

PREMIUM RATES

July 1, 2021 - June 30, 2022

AST						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	799.00	755.00	-	44.00	22.00	26.40
	Family	2,182.00	1,184.00	-	998.00	499.00	598.80
Three For Free \$1000	Single	699.00	699.00	75.00	-	-	-
	Family	1,910.00	1,066.00	125.00	844.00	422.00	506.40
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	-

BUILDING SERVICES						Unsettled 2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions*			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	756.00	-	43.00	21.50	
	Family	2,182.00	1,013.00	-	1,169.00	584.50	
Three For Free \$1000	Single	699.00	699.00	50.00	-	-	-
	Family	1,910.00	913.00	100.00	997.00	498.50	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	-

*2020-21 district contribution amounts

CLASS						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	x 18
Traditional \$500 - \$30 Copay	Single	799.00	753.00	-	46.00	23.00	30.67
	Family	2,182.00	1,122.00	-	1,060.00	530.00	706.67
Three For Free \$1000	Single	699.00	699.00	50.00	-	-	-
	Family	1,910.00	1,022.00	100.00	888.00	444.00	592.00
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	-

CONFIDENTIAL						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	786.00	-	13.00	6.50	
	Family	2,182.00	1,151.00	-	1,031.00	515.50	
Three For Free \$1000	Single	699.00	699.00	75.00	-	-	-
	Family	1,910.00	1,051.00	100.00	859.00	429.50	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	-

EPSS						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	799.00	755.00	-	44.00	22.00	26.40
	Family	2,182.00	1,184.00	-	998.00	499.00	598.80
Three For Free \$1000	Single	699.00	699.00	75.00	-	-	-
	Family	1,910.00	1,066.00	125.00	844.00	422.00	506.40
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	-

FOOD SERVICE						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	754.00	-	45.00	30.00	
	Family	2,182.00	1,254.00	-	928.00	618.67	
Three For Free \$1000	Single	699.00	699.00	50.00	-	-	-
	Family	1,910.00	1,129.00	125.00	781.00	520.67	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	-

MSEA						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	696.00	-	103.00	68.67	
	Family	2,182.00	1,062.00	-	1,120.00	746.67	
Three For Free \$1000	Single	699.00	646.00	50.00	53.00	35.34	
	Family	1,910.00	962.00	100.00	948.00	632.00	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	

PRESCHOOL TEACHERS						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	799.00	687.00	-	112.00	56.00	67.20
	Family	2,182.00	945.00	-	1,237.00	618.50	742.20
Three For Free \$1000	Single	699.00	687.00	-	12.00	6.00	7.20
	Family	1,910.00	895.00	50.00	1,015.00	507.50	609.00
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	-

PRINCIPALS						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	755.00	-	44.00	22.00	
	Family	2,182.00	1,184.00	-	998.00	499.00	
Three For Free \$1000	Single	699.00	699.00	-	-	-	
	Family	1,910.00	1,184.00	-	726.00	363.00	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	

TEACHERS						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	799.00	756.00	-	43.00	21.50	25.80
	Family	2,182.00	1,013.00	-	1,169.00	584.50	701.40
Three For Free \$1000	Single	699.00	699.00	57.00	-	-	-
	Family	1,910.00	963.00	50.00	947.00	473.50	568.20
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	-

TRANSPORTATION						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	768.00	-	31.00	20.67	
	Family	2,182.00	1,325.00	-	857.00	571.34	
Three For Free \$1000	Single	699.00	693.00	75.00	6.00	4.00	
	Family	1,910.00	1,200.00	125.00	710.00	473.34	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	

TRANSPORTATION - MECHANICS						2021-2022	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	798.00	-	1.00	0.50	
	Family	2,182.00	1,355.00	-	827.00	413.50	
Three For Free \$1000	Single	699.00	699.00	75.00	-	-	
	Family	1,910.00	1,230.00	125.00	680.00	340.00	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	-	-	

18 Paychecks: Hourly employees who are only paid during the school year will receive July 2021 - June 2022 coverage deducted as:

(Monthly Contribution) x (12 months) / (18 paychecks) = Deduction per paycheck [Beginning 9/30/21, Ending 6/15/22]

20 Paychecks: Salaried employees who are only paid during the school year will receive July 2021 - June 2022 coverage deducted as:

(Monthly Contribution) x (12 months) / (20 paychecks) = Deduction per paycheck [Beginning 9/15/21, Ending 6/30/22]

New Hires: Staff hired mid-year will receive a calculation based on 10 months of coverage adjusted for the # of months actually enrolled.