

**ST. LOUIS COUNTY
Monthly Insurance Rates Effective 1/1/2015**

I St. Louis County Comprehensive Major Medical with \$21.94 Add'l Employee

	<u>ER Share Single</u>	<u>ER Share Dep. Cvg.</u>	<u>Total ER Share</u>	<u>EE Share Dep. Cvg</u>	<u>Add'l EE Share</u>	<u>Total EE Share</u>	<u>Total Cost of Coverage</u>
Single:	\$665.06	+ \$ 0.00	= \$ 665.06	+ \$ 0.00	+ \$21.94	= \$ 21.94	\$ 687.00
Family 80/20:	\$665.06	+ \$726.86	= \$1,391.92	+ \$181.71	+ \$21.94	= \$203.65	\$1,595.57

**Dependent Coverage Shares by Bargaining Unit
80/20
Teamsters Unit**

II St. Louis County Comprehensive Major Medical with \$37.72 Add'l Employee

	<u>ER Share Single</u>	<u>ER Share Dep. Cvg.</u>	<u>Total ER Share</u>	<u>EE Share Dep. Cvg</u>	<u>Add'l EE Share</u>	<u>Total EE Share</u>	<u>Total Cost of Coverage</u>
Single:	\$627.34	+ \$ 0.00	= \$ 627.34	+ \$ 0.00	+ \$37.72	= \$ 37.72	\$ 665.06
Family 80/20:	\$627.34	+ \$726.86	= \$1,354.20	+ \$181.71	+ \$37.72	= \$219.43	\$1,573.63
Family 70/30:	\$627.34	+ \$636.00	= \$1,263.34	+ \$272.57	+ \$37.72	= \$310.29	\$1,573.63

Single/Dependent Coverage Shares by Unit

<u>80/20</u>	<u>70/30</u>
C.S. Basic Unit	Merit System Basic Unit
Unrepresented Employees	Merit System Supervisory Unit
County Commissioners	Confidential Employees
MN Courts	C.S. Supervisors
ARC Directors	Jail/911
ARC Basic Unit	Deputy Sheriffs
ARC Confidential Unit	Deputy Sheriff Supervisors
ARC Supervisory Unit	Unclassified Attorney Investigators
ARC Essential Unit	Unclassified Attorneys
	Management Comp
	MN Courts

III Employee Dental

\$37.01

IV Dependent Dental

\$45.35 - Adult
\$31.30 - One Child
\$79.70 - Family (2+ dependents)

VI Life Insurance

\$0.11 - per \$1,000 in coverage

VII COBRA

St. Louis County Comprehensive Major Medical-Teamsters	\$700.74	Single	\$1,627.48	Family
St. Louis County Comprehensive Major Medical-All other employee groups	\$678.36	Single	\$1,605.10	Family
St. Louis County Comprehensive Major Medical-Former Spouse	\$ 31.47	EE w/family	\$ 678.36	EE w/single
Employee Dental	\$ 37.75			
Dependent Dental - Spouse	\$ 46.26			
Dependent Dental - Former Spouse	\$ 1.59	EE w/family	\$ 45.35	EE w/single
Dependent Dental - One Child	\$ 31.93			
Dependent Dental - Family (2+ dependents)	\$ 81.29			