

City of Fargo
NDPERS Health Insurance Premiums
Effective July 1, 2017 to June 30, 2019

Active Employees Dakota Plan							
		Employee Pay Period Contribution	COF Pay Period Contribution	Employee Monthly Contribution	COF Monthly Contribution	Combined Monthly Premium	Total Annual Premium
Full-time 40* <small>(2080 annual hrs)</small>	Single	\$ 44.69	\$ 274.50	\$ 89.38	\$ 549.00	\$ 638.38	\$ 7,660.56
	Family	\$ 215.94	\$ 555.26	\$ 431.88	\$ 1,110.52	\$ 1,542.40	\$ 18,508.80
Full-time 30-39* <small>(1560 - 2079 annual hrs)</small>	Single	\$ 108.53	\$ 210.66	\$ 217.06	\$ 421.32	\$ 638.38	\$ 7,660.56
	Family	\$ 354.75	\$ 416.45	\$ 709.50	\$ 832.90	\$ 1,542.40	\$ 18,508.80
Part-time 20-29* <small>(1040 - 1559 annual hrs)</small>	Single	\$ 159.59	\$ 159.60	\$ 319.18	\$ 319.20	\$ 638.38	\$ 7,660.56
	Family	\$ 493.57	\$ 277.63	\$ 987.14	\$ 555.26	\$ 1,542.40	\$ 18,508.80

*Premiums apply to employees who are benefit eligible as defined in COF policy.

COBRA Dakota Plan		Medicare Eligible Dakota Retiree Plan		
	COBRA Monthly Premium		Retiree (enrolled prior to 7-1-17) Monthly Premium **	Retiree (enrolled 7-1-17 or later) Monthly Premium **
COBRA Single	\$ 651.14	Medicare Eligible - Single	\$ 279.68	\$ 283.34
COBRA Family	\$ 1,573.24	Medicare Eligible - Family	\$ 556.62	\$ 563.88
		One Medicare / One Non- Medicare Family	\$ 760.32	\$ 768.26

**Medicare Eligible Premiums will change as of January 1, 2018.