## **PREMIUM RATES**

July 1, 2023 - June 30, 2024

			AST			202	23-2024
HealthPartners Plan (	Intions	Total Monthly	M	Ionthly Contribution	ns	Per Pay	ycheck
nealthraithers Plant	ptions	Premium	District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	799.00	755.00	-	44.00	22.00	26.40
Traditional \$500 - \$50 Copay	Family	2,182.00	1,281.00	-	901.00	450.50	540.60
Three For Free \$1000	Single	699.00	699.00	75.00	0.00	0.00	0.00
Three For Free \$1000	Family	1,910.00	1,153.00	125.00	757.00	378.50	454.20
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00	0.00

	BUILDING SERVICES Unset						
HealthPartners Plan Options		Total Monthly	M	onthly Contribution	s*	Per Paycheck	
		Premium	District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	756.00	-	43.00	21.50	
Traditional \$500 - \$50 Copay	Family	2,182.00	1,013.00	-	1,169.00	584.50	
Three For Free \$1000	Single	699.00	699.00	50.00	0.00	0.00	
111166 101 1166 \$1000	Family	1,910.00	913.00	100.00	997.00	498.50	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00	

<sup>\*2022-23</sup> district contribution amounts

			CLASS			202	23-2024
Licelth Deutsness Diese	Ontions	Total Monthly	M	Ionthly Contribution	ns	Per Pay	ycheck
HealthPartners Plan (	prions	Premium	District	VEBA	Employee	x 24	x 18
Traditional \$500 - \$30 Copay	Single	799.00	753.00	-	46.00	23.00	30.67
Traditional \$500 - \$50 Copay	Family	2,182.00	1,222.00	-	960.00	480.00	640.00
Three For Free \$1000	Single	699.00	699.00	50.00	0.00	0.00	0.00
111166 101 1166 \$1000	Family	1,910.00	1,122.00	100.00	788.00	394.00	525.34
Delta Dental (Mandatory)	Single/Family	76.65	76.65	ı	0.00	0.00	0.00

CONFIDENTIAL						
HealthPartners Plan	Ontions	Total Monthly	M	Ionthly Contribution	ns	Per Paycheck
HealthPartners Plan	options	Premium	District	VEBA	Employee	x 24
Traditional \$500 - \$30 Copay	Single	799.00	799.00	-	0.00	0.00
Traditional \$300 - \$30 Copay	Family	2,182.00	1,151.00	-	1,031.00	515.50
Three For Free \$1000	Single	699.00	699.00	75.00	0.00	0.00
Tillee For Flee \$1000	Family	1,910.00	1,076.00	75.00	834.00	417.00
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00

			EPSS			202	23-2024
Licelth Doutneys Dien (	) mations	Total Monthly	M	Ionthly Contribution	ıs	Per Pay	/check
HealthPartners Plan (	ptions	Premium	District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	799.00	755.00	-	44.00	22.00	26.40
Traditional \$300 - \$30 Copay	Family	2,182.00	1,281.00	-	901.00	450.50	540.60
Three For Free \$1000	Single	699.00	699.00	75.00	0.00	0.00	0.00
111166 101 1166 \$1000	Family	1,910.00	1,153.00	125.00	757.00	378.50	454.20
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00	0.00

		FOOD SERVICE Unset					
HealthPartners Plan Options		Total Monthly	Me	onthly Contribution	s*	Per Paycheck	
		Premium	District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	799.00	-	0.00	0.00	
Traditional \$300 - \$30 Copay	Family	2,182.00	1,330.00	-	852.00	568.00	
Three For Free \$1000	Single	699.00	699.00	50.00	0.00	0.00	
111166 101 1166 \$1000	Family	1,910.00	1,205.00	125.00	705.00	470.00	
	_						
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00	

<sup>\*2022-23</sup> district contribution amounts

	MSEA						
Hoolth Doutneys Dien C	)mtiana	Total Monthly	IV	Ionthly Contribution	ns	Per Paycheck	
HealthPartners Plan C	ptions	Premium	District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	731.00	-	68.00	45.34	
Traditional \$300 - \$30 Copay	Family	2,182.00	1,105.00	-	1,077.00	718.00	
Three For Free \$1000	Single	699.00	681.00	50.00	18.00	12.00	
111166 101 1166 \$1000	Family	1,910.00	1,005.00	100.00	905.00	603.34	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00	

	PRESCHOOL TEACHERS							
Lleelth Deutuneus Dieu	Outions	Total Monthly	IV	Ionthly Contribution	ns	Per Pay	check	
HealthPartners Plan	Options	Premium	District	VEBA	Employee	x 24	x 20	
Traditional \$500 - \$30 Copay	Single	799.00	756.00	-	43.00	21.50	25.80	
Traditional \$500 - \$50 Copay	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	0.00	0.00	0.00	
Tillee For Free \$1000	Family	1,910.00	963.00	50.00	947.00	473.50	568.20	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	ı	0.00	0.00	0.00	

PRINCIPALS						
Hoolth Doutmans Dian	Ontions	Total Monthly	M	Ionthly Contribution	ıs	Per Paycheck
HealthPartners Plan Options		Premium	District	VEBA	Employee	x 24
Traditional \$500 - \$30 Copay	Single	799.00	755.00	-	44.00	22.00
Traditional \$500 - \$50 Copay	Family	2,182.00	1,281.00	-	901.00	450.50
Three For Free \$1000	Single	699.00	699.00	60.00	0.00	0.00
Tillee For Free \$1000	Family	1,910.00	1,281.00	60.00	629.00	314.50
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00

	TEACHERS Unset						23-2024
HealthPartners Plan Options		Total Monthly	Me	onthly Contribution	s*	Per Pay	/check
		Premium	District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	799.00	756.00	-	43.00	21.50	25.80
Traditional \$300 - \$30 Copay	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	0.00	0.00	0.00
Tillee For Free \$1000	Family	1,910.00	963.00	50.00	947.00	473.50	568.20
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00	0.00

<sup>\*2022-23</sup> district contribution amounts

TRANSPORTATION							
Licelth Doutneys Dien	Ontions	Total Monthly	IV	Ionthly Contribution	ns	Per Paycheck	
HealthPartners Plan Options		Premium	District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	783.00	-	16.00	10.67	
Traditional \$300 - \$30 Copay	Family	2,182.00	1,345.00	-	837.00	558.00	
Three For Free \$1000	Single	699.00	699.00	75.00	0.00	0.00	
111166 101 1166 \$1000	Family	1,910.00	1,220.00	125.00	690.00	460.00	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	•	0.00	0.00	

TRANSPORTATION - MECHANICS							
Haalth Dawt a sus Dlaw	Outions	Total Monthly	M	Ionthly Contribution	ns	Per Paycheck	
HealthPartners Plan	Options	Premium	District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	799.00	-	0.00	0.00	
Traditional \$500 - \$50 Copay	Family	2,182.00	1,375.00	-	807.00	403.50	
Three For Free \$1000	Single	699.00	699.00	75.00	0.00	0.00	
111166 101 1166 \$1000	Family	1,910.00	1,250.00	125.00	660.00	330.00	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00	

**18 Paychecks:** Hourly employees who are only paid during the school year will receive July 2023 - June 2024 coverage deducted as: (Monthly Contribution) x (12 months) / (18 paychecks) = Deduction per paycheck [Beginning 9/30/23, Ending 6/15/24]

**20 Paychecks:** Salaried employees who are only paid during the school year will receive July 2023 - June 2024 coverage deducted as: (Monthly Contribution) x (12 months) / (20 paychecks) = Deduction per paycheck [Beginning 9/15/23, Ending 6/30/24]

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