



## Clerical Benefit Summary Effective January 1, 2024

**Eligibility:**

Employees that work 20 or more hours per week are benefit eligible. Employees working 35 or more hours per week will receive the full district contribution towards medical coverage. Employees working between 20 hours and less than 35 hours per week will receive a pro-rated contribution. Employees that begin employment on the first day of the month are eligible for coverage on the first day of the month. Employees who begin employment after the first day of the month are eligible for coverage the first day of the following month.

**Medical Insurance:**

The District's contribution is prorated for part-time employees. The employee contribution is paid via payroll deduction on a pre-tax basis.

**Medical Insurance- Option 1 - HealthPartners- Open Access Choice \$15 Co-Pay Plan.**

|        | Total Monthly Premium | District Contribution | Full-time Employee Monthly Cost |
|--------|-----------------------|-----------------------|---------------------------------|
| Single | \$885.67              | \$731.56              | \$154.11                        |
| Family | \$2467.52             | \$1633.65             | \$833.87                        |

**Medical Insurance- Option 2 - HealthPartners- National ONE \$1,000 High Deductible Plan/VEBA**

|        | Total Monthly Premium | District Contribution | Full-time Employee Monthly Cost |
|--------|-----------------------|-----------------------|---------------------------------|
| Single | \$731.56              | \$731.56              | \$0.00                          |
| Family | \$2042.06             | \$1633.65             | \$408.41                        |

**VEBA Contribution:**

The district contributes annually the amount of \$750 for single coverage and \$1500 for family coverage into a health reimbursement account through BRI, a third-party vendor. Half of the contribution is made on January 15 and half on June 30 of each year. To receive this contribution the employee must be enrolled in medical insurance option 2 – the high deductible health plan. Money accumulated in a VEBA account can be used to pay for eligible medical expenses.

**Dental Insurance:**

Dental insurance is provided through Delta Dental. The District's contribution is prorated for part time employees.

|        | Total Monthly Premium | District Contribution | Full-time Employee Monthly Cost |
|--------|-----------------------|-----------------------|---------------------------------|
| Single | \$57.00               | \$57.00               | \$0.00                          |
| Family | \$89.00               | \$89.00               | \$0.00                          |

**Flexible Spending Accounts:**

Flexible spending accounts allow employees to save money on their unreimbursed medical, dental and/or dependent care (child care & elder care) expenses by paying for them with pre-tax dollars. Employees elect how much money they would like deducted from their paychecks (if any) on a pre-tax basis during the "plan year". This money is then reimbursed to employees after they have paid their expenses. Maximum annual election for Medical is \$3,200 maximum annual election for Dependent Care expenses is \$5,000. Accounts are managed through BRI, a third-party vendor.

**Basic Life Insurance:**

All employees have \$50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the District's group plan. The entire premium for full time employees is paid by the District. The District's contribution is prorated for part time employees.

**Supplemental Life Insurance:**

Employees may purchase additional life and AD&D insurance through the District's group policy. An additional \$50,000 in coverage may be purchased. The cost of the supplemental insurance is based on the employee's age. The premiums for the supplemental life insurance are paid by the employee through payroll deduction on an after-tax basis.

**Spousal/Dependent Life:**

Employees may purchase spousal life and AD&D insurance through the District's group policy. Up to an additional \$25,000 in coverage may be purchased. The cost for spousal insurance is based on the employee's age. Employees may also purchase up to \$10,000 in dependent life insurance through the District group policy. The cost for dependent life is one rate of \$2.50 per month

**Long Term Disability Insurance:**

All eligible employees are covered under a long-term disability policy that provides two-thirds of salary from all sources after 90 calendar days of a qualified disability. The premium for full time employees is 100% employer paid. The District's contribution is prorated for part time employees.

**Retirement Plan- Public Employees Retirement Association (PERA):**

State law determines the employer and employee contribution to the fund. Information regarding benefits may be obtained by contacting the Public Employees Retirement Association at 651-296-7460.

**Supplemental Retirement Plans:**

Employees may make pre-tax contributions to a district approved plan under 403(b) regulations or to the State of Minnesota's Deferred Compensation Plan.

**District Match:**

Employees who participate in a 403b plan may be eligible for a district match. The maximum annual District contribution shall be based on years of service with Mounds View School District according to the following schedule for employees hired on or after June 30, 2009. To be eligible for a district match, employees must work at least 20 hours per week and have completed one year of service.

| Beginning of the employee's years of service with the District | District Matching Contribution 2022-2023 | District Matching Contribution 2024-2025 |
|--|--|--|
| 1st year   | 0  | \$2500                                   |
| 2-3 years  | \$1600                                   | \$2500                                   |
| 4+ years   | \$2100                                   | \$2500                                   |

Effective July 1, 2024, all employees will be eligible for the maximum annual district matching contribution of \$2500.

**Holidays:**

There are eleven paid holidays for all 12-month employees and 11-month employees and ten paid holidays for 10-month employees. Holidays are designated by the District prior to April 1 of each year.

**Vacation:**

For purposes of vacation, a year is defined as July 1 - June 30. 12-month employees receive ten days of vacation, 11-month employees receive 9 days of vacation and 10-month employees receive 8 days of vacation after one year of service. The vacation accrual schedule increases with years of service. Employees hired after December 31 accrue one vacation day per month until the following July 1. Employee's are not able to take vacation during the probationary period. Vacation is tracked in hours.

**Personal Leave:**

Employees receive four personal days per year, noncumulative. Personal leave days are prorated for employees working less than 11 months. Personal leave must be pre-approved. Personal leave is tracked in hours.

