

2026 Pricing/month

Local #320 / Custodian

*Blue Cross Blue Shield **Aware Network "open acc**

*\$3K PLAN Open Access	
Single	Family
Premium	\$1,308.98
District Pays	\$700.00
Employee pays	\$608.98
Married Couples (both Custodians)	\$150.00
Married Couples (1 non-custodian)	\$75 (custodian) + Couple amount from spouse's contract

*\$5K PLAN Open Access	
Single	Family
Premium	\$1,176.54
District Pays	\$700.00
Employee pays	\$476.54
Married Couples (both Custodians)	\$150.00
Married Couples (1 non-custodian)	\$75 (custodian) + Couple amount from spouse's contract

*\$7K PLAN Open Access	
Single	Family
Premium	\$1,067.96
District Pays	\$700.00
Employee pays	\$367.96
Married Couples (both Custodians)	\$150.00
Married Couples (1 non-custodian)	\$75 (custodian) + Couple amount from spouse's contract

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	
Single	Family
Premium	\$1,062.30
District Pays	\$700.00
Employee pays	\$362.30
Married Couples (both Custodians)	\$150.00
Married Couples (1 non-custodian)	\$75 (custodian) + Couple amount from spouse's contract

**\$5K PLAN High Value Network	
Single	Family
Premium	\$954.74
District Pays	\$700.00
Employee pays	\$254.74
Married Couples (both Custodians)	\$150.00
Married Couples (1 non-custodian)	\$75 (custodian) + Couple amount from spouse's contract

*\$7K PLAN High Value Network	
Single	Family
Premium	\$870.22
District Pays	\$700.00
Employee pays	\$170.22
Married Couples (both Custodians)	\$150.00
Married Couples (1 non-custodian)	\$75 (custodian) + Couple amount from spouse's contract

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