

FRINGE BENEFIT MONTHLY PREMIUM RATES

Insurance year is June to July.

MONTHLY POOL ALLOCATION- Fringe Rebate (pay code is REB)

Per the master agreement, each full-time employee will be allocated a monthly contribution for use in purchasing fringe benefits. The monthly contribution will be up to **\$730** for employees enrolling in single health insurance; the allocation also covers dental and life. Employee plus one insurance allocation is **\$990** per month. Family allocation will be **\$1,300** per month. Each employee shall be charged as having purchased individual medical, dental and life plan, whether the employee authorized the purchase of any of these insurance coverages.

| 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 | \$785 | \$1,334 | \$1,874 |
| <u>HealthPartners VEBA-HRA Open Access Plan</u> (\$1,750 deductible then 70/30) | \$726 | \$1,236 | \$1,737 |
| District Monthly VEBA-HRA allocation: | \$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 | \$653 | \$1,110 | \$1,562 |
| <u>HealthPartners HSA High Deductible Select Plan</u> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible Must use one the Select Network | \$591 | \$1,003 | \$1,410 |

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

Coverage is through Delta Dental at a monthly rate of \$45.00 for single or \$110.00 for family.

LIFE INSURANCE

Term life policy equal to annual salary. Voluntary coverage and dependent coverages are also available. Monthly costs are as follows:

| | | |
|---|--|----------------------------------|
| <i>Basic Life Insurance</i> | \$.065 per \$1,000 in coverage. (mandatory) | |
| <i>Dependent Life Insurance (optional)</i> | \$2.80 (coverage includes \$10,000 coverage for spouse, \$5,000 for each child 6 months to 19 years or 25 years if a full- time student, and \$1,000 for each child 14 days to 6 months) | |
| <i>Voluntary Life Insurance (optional)</i> | <i>Employee only coverage</i> | <i>Based on age.</i> |
| | <i>Spouse coverage</i> | <i>Based on age of employee.</i> |
| | <i>Child(ren) coverage</i> | <i>\$.50/month for \$2,000</i> |
| <i>Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)</i> | <i>Employee only coverage</i> | <i>\$.034 per \$1,000</i> |
| | <i>Spouse coverage</i> | <i>\$.034 per \$1,000</i> |
| | <i>Child(ren) coverage</i> | <i>\$.034 per \$1,000</i> |

INCOME PROTECTION INSURANCE (Long Term Disability)

Income protection is required for all full-time employees. The employee pays for this protection post tax. The purpose of this insurance is to provide two-thirds of your salary should you become ill or disabled for a period more than ninety consecutive calendar days. Following the 90th day of disability, this insurance would pay two-thirds of your salary until you are no longer disabled or according to the plan chart, whichever is a shorter period of time. Monthly premium cost = (annual salary ÷ 12) x \$.00169.

RETIREMENT/TAX SHELTER ANNUITIES

Employee participation will be required to receive dollar per dollar match up to the percentage listed below. Starting first year of service, 2% of base salary.

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