

**COMMUNITY SERVICE AND AQUATICS (POLICY #440)**

Effect date of my insurance is \_\_\_\_\_

**FRINGE BENEFIT MONTHLY PREMIUM RATES  
JULY 1, 2020 THROUGH JUNE 30, 2021****HEALTH AND ACCIDENT INSURANCE:** (Monthly Premium)

Eligibility is to be regularly employed for a minimum of 30 hours a week and 36 weeks a year. The employer will contribute \$640 each month toward the monthly premium for single, employee plus one, or family health insurance coverage of your choice below. Remainder is paid through payroll deduction.

<b>Medical Plan</b>	<b>Single</b>	<b>Employee +1</b>	<b>Family</b>
<b>HealthPartners Base Perform Network Plan</b> (\$500 deductible, \$30 co-pay) Mayo Clinic and Hazelden will be paid as out of network coverage <b>Employee pays per month</b>	\$727   <b>\$87</b>	\$1,235   <b>\$595</b>	\$1,735   <b>\$1,095</b>
<b>HealthPartners VEBA-HRA Open Access Plan</b> (\$1,750 deductible then 70/30) <b>Employee pays per month</b>  <b>District Monthly VEBA-HRA allocation:</b>	\$672  <b>\$32</b>  <b>\$116.67</b>	\$1,144  <b>\$504</b>  <b>\$166.67</b>	\$1,608  <b>\$968</b>  <b>\$216.67</b>
<b>HealthPartners HSA High Deductible Open Access Plan</b> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible <b>Employee pays per month</b>	\$605  <b>FREE</b>	\$1,028  <b>\$388</b>	\$1,446  <b>\$806</b>
<b>HealthPartners HSA High Deductible SmartCare Plan</b> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible <b>Must use one of these 4 HealthPartners SmartCare Clinics:</b> <b>Maplewood, St. Paul, Burnsville or St. Louis Park as your</b> <b>primary care clinic.</b> <b>Employee pays per month</b>	\$547  <b>FREE</b>	\$929  <b>\$289</b>	\$1,306  <b>\$666</b>

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 per month.

**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 Employee pays for income protection insurance. 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 90<sup>th</sup> 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. Monthly premium cost = (annual salary ÷ 12) x \$.00235

**RETIREMENT/TAX SHELTER MATCH:**

Eligible to receive a district match up to 1% of base salary after completing 5 years of continuous service.