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## CITY OF ANOKA 2025 EMPLOYEE BENEFITS SUMMARY

### 2025 HEALTH PARTNERS MEDICAL PLAN OPTIONS (EMPLOYEE COST)

2025 Plan Types	3300-0% (100%) Open Access CG347	3300-25% (75%) Open Access CG348	5000-0% (100%) Open Access CG351	3300-0% (100%) Achieve CG349	3300-25% (75%) Achieve CG350	5000-0% (100%) Achieve CG352
Employee (Single)	-0-	-0-	-0-	-0-	-0-	-0-
Employee + Spouse	\$601.24	\$432.16	\$431.44	\$491.48	\$332.55	\$331.87
Employee + Child(ren)	\$499.53	\$346.15	\$345.49	\$399.96	\$255.78	\$255.16
Family	\$773.06	\$543.64	\$542.66	\$624.13	\$408.49	\$407.56

### ***BELOW ARE THE CITY'S COSTS***

*The City will pay the full cost of Employee (Single Coverage),  
 other maximums are shown below.*

2025 Plan Types	3300-0% (100%) Open Access CG347	3300-25% (75%) Open Access CG348	5000-0% (100%) Open Access CG351	3300-0% (100%) Achieve CG349	3300-25% (75%) Achieve CG350	5000-0% (100%) Achieve CG352
Employee (Single)	\$870.75	\$790.27	\$789.92	\$818.50	\$742.85	\$742.52
Employee + Spouse	\$1,228.00	\$1,228.00	\$1,228.00	\$1,228.00	\$1,228.00	\$1,228.00
Employee + Child(ren)	\$1,160.00	\$1,160.00	\$1,160.00	\$1,160.00	\$1,160.00	\$1,160.00
Family	\$1,709.00	\$1,709.00	\$1,709.00	\$1,709.00	\$1,709.00	\$1,709.00

**MEDICAL PLAN OPT-OUT: \$240.00 PER MONTH**

**HEALTHCARE SAVINGS CONTRIBUTIONS BY THE CITY**

Employees that participate in the City’s Medical Plan benefit will receive HSA contributions based on their medical plan participation.

Half (½) will be paid into the Employees HSA account January 1, and half (½) on July 1.

**CLARIFICATION:** Employees who are actively employed between January 1 and July 1 will receive \$1,800 city contribution to their HSA account for the year. The first payroll following January 1 and July 1, the city will deposit \$900 to their HSA account. Employees who begin employment between January 2 and June 30 OR July 2 and December 31 will receive \$900 City contribution to their HSA account on the first payroll following their employment start date.

	First Payroll Following January 1 Lump Sum	First Payroll Following July 1 Lump Sum
Employee (Single)	\$900	\$900
Employee + Spouse	\$900	\$900
Employee + Child(ren)	\$900	\$900
Family	\$900	\$900

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**DELTA DENTAL PLAN OPTIONS**

Dental Plan costs are 100% cost to the employee

2025 Plan Types	Option 1, PPO T02511	Option 2, Premier T02510
Employee (Single)	\$52.06	\$52.06
Employee + 1	\$104.13	\$104.13
Employee + Child(ren)	\$135.50	\$135.50
Family	\$171.38	\$171.38

*\* Cost for either plan is the same, however coverage is different.  
Individual must designate which plan they are choosing*

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**LIFE INSURANCE – New York Life**

The City pays 100% cost of a Life & Accidental Death and Dismemberment (AD & D) benefit of \$35,000 for the employee only.

Additional voluntary coverages are available at cost to the employee.

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