

**NUTRITION SERVICES**

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 \$647 each month toward the monthly premium for individual coverage. \$702 per month for employee + 1; and \$832 for family coverage. Remainder is paid through payroll deduction.

<b>Medical Plan</b>	<b>Single</b>	<b>Employee +1</b>	<b>Family</b>
<b><u>HealthPartners Base Perform Network Plan</u></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	\$1,235	\$1,735
	<b>\$80</b>	<b>\$533</b>	<b>\$903</b>
<b><u>HealthPartners VEBA-HRA Open Access Plan</u></b> (\$1,750 deductible then 70/30) <b>Employee pays per month</b>	\$672	\$1,144	\$1,608
	<b>\$25</b>	<b>\$442</b>	<b>\$776</b>
<b>District Monthly VEBA-HRA allocation:</b>	<b>\$116.67</b>	<b>\$166.67</b>	<b>\$216.67</b>
<b><u>HealthPartners HSA High Deductible Open Access Plan</u></b> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible <b>Employee pays per month</b>	\$605	\$1,028	\$1,446
	<b>FREE</b>	<b>\$326</b>	<b>\$614</b>
<b><u>HealthPartners HSA High Deductible SmartCare Plan</u></b> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible <u>Must use one of these 4 HealthPartners SmartCare Clinics:</u> <u>Maplewood, St. Paul, Burnsville or St. Louis Park as your</u> <u>primary care clinic.</u> <b>Employee pays per month</b>	\$547	\$929	\$1,306
	<b>FREE</b>	<b>\$227</b>	<b>\$474</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**

You may purchase single dental coverage with Delta Dental at a monthly rate of \$43.00. Family coverage, \$106.00 (employee with one or more dependents).

**LIFE INSURANCE**

The District will pay \$1.84 for a \$21,000 term life insurance policy. Additional supplemental coverage and dependent coverage is also available. Monthly costs are as follows:

<b><i>Basic Life Insurance</i></b>	\$ .088 per \$1,000 in coverage (district paid)
<b><i>Supplemental Life Insurance</i></b>	Based on age
<b><i>Dependent Life Insurance</i></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><i>Accidental Death and Dismemberment Coverage</i></b>	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. 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 (403(b)/457):**

Employees completing 3 yrs. Of service, Beginning with their 4<sup>th</sup> year, shall be eligible for an employer match deposit in a TSA account up to a 2% of the employee's base salary. After completing 9 yrs., the match increase to 4%. Year of service calculated for years 0-3 is a year for a year. After reaching 3 years, years of service is calculated by assigned weekly hours.