



2020 Benefit Rates

What you pay each pay period for insurance depends on how many people you cover and which plan you choose. The grids show what you would pay each pay period for each plan in 2020.

Full-time employees (80 hours per pay period)

Medical Rates

Tobacco-free Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse	Employee + Children	Family
PreferredHealth High-Deductible Plan*	0.00	157.94	142.90	225.64
Open Access High-Deductible Plan*	0.00	164.00	148.38	234.29
PreferredHealth Copay Plan	0.00	170.35	154.13	243.36
Open Access Copay Plan	0.00	181.32	164.05	259.03
PreferredHealth Exclusive Provider Plan	0.00	228.70	206.92	326.71

Tobacco User Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse	Employee + Children	Family
PreferredHealth High-Deductible Plan*	0.00	164.87	149.82	232.56
Open Access High-Deductible Plan*	0.00	170.92	155.30	241.21
PreferredHealth Copay Plan	0.00	177.27	161.05	250.28
Open Access Copay Plan	0.00	188.24	170.98	265.95
PreferredHealth Exclusive Provider Plan	0.00	235.62	213.84	333.64

* Up to a \$500 Fairview matching contribution (\$1,000 for families) if you contribute to an HSA

Dental Rates

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse	Employee + Children	Family
Delta Dental Base Plan	0.00	12.19	21.68	33.88
Delta Dental Enhanced Plan	0.00	15.32	27.23	42.55

Vision Rates

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse	Employee + Children	Family
VSP Vision Plan	1.69	3.40	3.63	5.81

Part-time employees (40-79 hours per pay period)

Medical Rates

Tobacco-free Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse	Employee + Children	Family
PreferredHealth High-Deductible Plan*	50.14	157.94	142.90	225.64
Open Access High-Deductible Plan*	52.06	164.00	148.38	234.29
PreferredHealth Copay Plan	54.08	170.35	154.13	243.36
Open Access Copay Plan	57.56	181.32	164.05	259.03
PreferredHealth Exclusive Provider Plan	72.60	228.70	206.92	326.71

Tobacco User Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse	Employee + Children	Family
PreferredHealth High-Deductible Plan*	54.76	164.87	149.82	232.56
Open Access High-Deductible Plan*	56.68	170.92	155.30	241.21
PreferredHealth Copay Plan	58.69	177.27	161.05	250.28
Open Access Copay Plan	62.18	188.24	170.98	265.95
PreferredHealth Exclusive Provider Plan	77.22	235.62	213.84	333.64

* Up to a \$500 Fairview matching contribution (\$1,000 for families) if you contribute to an HSA

Dental Rates

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse	Employee + Children	Family
Delta Dental Base Plan	0.00	12.19	21.68	33.88
Delta Dental Enhanced Plan	0.00	15.32	27.23	42.55

Vision Rates

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse	Employee + Children	Family
VSP Vision Plan	1.69	3.40	3.63	5.81

Voluntary Benefits

Your Cost Per Pay Period (Every Two Weeks)

Critical Illness Plans – MetLife (Low Plan \$15,000)

Age	Employee	Employee + Spouse	Employee + Children	Family
<25	2.22	4.43	3.05	5.26
25-29	2.35	4.85	3.18	5.68
30-34	3.12	6.16	3.95	6.99
35-39	3.53	7.13	4.36	7.96
40-44	4.02	8.65	4.85	9.48
45-49	5.68	12.67	6.51	13.50
50-54	7.82	18.14	8.65	19.04
55-59	10.73	25.41	11.56	26.24
60-64	14.19	34.55	15.02	35.38
65-69	19.25	47.98	20.08	48.81
70+	28.66	69.37	29.49	70.27

Critical Illness Plans – MetLife (High Plan \$30,000)

Age	Employee	Employee + Spouse	Employee + Children	Family
<25	4.43	8.86	6.09	10.52
25-29	4.71	9.69	6.37	11.35
30-34	6.23	12.32	7.89	13.98
35-39	7.06	14.26	8.72	15.92
40-44	8.03	17.31	9.69	18.97
45-49	11.35	25.34	13.02	27.00
50-54	15.65	36.28	17.31	38.08
55-59	21.46	50.82	23.12	52.48
60-64	28.38	69.09	30.05	70.75
65-69	38.49	95.95	40.15	97.62
70+	57.32	138.74	58.98	140.54

Accident Plans - MetLife

	Employee	Employee + Spouse	Employee + Children	Family
Low Plan	1.20	2.50	2.59	3.24
High Plan	2.12	4.37	4.51	5.65

Hospital Indemnity Plans - MetLife

	Employee	Employee + Spouse	Employee + Children	Family
Low Plan	3.80	6.85	6.00	9.05
High Plan	7.50	13.52	11.83	17.85

Identity Theft Plan – InfoArmor

	Employee	Family
Identity Theft Plan	3.67	6.44

Legal Plan - ARAG

	Family
Legal Plan	8.70