HDHP BlueCross	15.62	15.62	31.24
HDHP HealthPartners	15.62	15.62	31.24
HDHP PreferredOne	15.62	15.62	31.24

50% Employer Contribution

Health Plan	Semi-monthly contribution		
	Single	Dependent	Family
HDHP BlueCross	10.41	10.42	20.83
HDHP HealthPartners	10.41	10.42	20.83
HDHP PreferredOne	10.41	10.42	20.83

0% Employer Contribution

Health Plan	Semi-monthly contribution		
	Single	Dependent	Family
HDHP BlueCross	0	0	0
HDHP HealthPartners	0	0	0
HDHP PreferredOne	0	0	0