

# PREMIUM RATES

July 1, 2022 - June 30, 2023

AST						2022-2023	
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	1,231.00	-	951.00	475.50	570.60
Three For Free \$1000	Single	699.00	699.00	75.00	-	-	-
	Family	1,910.00	1,109.00	125.00	801.00	400.50	480.60
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-	-	-

BUILDING SERVICES						2022-2023	
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
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-		-

CLASS						Unsettled 2022-2023	
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
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-	-	-

\*2021-22 district contribution amounts

CONFIDENTIAL						2022-2023	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	799.00	-	-		-
	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	1,076.00	75.00	834.00		417.00
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-		-

EPSS						2022-2023	
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	1,231.00	-	951.00	475.50	570.60
Three For Free \$1000	Single	699.00	699.00	75.00	-	-	-
	Family	1,910.00	1,109.00	125.00	801.00	400.50	480.60
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-	-	-

FOOD SERVICE						2022-2023	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	799.00	-	-		-
	Family	2,182.00	1,330.00	-	852.00		568.00
Three For Free \$1000	Single	699.00	699.00	50.00	-		-
	Family	1,910.00	1,205.00	125.00	705.00		470.00
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-		-

MSEA						2022-2023	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	717.00	-	82.00	54.67	
	Family	2,182.00	1,083.00	-	1,099.00	732.67	
Three For Free \$1000	Single	699.00	667.00	50.00	32.00	21.34	
	Family	1,910.00	983.00	100.00	927.00	618.00	
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-	-	

PRESCHOOL TEACHERS						Unsettled 2022-2023	
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
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-	-	-

\*2021-22 district contribution amounts

PRINCIPALS						2022-2023	
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	1,231.00	-	951.00	475.50	
Three For Free \$1000	Single	699.00	699.00	50.00	-	-	
	Family	1,910.00	1,231.00	50.00	679.00	339.50	
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-	-	

TEACHERS						2022-2023	
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
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-	-	-

TRANSPORTATION						2022-2023	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	783.00	-	16.00	10.67	
	Family	2,182.00	1,345.00	-	837.00	558.00	
Three For Free \$1000	Single	699.00	699.00	75.00	-	-	
	Family	1,910.00	1,220.00	125.00	690.00	460.00	
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-	-	

TRANSPORTATION - MECHANICS						2022-2023	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	799.00	-	-	-	
	Family	2,182.00	1,375.00	-	807.00	403.50	
Three For Free \$1000	Single	699.00	699.00	75.00	-	-	
	Family	1,910.00	1,250.00	125.00	660.00	330.00	
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	-	-	

**18 Paychecks:** Hourly employees who are only paid during the school year will receive July 2022 - June 2023 coverage deducted as:  
 $(\text{Monthly Contribution}) \times (12 \text{ months}) / (18 \text{ paychecks}) = \text{Deduction per paycheck [Beginning 9/30/22, Ending 6/15/23]}$

**20 Paychecks:** Salaried employees who are only paid during the school year will receive July 2022 - June 2023 coverage deducted as:  
 $(\text{Monthly Contribution}) \times (12 \text{ months}) / (20 \text{ paychecks}) = \text{Deduction per paycheck [Beginning 9/15/22, Ending 6/30/23]}$

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