

2024 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 2024.

Employees Authorized 60 or more hours per pay period

Medical Rates

Tobacco-free Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse/DP	Employee + Children	Family
CORE High-Deductible Plan*	51.85	186.68	162.68	257.80
Choice Plus High-Deductible Plan*	48.83	186.65	162.55	257.31
CORE Copay Plan	80.21	253.24	220.53	349.03
Choice Plus Copay Plan	91.36	269.64	234.98	372.38

Tobacco User Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse/DP	Employee + Children	Family
CORE High-Deductible Plan*	63.39	198.22	174.22	269.34
Choice Plus High-Deductible Plan*	60.36	198.18	174.09	268.85
CORE Copay Plan	91.74	264.78	232.07	360.57
Choice Plus Copay Plan	102.90	281.18	246.52	383.92

* 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/DP	Employee + Children	Family
Delta Dental Base Plan	5.19	10.59	11.26	16.71
Delta Dental Enhanced Plan	8.96	18.28	19.44	28.85

Vision Rates

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse/DP	Employee + Children	Family
VSP Vision Plan	1.52	3.05	3.26	5.22

Employees Authorized 48-59.99 hours per pay period

Medical Rates

Tobacco-free Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse/DP	Employee + Children	Family
CORE High-Deductible Plan*	88.90	264.47	230.46	365.21
Choice Plus High-Deductible Plan*	86.11	264.95	230.79	365.45
CORE Copay Plan	120.08	337.68	294.10	465.56
Choice Plus Copay Plan	132.35	355.73	309.99	491.25

Tobacco User Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse/DP	Employee + Children	Family
CORE High-Deductible Plan*	100.44	276.00	242.00	376.75
Choice Plus High-Deductible Plan*	97.65	276.48	242.33	376.98
CORE Copay Plan	131.62	349.22	305.64	477.10
Choice Plus Copay Plan	143.89	367.26	321.53	502.79

* 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/DP	Employee + Children	Family
Delta Dental Base Plan	6.48	13.23	14.08	20.89
Delta Dental Enhanced Plan	11.20	22.85	24.30	36.06

Vision Rates

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse/DP	Employee + Children	Family
VSP Vision Plan	1.52	3.05	3.26	5.22

Voluntary Benefits

Your Cost Per Pay Period (Every Two Weeks)

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

Age	Employee	Employee + Spouse/DP	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/DP	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/DP	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/DP	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 – AllState Protection

	Employee	Family
Identity Theft Plan	3.67	6.44

Legal Plan - ARAG

	Family
Legal Plan	8.82