



**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**No Dental + Exam Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$299.00</b>	<b>-\$571.00</b>	<b>-\$781.00</b>
<b>C2000 with HRA</b>	<b>-\$253.00</b>	<b>-\$484.00</b>	<b>-\$662.00</b>
<b>C3000 with HRA</b>	<b>-\$111.00</b>	<b>-\$213.00</b>	<b>-\$291.00</b>
<b>H2000 with HSA</b>	<b>-\$225.00</b>	<b>-\$431.00</b>	<b>-\$590.00</b>
<b>H2500 with HSA</b>	<b>-\$74.00</b>	<b>-\$143.00</b>	<b>-\$195.00</b>
<b>H5000 with HSA</b>	<b>-\$17.00</b>	<b>-\$35.00</b>	<b>-\$47.00</b>

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**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$308.00</b>	<b>-\$585.00</b>	<b>-\$803.00</b>
<b>C2000 with HRA</b>	<b>-\$262.00</b>	<b>-\$498.00</b>	<b>-\$684.00</b>
<b>C3000 with HRA</b>	<b>-\$120.00</b>	<b>-\$227.00</b>	<b>-\$313.00</b>
<b>H2000 with HSA</b>	<b>-\$234.00</b>	<b>-\$445.00</b>	<b>-\$612.00</b>
<b>H2500 with HSA</b>	<b>-\$83.00</b>	<b>-\$157.00</b>	<b>-\$217.00</b>
<b>H5000 with HSA</b>	<b>-\$26.00</b>	<b>-\$49.00</b>	<b>-\$69.00</b>

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**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**No Dental + Premier Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$314.00</b>	<b>-\$596.00</b>	<b>-\$821.00</b>
<b>C2000 with HRA</b>	<b>-\$268.00</b>	<b>-\$509.00</b>	<b>-\$702.00</b>
<b>C3000 with HRA</b>	<b>-\$126.00</b>	<b>-\$238.00</b>	<b>-\$331.00</b>
<b>H2000 with HSA</b>	<b>-\$240.00</b>	<b>-\$456.00</b>	<b>-\$630.00</b>
<b>H2500 with HSA</b>	<b>-\$89.00</b>	<b>-\$168.00</b>	<b>-\$235.00</b>
<b>H5000 with HSA</b>	<b>-\$32.00</b>	<b>-\$60.00</b>	<b>-\$87.00</b>

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**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**HMO Dental + Exam Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$316.00</b>	<b>-\$602.00</b>	<b>-\$835.00</b>
<b>C2000 with HRA</b>	<b>-\$270.00</b>	<b>-\$515.00</b>	<b>-\$716.00</b>
<b>C3000 with HRA</b>	<b>-\$128.00</b>	<b>-\$244.00</b>	<b>-\$345.00</b>
<b>H2000 with HSA</b>	<b>-\$242.00</b>	<b>-\$462.00</b>	<b>-\$644.00</b>
<b>H2500 with HSA</b>	<b>-\$91.00</b>	<b>-\$174.00</b>	<b>-\$249.00</b>
<b>H5000 with HSA</b>	<b>-\$34.00</b>	<b>-\$66.00</b>	<b>-\$101.00</b>

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**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**HMO Dental + Full Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$325.00</b>	<b>-\$616.00</b>	<b>-\$857.00</b>
<b>C2000 with HRA</b>	<b>-\$279.00</b>	<b>-\$529.00</b>	<b>-\$738.00</b>
<b>C3000 with HRA</b>	<b>-\$137.00</b>	<b>-\$258.00</b>	<b>-\$367.00</b>
<b>H2000 with HSA</b>	<b>-\$251.00</b>	<b>-\$476.00</b>	<b>-\$666.00</b>
<b>H2500 with HSA</b>	<b>-\$100.00</b>	<b>-\$188.00</b>	<b>-\$271.00</b>
<b>H5000 with HSA</b>	<b>-\$43.00</b>	<b>-\$80.00</b>	<b>-\$123.00</b>

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**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**HMO Dental + Premier Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$331.00</b>	<b>-\$627.00</b>	<b>-\$875.00</b>
<b>C2000 with HRA</b>	<b>-\$285.00</b>	<b>-\$540.00</b>	<b>-\$756.00</b>
<b>C3000 with HRA</b>	<b>-\$143.00</b>	<b>-\$269.00</b>	<b>-\$385.00</b>
<b>H2000 with HSA</b>	<b>-\$257.00</b>	<b>-\$487.00</b>	<b>-\$684.00</b>
<b>H2500 with HSA</b>	<b>-\$106.00</b>	<b>-\$199.00</b>	<b>-\$289.00</b>
<b>H5000 with HSA</b>	<b>-\$49.00</b>	<b>-\$91.00</b>	<b>-\$141.00</b>

