

JULY 1, 2023, THROUGH JUNE 30, 2024

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: [\\$706](#) for single coverage; [\\$734](#) per month, for employee + 1; and [\\$883](#) for family coverage. The remainder is paid through payroll deduction.

Medical Plan	Single	Employee +1	Family
<u>HealthPartners Base Perform Network Plan</u> (\$500 deductible, \$30 co-pay) Mayo Clinic and Hazelden will be paid as out of network coverage Employee pays per month	\$785	\$1,334	\$1,874
	\$79	\$600	\$991
<u>HealthPartners VEBA-HRA Open Access Plan</u> (\$1,750 deductible then 70/30) Employee pays per month District Monthly VEBA-HRA allocation:	\$726	\$1,236	\$1,737
	\$20	\$502	\$854
	\$116.67	\$166.67	\$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	\$653	\$1,110	\$1,562
	(\$53) rebate	\$376	\$679
<u>HealthPartners HSA High Deductible Select 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	\$591	\$1,003	\$1,410
	(\$115) rebate	\$269	\$527

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

DENTAL

The district will pay for single dental coverage through Delta Dental at a monthly rate of \$45. Family coverage is \$110 (employee with one or more dependents) per month. Your expense for family dental is \$65 per month.

LIFE INSURANCE

The district will pay \$1.63 for a \$25,000 term life insurance policy. Additional voluntary coverage and dependent coverage is available for an additional cost. Monthly costs are as follows:

<i>Basic Life Insurance</i>	\$0.065 per \$1,000 in coverage (\$1.63) 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 two-thirds of salary should you become ill or disabled for a period more than ninety consecutive calendar days. Following the 90th day of disability, this insurance could pay two-thirds of your salary until you are no longer disabled or according to the plan chart, whichever is shorter. Monthly premium cost = (annual base salary ÷ 12) x \$.00169.

RETIREMENT: Article XIX

After completing 3 years of service, beginning the fourth, the employer will automatically deposit 2% of the employees' base salary. And beginning 10th year, 4% in to a VEBA- Post Retirement Account.

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