

Contribution Elections for BlueCross and BlueShield of Minnesota Health Plans

Participating employers are asked to select one option from each group: Employee Only, Employee Plus 1 / Employee Plus Child(ren) (one option for both groups), and Family. Options for each group, along with explanations regarding how these cost tiers were developed, are outlined below. Please use this document for reference only; selections should still be made via the [online form found here](#).

The amounts below represent the contribution to be paid by the employer.

Employee Only

- \$390.00
 - *This is 50% of the cost of Employee Only coverage under OPTION 1: PPO Plan with the Group Value Network.*
- \$470.00
 - *This is 70% of the cost of Employee Only coverage under OPTION 3: High-Deductible Health Plan with the Group Value Network.*
- \$571.00*
 - *This is 85% of the cost of Employee Only coverage under OPTION 3: High-Deductible Health Plan with the Group Value Network.*
- \$671.00
 - *This is 100% of the cost of Employee Only coverage under OPTION 3: High-Deductible Health Plan with the Group Value Network.*
- \$779.00**
 - *This is 100% of the cost of Employee Only coverage under OPTION 1: PPO Plan with the Group Value Network.*

*All applicable large employers (ALEs) with 50 or more full-time equivalents (FTEs) must contribute \$571.00 or more for each benefit-eligible employee, in order to comply with Affordable Care Act (ACA) requirements for the Federal Poverty Line Safe Harbor. **If the employer elects the \$779.00 cost-share level for employee only coverage, and an employee elects Option 3 or 4, the cost-share will default to \$671.00 or \$718.00, respectively (100% of the employee only premium).

Employee Plus 1 / Employee Plus Child(ren)

- \$571.00
- \$671.00
- \$779.00
- \$931.00
 - *This is 70% of the cost of Employee Plus 1 / Employee Plus Child(ren) coverage under OPTION 3: High-Deductible Health Plan with the Group Value Network.*
- \$1,131.00
 - *This is 85% of the cost of Employee Plus 1 / Employee Plus Child(ren) coverage under OPTION 3: High-Deductible Health Plan with the Group Value Network.*
- \$1,330.00
 - *This is 100% of the cost of Employee Plus 1 / Employee Plus Child(ren) coverage under OPTION 3: High-Deductible Health Plan with the Group Value Network.*

Family

- \$571.00
- \$671.00
- \$779.00
- \$931.00
- \$1,131.00
- \$1,330.00
- \$1,598.00

- *This is 100% of the cost of Family coverage under OPTION 3: High-Deductible Health Plan with the Group Value Network.*

Contribution Elections for Delta Dental Plans

Participating employers are asked to select one option from each group: Employee Only, Employee Plus 1 / Employee Plus Child(ren) (one option for both groups), and Family. Options for each group, along with explanations regarding how these cost tiers were developed, are outlined below. Participating employers may not opt out of dental coverage. Please use this document for reference only; selections should still be made via the [online form found here](#).

The amounts below represent the contribution to be paid by the employer.

Employee Only – 2020 Total Cost: \$46.00

- \$35.00
- \$46.00

Employee Plus 1 / Employee Plus Child(ren) – 2020 Total Cost: \$73.00

- \$35.00
- \$46.00
- \$55.00
- \$73.00

Family – 2020 Total Cost: \$86.00

- \$35.00
- \$46.00
- \$55.00
- \$73.00
- \$86.00