

2024 Hennepin County Employee Health Plan Premiums



2024 Plan						
Plan Tier	Monthly Premium	Monthly Employer Contribution	Employer Cost Share	Monthly Employee Contribution	Employee Cost Share	Biweekly Contribution
Employee Only	\$1,006.19	\$976.00	97.0%	\$30.19	3.0%	\$13.93
Employee + Spouse	\$2,364.46	\$1,962.50	83.0%	\$401.96	17.0%	\$185.52
Employee + Child(ren)	\$1,811.07	\$1,503.19	83.0%	\$307.88	17.0%	\$142.10
Employee + Family	\$2,766.94	\$2,351.90	85.0%	\$415.04	15.0%	\$191.56

2024 Hennepin County Employee Health Plan



2024 Plan	
Plan Design <u>Without</u> Wellness Incentive	In-network
Deductible (single/family)	\$300 / \$600
Out-of-pocket maximum (single/family)	\$3,000 / \$5,000
General coinsurance	20%
Office visits	
Preventive care	Free
Primary care	\$20 after deductible
Specialist	\$20 after deductible
Behavioral and chemical health	Free
Inpatient services	\$125 after deductible
Outpatient services	\$50 after deductible
Imaging	20% after deductible
Urgent care	\$20 after deductible
Emergency room	\$100 after deductible
Retail / Mail order Rx	(Deductible does not apply)
Generic	\$20 / \$40
Formulary	\$50 / \$100
Non-Formulary	\$50 / \$100

Notes:

- Plan designs for enrollees earning the wellness incentive include no copays for office visits, urgent care, and some other services not listed above.
- Out-of-network coverage remains the same as 2023.