

**FRINGE BENEFIT MONTHLY PREMIUM RATES
JULY 1, 2020 THROUGH JUNE 30, 2021**

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

Each full time Employee will be allocated a monthly contribution for use in purchasing fringe benefits. The monthly contribution will be **up to \$730** per month for employees taking single health insurance; the allocation also covers dental and life insurance. Employee plus one insurance, the allocation will be **\$990** per month. Family insurance, the allocation will be **\$1,300** per month.

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	\$727	\$1,235	\$1,735
HealthPartners VEBA-HRA Open Access Plan (\$1,750 deductible then 70/30)	\$672	\$1,144	\$1,608
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	\$605	\$1,028	\$1,446
HealthPartners HSA High Deductible SmartCare Plan (\$3,500 deductible then 70/30) Prescriptions applied toward deductible <u>Must use one of these 4 HealthPartners SmartCare Clinics: Maplewood, St. Paul, Burnsville or St. Louis Park as your primary care clinic.</u>	\$547	\$929	\$1,306

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

Coverage is through Delta Dental at a monthly rate of \$43.00 for single or \$106.00 for family.

LIFE INSURANCE

Term life policy equal to annual salary. 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
<i>Supplemental Life Insurance</i>	Based on age, as of July 1 st each year
<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)

Income protection is required for all full time employees. The employee pays for income protection insurance with after tax income. The purpose of this insurance is to provide 2/3 of your salary should you become ill or disabled for a period 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.

Monthly premium cost = (annual salary ÷ 12) x \$.00235

TAX SHELTERED ANNUITIES

Employee Participation will be required in order to receive the dollar per dollar match up to the percentage listed below:

Starting 1st year of service, 3% of base salary into a TSA account

Beginning with 2nd year the match increases to 6%.