



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Dakotas

Dental and Vision Plan:

No Dental + Exam Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$290.00	-\$550.00	-\$753.00
C2000 with HRA	-\$244.00	-\$464.00	-\$634.00
C3000 with HRA	-\$103.00	-\$196.00	-\$268.00
H2000 with HSA	-\$217.00	-\$412.00	-\$563.00
H2500 with HSA	-\$67.00	-\$126.00	-\$172.00
H5000 with HSA	-\$10.00	-\$19.00	-\$26.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Dakotas

Dental and Vision Plan:

No Dental + Full Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$298.00	-\$563.00	-\$773.00
C2000 with HRA	-\$252.00	-\$477.00	-\$654.00
C3000 with HRA	-\$111.00	-\$209.00	-\$288.00
H2000 with HSA	-\$225.00	-\$425.00	-\$583.00
H2500 with HSA	-\$75.00	-\$139.00	-\$192.00
H5000 with HSA	-\$18.00	-\$32.00	-\$46.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

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Dental and Vision Plan:

No Dental + Premier Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$304.00	-\$573.00	-\$789.00
C2000 with HRA	-\$258.00	-\$487.00	-\$670.00
C3000 with HRA	-\$117.00	-\$219.00	-\$304.00
H2000 with HSA	-\$231.00	-\$435.00	-\$599.00
H2500 with HSA	-\$81.00	-\$149.00	-\$208.00
H5000 with HSA	-\$24.00	-\$42.00	-\$62.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Dakotas

Dental and Vision Plan:

Passive PPO 2000 + Exam Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$350.00	-\$670.00	-\$933.00
C2000 with HRA	-\$304.00	-\$584.00	-\$814.00
C3000 with HRA	-\$163.00	-\$316.00	-\$448.00
H2000 with HSA	-\$277.00	-\$532.00	-\$743.00
H2500 with HSA	-\$127.00	-\$246.00	-\$352.00
H5000 with HSA	-\$70.00	-\$139.00	-\$206.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Dakotas

Dental and Vision Plan:

Passive PPO 2000 + Full Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$358.00	-\$683.00	-\$953.00
C2000 with HRA	-\$312.00	-\$597.00	-\$834.00
C3000 with HRA	-\$171.00	-\$329.00	-\$468.00
H2000 with HSA	-\$285.00	-\$545.00	-\$763.00
H2500 with HSA	-\$135.00	-\$259.00	-\$372.00
H5000 with HSA	-\$78.00	-\$152.00	-\$226.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Dakotas

Dental and Vision Plan:

Passive PPO 2000 + Premier Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$364.00	-\$693.00	-\$969.00
C2000 with HRA	-\$318.00	-\$607.00	-\$850.00
C3000 with HRA	-\$177.00	-\$339.00	-\$484.00
H2000 with HSA	-\$291.00	-\$555.00	-\$779.00
H2500 with HSA	-\$141.00	-\$269.00	-\$388.00
H5000 with HSA	-\$84.00	-\$162.00	-\$242.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Dakotas

Dental and Vision Plan:

PPO Dental + Exam Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$339.00	-\$648.00	-\$900.00
C2000 with HRA	-\$293.00	-\$562.00	-\$781.00
C3000 with HRA	-\$152.00	-\$294.00	-\$415.00
H2000 with HSA	-\$266.00	-\$510.00	-\$710.00
H2500 with HSA	-\$116.00	-\$224.00	-\$319.00
H5000 with HSA	-\$59.00	-\$117.00	-\$173.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Dakotas

Dental and Vision Plan:

PPO Dental + Full Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$347.00	-\$661.00	-\$920.00
C2000 with HRA	-\$301.00	-\$575.00	-\$801.00
C3000 with HRA	-\$160.00	-\$307.00	-\$435.00
H2000 with HSA	-\$274.00	-\$523.00	-\$730.00
H2500 with HSA	-\$124.00	-\$237.00	-\$339.00
H5000 with HSA	-\$67.00	-\$130.00	-\$193.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Dakotas

Dental and Vision Plan:

PPO Dental + Premier Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$353.00	-\$671.00	-\$936.00
C2000 with HRA	-\$307.00	-\$585.00	-\$817.00
C3000 with HRA	-\$166.00	-\$317.00	-\$451.00
H2000 with HSA	-\$280.00	-\$533.00	-\$746.00
H2500 with HSA	-\$130.00	-\$247.00	-\$355.00
H5000 with HSA	-\$73.00	-\$140.00	-\$209.00

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