

2026 Pricing/month							
Ed Support	*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	\$615.00	\$1,225.00	\$615.00	\$1,225.00	\$615.00	\$1,225.00	
Employee pays	\$693.98	\$2,059.45	\$561.54	\$1,727.14	\$452.96	\$1,454.71	
	**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	\$615.00	\$1,225.00	\$615.00	\$1,225.00	\$615.00	\$1,225.00	
Employee pays	\$447.30	\$1,440.51	\$339.74	\$1,170.61	\$255.22	\$958.55	

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		\$0.00	\$0.00		\$0.00
Employee Pays Per Month		\$26.50	\$51.36		\$85.00

High Plan

		Single	1+1		Family
Premium		\$37.80	\$74.96		\$135.05
District Contribution		\$0.00	\$0.00		\$0.00
Employee Pays Per Month		\$37.80	\$74.96		\$135.05