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**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**Passive PPO 2000 + Exam Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$359.00</b>	<b>-\$691.00</b>	<b>-\$961.00</b>
<b>C2000 with HRA</b>	<b>-\$313.00</b>	<b>-\$604.00</b>	<b>-\$842.00</b>
<b>C3000 with HRA</b>	<b>-\$171.00</b>	<b>-\$333.00</b>	<b>-\$471.00</b>
<b>H2000 with HSA</b>	<b>-\$285.00</b>	<b>-\$551.00</b>	<b>-\$770.00</b>
<b>H2500 with HSA</b>	<b>-\$134.00</b>	<b>-\$263.00</b>	<b>-\$375.00</b>
<b>H5000 with HSA</b>	<b>-\$77.00</b>	<b>-\$155.00</b>	<b>-\$227.00</b>

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**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**Passive PPO 2000 + Full Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$368.00</b>	<b>-\$705.00</b>	<b>-\$983.00</b>
<b>C2000 with HRA</b>	<b>-\$322.00</b>	<b>-\$618.00</b>	<b>-\$864.00</b>
<b>C3000 with HRA</b>	<b>-\$180.00</b>	<b>-\$347.00</b>	<b>-\$493.00</b>
<b>H2000 with HSA</b>	<b>-\$294.00</b>	<b>-\$565.00</b>	<b>-\$792.00</b>
<b>H2500 with HSA</b>	<b>-\$143.00</b>	<b>-\$277.00</b>	<b>-\$397.00</b>
<b>H5000 with HSA</b>	<b>-\$86.00</b>	<b>-\$169.00</b>	<b>-\$249.00</b>

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**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**Passive PPO 2000 + Premier Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$374.00</b>	<b>-\$716.00</b>	<b>-\$1,001.00</b>
<b>C2000 with HRA</b>	<b>-\$328.00</b>	<b>-\$629.00</b>	<b>-\$882.00</b>
<b>C3000 with HRA</b>	<b>-\$186.00</b>	<b>-\$358.00</b>	<b>-\$511.00</b>
<b>H2000 with HSA</b>	<b>-\$300.00</b>	<b>-\$576.00</b>	<b>-\$810.00</b>
<b>H2500 with HSA</b>	<b>-\$149.00</b>	<b>-\$288.00</b>	<b>-\$415.00</b>
<b>H5000 with HSA</b>	<b>-\$92.00</b>	<b>-\$180.00</b>	<b>-\$267.00</b>

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**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**PPO Dental + Exam Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$348.00</b>	<b>-\$669.00</b>	<b>-\$928.00</b>
<b>C2000 with HRA</b>	<b>-\$302.00</b>	<b>-\$582.00</b>	<b>-\$809.00</b>
<b>C3000 with HRA</b>	<b>-\$160.00</b>	<b>-\$311.00</b>	<b>-\$438.00</b>
<b>H2000 with HSA</b>	<b>-\$274.00</b>	<b>-\$529.00</b>	<b>-\$737.00</b>
<b>H2500 with HSA</b>	<b>-\$123.00</b>	<b>-\$241.00</b>	<b>-\$342.00</b>
<b>H5000 with HSA</b>	<b>-\$66.00</b>	<b>-\$133.00</b>	<b>-\$194.00</b>

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**HealthFlex Exchange Participant Premium Cost Calculator**

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**PPO Dental + Full Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$357.00</b>	<b>-\$683.00</b>	<b>-\$950.00</b>
<b>C2000 with HRA</b>	<b>-\$311.00</b>	<b>-\$596.00</b>	<b>-\$831.00</b>
<b>C3000 with HRA</b>	<b>-\$169.00</b>	<b>-\$325.00</b>	<b>-\$460.00</b>
<b>H2000 with HSA</b>	<b>-\$283.00</b>	<b>-\$543.00</b>	<b>-\$759.00</b>
<b>H2500 with HSA</b>	<b>-\$132.00</b>	<b>-\$255.00</b>	<b>-\$364.00</b>
<b>H5000 with HSA</b>	<b>-\$75.00</b>	<b>-\$147.00</b>	<b>-\$216.00</b>

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**Dental and Vision Plan:**

**PPO Dental + Premier Vision**

<b>2025 Medical Plan</b>	<b>P Only</b>	<b>P+1</b>	<b>P+Family</b>
<b>B1000</b>	<b>-\$363.00</b>	<b>-\$694.00</b>	<b>-\$968.00</b>
<b>C2000 with HRA</b>	<b>-\$317.00</b>	<b>-\$607.00</b>	<b>-\$849.00</b>
<b>C3000 with HRA</b>	<b>-\$175.00</b>	<b>-\$336.00</b>	<b>-\$478.00</b>
<b>H2000 with HSA</b>	<b>-\$289.00</b>	<b>-\$554.00</b>	<b>-\$777.00</b>
<b>H2500 with HSA</b>	<b>-\$138.00</b>	<b>-\$266.00</b>	<b>-\$382.00</b>
<b>H5000 with HSA</b>	<b>-\$81.00</b>	<b>-\$158.00</b>	<b>-\$234.00</b>

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