

PARAPROFESSIONAL

Effect date of my insurance is _____

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

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

The employer will contribute **\$651** each month toward the monthly premium for individual coverage. **\$686** per month for employee + 1; and **\$814** for family coverage. Remainder is paid through payroll deduction.

Medical Plan	Single	Employee +1	Family
<u>HealthPartners Base Perform Network Plan</u> (\$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
	\$76	\$549	\$921
<u>HealthPartners VEBA-HRA Open Access Plan</u> (\$1,750 deductible then 70/30) Employee pays per month District Monthly VEBA-HRA allocation:	\$672	\$1,144	\$1,608
	\$21	\$458	\$794
	\$116.67	\$166.67	\$216.67
<u>HealthPartners HSA High Deductible Open Access Plan</u> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible Employee pays per month	\$605	\$1,028	\$1,446
	(\$46)rebate	\$342	\$632
<u>HealthPartners HSA High Deductible SmartCare Plan</u> (\$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> Employee pays per month	\$547	\$929	\$1,306
	(\$104)rebate	\$243	\$492

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:

Basic Life Insurance \$.088 per \$1,000 in coverage (district paid)

Supplemental Life Insurance Based on age

Dependent Life Insurance \$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)

Accidental Death and Employee only coverage = \$.22 per \$10,000

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

TAX SHELTER MATCH: 0-3= NO MATCH, 4-5YEARS=\$460, 6-15YRS= \$715, 16+YRS=\$995

Match is deposited as a lump sum yearly. Deposit will be made by June 30th if each year into your 403b/457