



**Wespath**  
BENEFITS | INVESTMENTS

### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**No Dental + Exam Vision**

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

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



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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**No Dental + Full Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

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**Dental and Vision Plan:**

**No Dental + Premier Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**HMO Dental + Exam Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**HMO Dental + Full Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**HMO Dental + Premier Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**Passive PPO 2000 + Exam Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**Passive PPO 2000 + Full Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**Passive PPO 2000 + Premier Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**PPO Dental + Exam Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**PPO Dental + Full Vision**

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

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Dakotas**

**Dental and Vision Plan:**

**PPO Dental + Premier Vision**

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

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