

JULY 1, 2020 THROUGH JUNE 30, 2021

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: \$672 for single coverage; \$697 per month, for employee + 1; and \$831 for family coverage. Remainder is paid through payroll deduction.

Medical Plan	Single	Employee +1	Family
HealthPartners Base Perform Network Plan (\$500 deductible, \$30 co-pay) Mayo Clinic and Hazelden will be paid as out of network coverage Employee pays per month	\$727	\$1,235	\$1,735
	\$55	\$538	\$904
HealthPartners VEBA-HRA Open Access Plan (\$1,750 deductible then 70/30) Employee pays per month	\$672	\$1,144	\$1,608
	Free	\$447	\$777
District Monthly VEBA-HRA allocation:	\$116.67	\$166.67	\$216.67
HealthPartners HSA High Deductible Open Access Plan (\$3,500 deductible then 70/30) Prescriptions applied toward deductible Employee pays per month	\$605	\$1,028	\$1,446
	(\$67)rebate	\$331	\$615
HealthPartners HSA High Deductible SmartCare Plan (\$3,500 deductible then 70/30) Prescriptions applied toward deductible Must use one of these 4 HealthPartners SmartCare Clinics: Maplewood, St. Paul, Burnsville or St. Louis Park as your primary care clinic. Employee pays per month	\$547	\$929	\$1,306
	(\$125)rebate	\$232	\$475

2020 HSA Calendar Year Limits: Single: \$3,550 Family: \$7,100 Your contribution/limit will be prorated by the number of months you are enrolled in the HSA. Single is \$295.83 and family is \$591.67

Dental

The District will pay for single dental coverage through Delta Dental at a monthly rate of \$43.00. Family coverage, \$106.00 (employee with one or more dependents) is available at your expense at a monthly rate of \$63.00.

LIFE INSURANCE

The District will pay \$2.20 for a \$25,000 term life insurance policy. Additional supplemental coverage and dependent coverage is also available. Monthly costs are as follows:

<i>Basic Life Insurance</i>	\$.088 per \$1,000 in coverage (district paid)
<i>Supplemental Life Insurance</i>	Based on age
<i>Dependent Life Insurance</i>	\$2.80 (coverage includes \$10,000 coverage for spouse, \$5,000 for each child 6 months to 19 years or 25 years if a full time student, and \$1,000 for each child 14 days to 6 months)
<i>Accidental Death and Dismemberment Coverage</i>	Employee only coverage = \$.22 per \$10,000 Employee & Family coverage = \$.38 per \$10,000

INCOME PROTECTION INSURANCE (Long Term Disability)

The District pays for income protection insurance for all full time employees. The purpose of this insurance is to provide 2/3 of your salary should you become ill or disabled for a period of time in excess of 90 consecutive calendar days. Following the 90th day of disability, this insurance would pay 2/3 of your salary until you are no longer disabled or according to the plan chart, whichever is a shorter period of time.

$$\text{Monthly premium cost} = (\text{annual salary} \div 12) \times \$.00235$$

RETIREMENT: Article XIX After completing 3 yrs. of service, beginning the 4th, employer will match up to 2% of employee's base salary. Beginning 10th year, employer will match up to 4%. Employer match goes into a VEBA-Post Retirement Account automatically.