

2026 Medical and Dental Rates						
Program Supervisors / Non Class						
*Blue Cross Blue Shield Aware Network " open access " (Mayo in network)						
	*\$3K PLAN Open Access		*\$5K PLAN Open Access		*\$7K PLAN Open Access	
	Single	Family	Single	Family	Single	Family
Premium	\$1,308.98	\$3,284.45	\$1,176.54	\$2,952.14	\$1,067.96	\$2,679.71
District Pays	\$750.00	\$1,700.00	\$750.00	\$1,700.00	\$750.00	\$1,700.00
Employee pays	\$558.98	\$1,584.45	\$426.54	\$1,252.14	\$317.96	\$979.71
**Blue Cross Blue Shield High Value Network " limited access " - excludes ALL Mayo locations, VA, and other providers - see list below						
	**\$3K PLAN High Value Network		**\$5K PLAN High Value Network		**\$7K PLAN High Value Network	
	Single	Family	Single	Family	Single	Family
Premium	\$1,062.30	\$2,665.51	\$954.74	\$2,395.61	\$870.22	\$2,183.55
District Pays	\$750.00	\$1,700.00	\$750.00	\$1,700.00	\$750.00	\$1,700.00
Employee pays	\$312.30	\$965.51	\$204.74	\$695.61	\$120.22	\$483.55

The ones below highlighted in RED are out of network if you choose a High Value Plan.

Aware vs. High Value Network

Metro Region	Aware	High Value Network
METRO	Open Access	Limited Access
• Allina	X	X
• Avera	X	
• Centracare	X	X
• Children's Hospitals & Clinics	X	X
• Entira	X	X
• Fairview Health System/HealthEast	X	X
• HealthPartners Health System	X	
• Hennepin County Medical Center	X	
• Mankato Clinic Ltd	X	X
• Mayo Health System	X	
• North Memorial	X	X
• Northfield Hospital and Clinic	X	X
• Park Nicollet	X	
• Ridgeview	X	X
• St. Croix Regional Medical Center	X	X
• University of Minnesota Physicians	X	X
• Veterans Admin Medical Center	X	

Aware vs. High Value Network

Southeast Region	Aware	High Value Network
SOUTHEAST	Open Access	Limited Access
• Allina	X	X
• Children's Hospitals & Clinics	X	X
• Gundersen Health System	X	X
• Mankato Clinic LTD	X	X
• Mayo Health System	X	
• Northfield Hospital and Clinic	X	X
• Olmsted Medical Center	X	X
• Swift County Benson Health	X	X
• Veterans Admin Medical Center	X	
• Winona Health	X	X

MetLife Dental Plan Rates				
Low Plan				
	Single	1+1		Family
Premium	\$26.50	\$51.36		\$85.00
District Contribution	\$26.50	\$26.50		\$26.50
Employee Pays Per Month	\$0.00	\$24.86		\$58.50
High Plan				
	Single	1+1		Family
Premium	\$37.80	\$74.96		\$135.05
District Contribution	\$26.50	\$26.50		\$26.50
Employee Pays Per Month	\$11.30	\$48.46		\$108.55