

## 2023 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 2023.

### 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*	0.00	92.92	81.30	145.18
Choice Plus High Deductible Plan*	40.44	116.85	102.96	179.38
CORE Copay Plan	47.29	145.20	128.61	219.88
Choice Plus Copay Plan	50.39	176.36	159.56	251.94

##### Tobacco User Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse/DP	Employee + Children	Family
CORE High Deductible Plan*	3.46	98.69	87.07	150.95
Choice Plus High Deductible Plan*	43.90	122.62	108.72	185.15
CORE Copay Plan	50.75	150.97	134.38	225.65
Choice Plus Copay Plan	53.85	182.13	165.33	257.71

\* 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	0.00	13.77	24.49	38.27
Delta Dental Enhanced Plan	3.12	21.87	36.44	55.18

#### 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 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*	29.04	153.90	136.48	232.30
Choice Plus High Deductible Plan*	69.48	177.84	158.13	266.49
CORE Copay Plan	78.82	206.19	183.78	306.99
Choice Plus Copay Plan	83.98	246.90	223.03	352.72

#### Tobacco User Premiums

Your Cost Per Pay Period (Every Two Weeks)

	Employee	Employee + Spouse/DP	Employee + Children	Family
CORE High Deductible Plan*	34.80	161.98	144.55	240.37
Choice Plus High Deductible Plan*	75.24	185.91	166.21	274.57
CORE Copay Plan	84.59	214.26	191.86	315.07
Choice Plus Copay Plan	89.75	254.98	231.11	360.79

\* 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	3.83	17.60	28.32	42.09
Delta Dental Enhanced Plan	5.21	23.95	38.52	57.26

### 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

	Employee	Family
Identity Theft Plan	3.67	6.44

### Legal Plan - ARAG

	Family
Legal Plan	8.82