

**2026 Pricing/month
Teachers**

Effective dates 1.1.2026-12.31.2026

UPDATED 4/8/2026

*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	\$875.00	\$2,222.00	\$875.00	\$2,222.00	\$875.00	\$2,222.00
Employee pays	\$433.98	\$1,062.45	\$301.54	\$730.14	\$192.96	\$457.71
Married Couples		\$187.45		\$0.00		\$0.00

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	\$875.00	\$2,222.00	\$875.00	\$2,222.00	\$875.00	\$2,222.00
Employee pays	\$187.30	\$443.51	\$79.74	\$173.61	\$0.00	\$0.00
Married Couples		\$0.00		\$0.00		\$0.00

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

Section 8.6. Dental Insurance: The School District shall pay the full monthly premium per teacher for a single dental plan. Teachers shall have the option of buying family coverage at their own expense. Teachers married to one another may combine the School District's contribution of each teacher's single policy towards one (1) family policy.