

PREMIUM RATES

July 1, 2023 - June 30, 2024

AST						2023-2024	
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	1,281.00	-	901.00	450.50	540.60
Three For Free \$1000	Single	699.00	699.00	75.00	0.00	0.00	0.00
	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						2023-2024	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	783.00	-	16.00	8.00	
	Family	2,182.00	1,179.00	-	1,003.00	501.50	
Three For Free \$1000	Single	699.00	699.00	75.00	0.00	0.00	
	Family	1,910.00	1,054.00	125.00	856.00	428.00	
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00	

CLASS						2023-2024	
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	1,222.00	-	960.00	480.00	640.00
Three For Free \$1000	Single	699.00	699.00	50.00	0.00	0.00	0.00
	Family	1,910.00	1,122.00	100.00	788.00	394.00	525.34
Delta Dental (Mandatory)	Single/Family	76.65	76.65	-	0.00	0.00	0.00

CONFIDENTIAL						2023-2024	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	799.00	-	0.00	0.00	
	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	
	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						2023-2024	
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	1,281.00	-	901.00	450.50	540.60
Three For Free \$1000	Single	699.00	699.00	75.00	0.00	0.00	0.00
	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						2023-2024	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	799.00	-	0.00	0.00	
	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	
	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	

MSEA						2023-2024	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	799.00	731.00	-	68.00	45.34	
	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	
	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						2023-2024	
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	0.00	0.00	0.00
	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

PRINCIPALS						2023-2024	
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	1,281.00	-	901.00	450.50	
Three For Free \$1000	Single	699.00	699.00	60.00	0.00	0.00	
	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						Unsettled 2023-2024	
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	0.00	0.00	0.00
	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

*2022-23 district contribution amounts

TRANSPORTATION						2023-2024	
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	0.00	0.00	
	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						2023-2024	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	799.00	799.00	-	0.00	0.00	
	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	
	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:
 $(\text{Monthly Contribution}) \times (12 \text{ months}) / (18 \text{ paychecks}) = \text{Deduction per paycheck [Beginning 9/30/23, Ending 6/15/24]}$

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

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