



**Wespath**  
BENEFITS | INVESTMENTS

### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**No Dental + Exam Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$321.00	-\$614.00	-\$839.00
C2000 with HRA	-\$272.00	-\$520.00	-\$711.00
C3000 with HRA	-\$119.00	-\$230.00	-\$314.00
H2000 with HSA	-\$242.00	-\$464.00	-\$634.00
H2500 with HSA	-\$79.00	-\$155.00	-\$211.00
H5000 with HSA	-\$19.00	-\$39.00	-\$52.00

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



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**Plan Sponsor:**

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**Dental and Vision Plan:**

**No Dental + Full Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$330.00	-\$628.00	-\$861.00
C2000 with HRA	-\$281.00	-\$534.00	-\$733.00
C3000 with HRA	-\$128.00	-\$244.00	-\$336.00
H2000 with HSA	-\$251.00	-\$478.00	-\$656.00
H2500 with HSA	-\$88.00	-\$169.00	-\$233.00
H5000 with HSA	-\$28.00	-\$53.00	-\$74.00

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2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$336.00	-\$639.00	-\$879.00
C2000 with HRA	-\$287.00	-\$545.00	-\$751.00
C3000 with HRA	-\$134.00	-\$255.00	-\$354.00
H2000 with HSA	-\$257.00	-\$489.00	-\$674.00
H2500 with HSA	-\$94.00	-\$180.00	-\$251.00
H5000 with HSA	-\$34.00	-\$64.00	-\$92.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**Passive PPO 2000 + Exam Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$381.00	-\$734.00	-\$1,019.00
C2000 with HRA	-\$332.00	-\$640.00	-\$891.00
C3000 with HRA	-\$179.00	-\$350.00	-\$494.00
H2000 with HSA	-\$302.00	-\$584.00	-\$814.00
H2500 with HSA	-\$139.00	-\$275.00	-\$391.00
H5000 with HSA	-\$79.00	-\$159.00	-\$232.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**Passive PPO 2000 + Full Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$390.00	-\$748.00	-\$1,041.00
C2000 with HRA	-\$341.00	-\$654.00	-\$913.00
C3000 with HRA	-\$188.00	-\$364.00	-\$516.00
H2000 with HSA	-\$311.00	-\$598.00	-\$836.00
H2500 with HSA	-\$148.00	-\$289.00	-\$413.00
H5000 with HSA	-\$88.00	-\$173.00	-\$254.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**Passive PPO 2000 + Premier Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$396.00	-\$759.00	-\$1,059.00
C2000 with HRA	-\$347.00	-\$665.00	-\$931.00
C3000 with HRA	-\$194.00	-\$375.00	-\$534.00
H2000 with HSA	-\$317.00	-\$609.00	-\$854.00
H2500 with HSA	-\$154.00	-\$300.00	-\$431.00
H5000 with HSA	-\$94.00	-\$184.00	-\$272.00

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**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**PPO Dental + Exam Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$370.00	-\$712.00	-\$986.00
C2000 with HRA	-\$321.00	-\$618.00	-\$858.00
C3000 with HRA	-\$168.00	-\$328.00	-\$461.00
H2000 with HSA	-\$291.00	-\$562.00	-\$781.00
H2500 with HSA	-\$128.00	-\$253.00	-\$358.00
H5000 with HSA	-\$68.00	-\$137.00	-\$199.00

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**Plan Sponsor:**

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**Dental and Vision Plan:**

**PPO Dental + Full Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$379.00	-\$726.00	-\$1,008.00
C2000 with HRA	-\$330.00	-\$632.00	-\$880.00
C3000 with HRA	-\$177.00	-\$342.00	-\$483.00
H2000 with HSA	-\$300.00	-\$576.00	-\$803.00
H2500 with HSA	-\$137.00	-\$267.00	-\$380.00
H5000 with HSA	-\$77.00	-\$151.00	-\$221.00

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**Plan Sponsor:**

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**PPO Dental + Premier Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$385.00	-\$737.00	-\$1,026.00
C2000 with HRA	-\$336.00	-\$643.00	-\$898.00
C3000 with HRA	-\$183.00	-\$353.00	-\$501.00
H2000 with HSA	-\$306.00	-\$587.00	-\$821.00
H2500 with HSA	-\$143.00	-\$278.00	-\$398.00
H5000 with HSA	-\$83.00	-\$162.00	-\$239.00

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