

2019 Medical Rates

What you pay each pay period for medical insurance depends on how many people you cover and which plan you choose. The grid shows what you would pay each pay period for each plan in 2019.

Employees Authorized 60 or more hours per pay period Tobacco-free Premiums

Your Cost Per Pay Period (Every Two Weeks)	\$2700 deductible with health savings account	\$1500 deductible with health savings account*	\$500 deductible
Employee	12.46	19.03	40.78
Employee + Spouse	43.49	92.42	135.91
Employee + 1 Child	32.83	69.76	102.58
Employee + 2 Children	43.91	93.30	137.21
Employee + 3 Children	54.99	116.85	171.84
Employee + 4 or more Children	66.07	140.40	206.47
Employee + Spouse + 1 Child	54.57	115.97	170.54
Employee + Spouse + 2 Children	65.65	139.51	205.17
Employee + Spouse + 3 Children	76.74	163.06	239.80
Employee + Spouse + 4 or more Children	87.82	186.61	274.43

* With \$250 Fairview contribution (\$500 for families) if you enroll in an HSA

Employees Authorized 60 or more hours per pay period Tobacco User Premiums

Your Cost Per Pay Period (Every Two Weeks)	\$2700 deductible with health savings account	\$1500 deductible with health savings account*	\$500 deductible
Employee	16.15	22.49	44.24
Employee + Spouse	49.26	98.19	141.68
Employee + 1 Child	38.60	75.53	108.35
Employee + 2 Children	49.68	99.07	142.98
Employee + 3 Children	60.76	122.62	177.61
Employee + 4 or more Children	71.84	146.17	212.24
Employee + Spouse + 1 Child	60.34	121.74	176.31
Employee + Spouse + 2 Children	71.42	145.28	210.94
Employee + Spouse + 3 Children	82.50	168.83	245.57
Employee + Spouse + 4 or more Children	93.59	192.38	280.20

* With \$250 Fairview contribution (\$500 for families) if you enroll in an HSA

**Employees Authorized 48-59.99 hours per pay period
Tobacco-free Premiums**

Your Cost Per Pay Period (Every Two Weeks)	\$2700 deductible with health savings account	\$1500 deductible with health savings account*	\$500 deductible
Employee	21.75	46.21	67.96
Employee + Spouse	97.86	146.78	190.28
Employee + 1 Child	73.86	110.79	143.62
Employee + 2 Children	98.79	148.19	192.10
Employee + 3 Children	123.72	185.58	240.57
Employee + 4 or more Children	148.66	222.99	289.06
Employee + Spouse + 1 Child	122.79	184.18	238.75
Employee + Spouse + 2 Children	147.72	221.58	287.23
Employee + Spouse + 3 Children	172.65	258.98	335.71
Employee + Spouse + 4 or more Children	197.59	296.39	384.20

* With \$250 Fairview contribution (\$500 for families) if you enroll in an HSA

**Employees Authorized 48-59.99 hours per pay period
Tobacco User Premiums**

Your Cost Per Pay Period (Every Two Weeks)	\$2700 deductible with health savings account	\$1500 deductible with health savings account*	\$500 deductible
Employee	27.52	51.98	73.73
Employee + Spouse	105.94	154.86	198.36
Employee + 1 Child	81.94	118.87	151.69
Employee + 2 Children	106.87	156.26	200.17
Employee + 3 Children	131.80	193.66	248.65
Employee + 4 or more Children	156.74	231.06	297.14
Employee + Spouse + 1 Child	130.86	192.26	246.83
Employee + Spouse + 2 Children	155.80	229.66	295.31
Employee + Spouse + 3 Children	180.73	267.06	343.79
Employee + Spouse + 4 or more Children	205.67	304.46	392.28

* With \$250 Fairview contribution (\$500 for families) if you enroll in an HSA