



Phone: (763) 576-2740 / Website: www.anokaminnesota.com

CITY OF ANOKA 2023 EMPLOYEE BENEFITS SUMMARY

2023 HEALTH PARTNERS MEDICAL PLAN OPTIONS (EMPLOYEE COST)

2023 Plan Types	3000-0% (100%) Open Access CG347	3300-25% (75%) Open Access CG348	5000-0% (100%) Open Access CG351	3000-0% (100%) Achieve CG349	3300-25% (75%) Achieve CG350	5000-0% (100%) Achieve CG352
Employee (Single)	-0-	-0-	-0-	-0-	-0-	-0-
Employee + Spouse	\$444.58	\$293.39	\$287.22	\$366.74	\$224.62	\$218.82
Employee + Child(ren)	\$371.92	\$234.75	\$229.15	\$301.30	\$172.37	\$167.10
Family	\$572.83	\$367.68	\$359.31	\$467.22	\$274.38	\$266.50

BELOW ARE THE CITY'S COSTS

*The City will pay the full cost of Employee (Single Coverage),
up to a maximum of \$700.00, other maximums are shown below*

2023 Plan Types	3000-0% (100%) Open Access TBD	3300-25% (75%) Open Access CG348	5000-0% (100%) Open Access CG351	3000-0% (100%) Achieve TBD	3300-25% (75%) Achieve CG350	5000-0% (100%) Achieve CG352
Employee (Single)	\$617.54	\$545.57	\$542.63	\$580.49	\$512.83	\$510.07
Employee + Spouse	\$852.72	\$852.72	\$852.72	\$852.72	\$852.72	\$852.72
Employee + Child(ren)	\$805.04	\$805.04	\$805.04	\$805.04	\$805.04	\$805.04
Family	\$1,187.45	\$1,187.45	\$1,187.45	\$1,187.45	\$1,187.45	\$1,187.45

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.

*½ will be paid into the Employees HSA account January 1st, and ½ on July 1st
HSA contribution amounts are pro-rated on a monthly basis for new hires

***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 July 2 and December 31 will receive \$900 city contribution to their HSA account on the first payroll following their employment start date.

Employee (Single)	\$1,800/yr
Employee + Spouse	\$1,800/yr
Employee + Child(ren)	\$1,800/yr
Family	\$1,800/yr

DELTA DENTAL PLAN OPTIONS

Dental Plan costs are 100% cost to the employee

2022 Plan Types	Option 1, PPO T02511	Option 2, Premier T02510
Employee (Single)	\$51.04	\$51.04
Employee + Spouse	\$102.09	\$102.09
Employee + Child(ren)	\$132.80	\$132.80
Family	\$166.75	\$166.75

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

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.
