## 2022 MEDICAL & DENTAL INSURANCE

**Effective date 1/1/2022**

City County and Other Governmental Agencies  
North East Service Cooperative

<table>
<thead>
<tr>
<th></th>
<th>Medica Passport</th>
<th>Medica Essentia</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SINGLE MEDICAL</td>
<td>FAMILY MEDICAL</td>
<td>SINGLE DENTAL</td>
</tr>
<tr>
<td>MONTHLY</td>
<td>$865.75</td>
<td>$2,077.22</td>
<td>$38.02</td>
</tr>
<tr>
<td>Annual</td>
<td>$10,389.00</td>
<td>$24,926.64</td>
<td>$456.24</td>
</tr>
<tr>
<td>Bi monthly</td>
<td>$432.88</td>
<td>$1,038.61</td>
<td>$19.01</td>
</tr>
<tr>
<td></td>
<td>$883.07</td>
<td>$2,118.76</td>
<td>$38.78</td>
</tr>
<tr>
<td>COBRA (102%) MONTHLY</td>
<td></td>
<td></td>
<td>$14.73</td>
</tr>
<tr>
<td>Bi Monthly</td>
<td>$335.48</td>
<td>$804.92</td>
<td>$37.31</td>
</tr>
<tr>
<td>EMPLOYEE 77.50%</td>
<td></td>
<td></td>
<td>$10.83</td>
</tr>
<tr>
<td>EMPLOYEE 22.50%</td>
<td>$97.40</td>
<td>$233.69</td>
<td>$4.28</td>
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</tbody>
</table>

### Medica Passport
- Single Medical: $865.75 Monthly, $10,389.00 Annual, $432.88 Bi Monthly
- Family Medical: $2,077.22 Monthly, $24,926.64 Annual, $1,038.61 Bi Monthly

### Medica Essentia
- Single Medical: $718.57 Monthly, $8,622.84 Annual, $359.29 Bi Monthly
- Family Medical: $1,724.09 Monthly, $20,689.08 Annual, $862.05 Bi Monthly

### Dental Plan
- Single Dental: $38.02 Monthly, $456.24 Annual, $19.01 Bi Monthly
- Family Dental: $96.28 Monthly, $1,155.36 Annual, $48.14 Bi Monthly

### Vision Plan
- Single Vision: $6.35 Monthly, $76.20 Annual, $3.18 Bi Monthly
- Family Vision: $15.30 Monthly, $183.60 Annual, $7.65 Bi Monthly

**Medical Insurance questions**
- Group code #
- NECS Medica Welcome: https://mhc2.welcometomedica.com/home  
  Medica: https://www.medica.com/  
  Phone: 1-877-347-0282

**Dental Insurance questions**
- Group # 001079  
  Website: https://www.deltadentalmn.org  
  Phone: 1-800-448-3815

**Hello Further (H S A/VEBA)**
- Website: https://hellofurther.com/  
  Phone: 1-800-859-2144

Medica Passport Plan $2,800 / $5,600 Ded 80% to $5,000 / $10,000 OOPM, no 4th Qtr c/o, Express Scripts, Embedded

Medica Essentia Plan $2,800 / $5,600 Ded 80% to $5,000 / $10,000 OOPM, no 4th Qtr c/o, Express Scripts, Embedded

Dental - $50/$150 Deductible, Implant coverage, annual max $2,000

Agency deductible contribution to H S A / VEBA $1,500 SINGLE, $3,000 FAMILY