

# 2019 Advantage Consumer Directed Health Plan Rates (High Deductible Health Plan)

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
CDHP BlueCross	583.06	550.58	32.48	1194.24	1005.10	189.14	1777.30	1555.68	221.62
CDHP HealthPartners	583.06	550.58	32.48	1194.24	1005.10	189.14	1777.30	1555.68	221.62
CDHP PreferredOne	583.06	550.58	32.48	1194.24	1005.10	189.14	1777.30	1555.68	221.62

## 75% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	583.06	412.94	170.12	1194.24	753.84	440.40	1777.30	1166.78	610.52
CDHP HealthPartners	583.06	412.94	170.12	1194.24	753.84	440.40	1777.30	1166.78	610.52
CDHP PreferredOne	583.06	412.94	170.12	1194.24	753.84	440.40	1777.30	1166.78	610.52

## 50% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	583.06	275.30	307.76	1194.24	502.56	691.68	1777.30	777.86	999.44
CDHP HealthPartners	583.06	275.30	307.76	1194.24	502.56	691.68	1777.30	777.86	999.44
CDHP PreferredOne	583.06	275.30	307.76	1194.24	502.56	691.68	1777.30	777.86	999.44

## 0% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
CDHP BlueCross	583.06	0	583.06	1194.24	0	1194.24	1777.30	0	1777.30
CDHP HealthPartners	583.06	0	583.06	1194.24	0	1194.24	1777.30	0	1777.30
CDHP PreferredOne	583.06	0	583.06	1194.24	0	1194.24	1777.30	0	1777.30

# 2019 Advantage Consumer Directed Health Plan (High Deductible Health Plan) 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
CDHP BlueCross	20.83	20.83	41.66
CDHP HealthPartners	20.83	20.83	41.66
CDHP PreferredOne	20.83	20.83	41.66

## 75% Employer Contribution

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

## 50% Employer Contribution

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

## 0% Employer Contribution

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