

JULY 1, 2024, THROUGH JUNE 30, 2025

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: \$680 for single coverage; \$735 per month, for employee + 1; and \$900 for family coverage. The remainder is paid through payroll deduction. * collective bargaining is still under negotiations.

Medical Plan	Single	Employee +1	Family
<u>HealthPartners Base Perform Network Plan</u> (\$800 deductible, \$35 co-pay) Mayo clinic/hospital paid as out of network benefits Employee pays per month	\$940 \$260	\$1,598 \$863	\$2,245 \$1,345
<u>HealthPartners VEBA-HRA Open Access Plan</u> (\$2,050 deductible then 70/30) Employee pays per month District Monthly VEBA-HRA allocation:	\$870 \$116.67	\$1,481 \$166.67	\$2,081 \$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	\$782 \$102	\$1,330 \$595	\$1,871 \$971
<u>HealthPartners HSA High Deductible Select Network Plan</u> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. <u>Must use HealthPartners Select Network</u> Healthpartners.com/select. Employee pays per month	\$708 \$28	\$1,201 \$466	\$1,689 \$789

2024 HSA Calendar Year Limits: Single: \$4,150 Family: \$8,300 Your contribution/limit will be prorated by the number of months you are enrolled in the HSA. Single is \$345 and family is \$691.

DENTAL

You may purchase single dental coverage through Delta Dental at a monthly rate of \$48. Family coverage is \$118 (employee with one or more dependents) per month.

LIFE INSURANCE

The district will pay \$1.37 for a \$21,000 term life insurance policy. Additional voluntary coverage and dependent coverages are available for an additional cost. Monthly costs are as follows:

<i>Basic Life Insurance</i>	\$0.65 per \$1,000 in coverage (\$1.37) district paid.	
<i>Dependent Life Insurance (optional)</i>	\$2.80 per month. (Includes \$10,000 coverage for spouse, \$5,000 for each child 6 months to 23 years or 26 years if a full-time student, and \$1,000 for each child 14 days to 6 months).	
<i>Voluntary Life Insurance (optional)</i>	Employee only coverage	Based on age.
	Spouse coverage	Based on age of employee.
	Child(ren) coverage	\$.50/ month for \$2,000
<i>Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)</i>	Employee only coverage	\$.034 per \$1,000
	Spouse coverage	\$.034 per \$1,000
	Child(ren) coverage	\$.034 per \$1,000

INCOME PROTECTION INSURANCE (Long Term Disability)

The district pays for all full-time employees. The purpose of this insurance is to provide 2/3 of your salary should you become ill or disabled for a period more than 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.

Monthly premium cost = (annual salary ÷ 12) x \$.00169

RETIREMENT: 403b/457

Employee participation is required to receive the dollar-for-dollar match listed below. Beginning 4th year the match is up to 2% of base salary. Beginning in the 10th year, the match is 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.

****all the above is a summary only, please refer to plan documents, enrollment forms and Certificate of Coverage for additional details.**