

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

**MONTHLY POOL ALLOCATION- Fringe Rebate (pay code is REB)**

Per the master agreement, teachers are eligible for full time fringe benefits provided they hold a position of .75 FTE or greater and in excess of 100 continuous working days in a school year. Teachers eligible for full time coverage will be given a “fringe pool” in the amount of **\$880** per month, over and above annual salary. Teachers electing Family VEBA-HRA coverage will receive an additional 10% (**\$88**) per month (pay code RBVBA). From this “fringe pool” amount, the cost of the single cheapest health plan (\$547), basic life (\$8.80) insurance and the cost of single dental (\$43) will be deducted regardless of enrollment.

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

Teachers are covered by a \$100,000 term life insurance policy. Additional supplemental coverage and dependent coverage is also available. Monthly costs are as follows:

|  |   |                       |
|--|---|-----------------------|
| <b>Basic Life Insurance</b>                        | \$ .088 per \$1,000 in coverage (\$8.80)  |                       |
| <b>Supplemental Life Insurance</b>                 | Based on age, as of July 1 <sup>st</sup> each year  |                       |
| <b>Dependent Life Insurance</b>                    | \$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) |                       |
| <b>Accidental Death and Dismemberment Coverage</b> | 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 this protection. 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. Any income in excess of \$50,000 per year will not be insured.

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

**ARTICLE IX CAREER FINANCIAL PLANNING AND TRANSITION:**

See master Agreement, Example below:

**Section D. Option #2. Retirement Savings Plan Benefits for Employees Beginning Employment On or After July 1, 2005, or who elected this Option:**

**Subd. 1 Purpose of Retirements Savings Plan:**

The plan will require participation by the employee in a tax sheltered account (TSA) plan. The District will match the employee's deposit in TSA plan as stated below.

**Subd. 2 Benefit: CTT Plan in Section B Plus Retirement Savings Plan**

| <b>YEARS OF SERVICE</b> | <b>BOARD MATCHING CONTRIBUTION</b> | <b>TOTAL DURING SERVICE BRACKET</b> |
|-------------------------|------------------------------------|-------------------------------------|
| 1 year                  | No District Match                  | \$ 0                                |
| 2 - 3 years             | \$250                              | \$500                               |
| 4 - 5 years             | \$804                              | \$1,608                             |
| 6 - 10 years            | \$1,179                            | \$5,895                             |
| 11 - 15 years           | \$1,553                            | \$7,765                             |
| 16 - 20 years           | \$2,357                            | \$11,785                            |
| 21 - 25 years           | \$2,742                            | \$13,710                            |
| 26 + years              | \$3,160                            |                                     |