

JULY 1, 2023, THROUGH JUNE 30, 2024

**HEALTH AND ACCIDENT INSURANCE:** (Monthly Premium)

District contribution is as follows: **\$694** for single coverage; **\$965** per month, for employee + 1; and **\$1,006** for family coverage. The remainder is paid through payroll deduction.

Medical Plan	Single	Employee +1	Family
<b>HealthPartners Base Perform Network Plan</b> (\$500 deductible, \$30 co-pay) Mayo Clinic and Hazelden will be paid as out of network coverage Employee pays per month	\$785          <b>\$91</b>	\$1,334          <b>\$369</b>	\$1,874          <b>\$868</b>
<b>HealthPartners VEBA-HRA Open Access Plan</b> (\$1,750 deductible then 70/30) Employee pays per month  District Monthly VEBA-HRA allocation:	\$726          <b>\$32</b>          <b>\$116.67</b>	\$1,236          <b>\$271</b>          <b>\$166.67</b>	\$1,737          <b>\$731</b>          <b>\$216.67</b>
<b>HealthPartners HSA High Deductible Open Access Plan</b> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. Employee pays per month	\$653          <b>(\$41) rebate</b>	\$1,110          <b>\$145</b>	\$1,562          <b>\$556</b>
<b>HealthPartners HSA High Deductible Select Plan</b> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. Must use HealthPartners Select Network Healthpartners.com/select. Employee pays per month	\$591          <b>(\$103) rebate</b>	\$1,003          <b>\$38</b>	\$1,410          <b>\$404</b>

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**

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 coverage is \$65.

## **LIFE INSURANCE**

The district will pay \$3.25 for a \$50,000 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>	\$0.065 per \$1,000 in coverage (\$3.25) 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&amp;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 90<sup>th</sup> 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: (article XVI in Master Agreement, section IV)**

Employee participation is required in order to receive the dollar-for-dollar match listed below. Beginning the second year of service equals 3% of base salary. Beginning third year equals 5%, and 10 or more years of service in the bargaining unit equals 6%.

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