**Sick Leave:**

12-month employees receive twelve days per year, 11-month employees receive eleven days per year and 10-month employees receive ten days per year. Sick leave can be used for purposes of illness or injury. Sick leave may accumulate without limit. After 90 days of leave has accumulated, employees may elect to exchange sick leave for pay or additional vacation days. Sick leave is prorated for 12-month employees working less than 12 months and 11 and 10-month employees working less than 11 or 10 months. Sick leave is tracked in hours.

THIS DOCUMENT IS ONLY MEANT TO BE A SUMMARY OF INFORMATION.  
 MORE DETAILED INFORMATION MAY BE FOUND IN THE UNION CONTRACT. ANY DISCREPANCIES BETWEEN THIS  
 SUMMARY AND THE CONTRACT ARE SUPERSEDED BY THE CONTRACT.

## Clerical Benefit Costs 2024

Hired **AFTER** July 1, 2011

| <b>HealthPartners-Open Access<br/>Choice<br/>Co-Pay Plan</b> |          |            | <b>HealthPartners-National ONE <sup>sm</sup></b><br>Single: \$600<br>Family: \$1,200 |          |            |
|--|----------|------------|--|----------|------------|
| Employee Cost Per Month                                      |          |            | Employee Cost Per Month  |          |            |
| FTE  | Single   | Family     | FTE  | Single   | Family     |
| 1.00   | \$154.11 | \$833.87   | 1.00   | \$0.00   | \$408.41   |
| .95  | \$190.69 | \$915.55   | .95  | \$36.58  | \$490.09   |
| .90  | \$227.27 | \$997.24   | .90  | \$73.16  | \$571.78   |
| .85  | \$263.84 | \$1,078.92 | .85  | \$109.73 | \$653.46   |
| .80  | \$300.42 | \$1,160.60 | .80  | \$146.31 | \$735.14   |
| .75  | \$337.00 | \$1,242.28 | .75  | \$182.89 | \$816.82   |
| .70  | \$373.58 | \$1,323.97 | .70  | \$219.47 | \$898.51   |
| .65  | \$410.16 | \$1,405.65 | .65  | \$256.05 | \$980.19   |
| .60  | \$446.73 | \$1,487.33 | .60  | \$292.62 | \$1,061.87 |
| .55  | \$483.31 | \$1,569.01 | .55  | \$329.20 | \$1,143.55 |
| .50  | \$519.89 | \$1,650.70 | .50  | \$365.78 | \$1,225.24 |

Hired **BEFORE** July 1, 2011

| <b>HealthPartners-Open Access<br/>Choice<br/>Co-Pay Plan</b> |          |            | <b>HealthPartners-National ONE <sup>sm</sup></b><br>Single: \$750<br>Family: \$1,500 |          |            |
|--|----------|------------|--|----------|------------|
| Employee Cost Per Month                                      |          |            | Employee Cost Per Month  |          |            |
| FTE  | Single   | Family     | FTE  | Single   | Family     |
| 1.00   | \$0.00   | \$493.50   | 1.00   | \$0.00   | \$408.41   |
| .95  | \$44.28  | \$592.20   | .95  | \$36.58  | \$490.09   |
| .90  | \$88.57  | \$690.90   | .90  | \$73.16  | \$571.78   |
| .85  | \$132.85 | \$789.60   | .85  | \$109.73 | \$653.46   |
| .80  | \$177.13 | \$888.30   | .80  | \$146.31 | \$735.14   |
| .75  | \$221.42 | \$987.01   | .75  | \$182.89 | \$816.82   |
| .70  | \$265.70 | \$1,085.71 | .70  | \$219.47 | \$898.51   |
| .65  | \$309.98 | \$1,184.41 | .65  | \$256.05 | \$980.19   |
| .60  | \$354.27 | \$1,283.11 | .60  | \$292.62 | \$1,061.87 |

.55 \$398.55 \$1,381.81  
 .50 \$442.84 \$1,480.51

.55 \$329.20 \$1,143.55  
 .50 \$365.78 \$1,225.24

**Delta Dental-PPO/Premier**

Total Monthly Premium-Single: \$57.00  
 Total Monthly Premium-Family: \$89.00

| FTE  | Employee Cost Per Month |        |
|------|-------------------------|--------|
|      | Single                  | Family |
| 1.00 | \$0.00                  | 0.00   |
| .95  | \$2.85                  | 4.45   |
| .90  | \$5.70                  | 8.90   |
| .85  | \$8.55                  | 13.35  |
| .80  | \$11.40                 | 17.80  |
| .75  | \$14.25                 | 22.25  |
| .70  | \$17.10                 | 26.70  |
| .65  | \$19.95                 | 31.15  |
| .60  | \$22.80                 | 35.60  |
| .55  | \$25.65                 | 40.05  |
| .50  | \$28.50                 | 44.50  |

| FTE  | Employee Cost Per Month | Age   | Monthly Rate/1000 | Monthly Employee Cost \$50,000 | Monthly Rate/1000 | Monthly Spouse \$25,000 |
|------|-------------------------|-------|-------------------|--------------------------------|-------------------|-------------------------|
| 1.00 | -0-                     | < 25  | .076              | 3.80                           | .091              | 2.27                    |
| 0.95 | .23                     | 25-29 | .086              | 4.30                           | .101              | 2.53                    |
| 0.90 | .47                     | 30-34 | .106              | 5.30                           | .121              | 3.03                    |
| 0.85 | .70                     | 35-39 | .116              | 5.80                           | .131              | 3.28                    |
| 0.80 | .93                     | 40-44 | .136              | 6.80                           | .151              | 3.78                    |
| 0.75 | 1.16                    | 45-49 | .186              | 9.30                           | .201              | 5.03                    |
| 0.70 | 1.40                    | 50-54 | .286              | 14.30                          | .301              | 7.53                    |
| 0.65 | 1.63                    | 55-59 | .516              | 25.80                          | .531              | 13.28                   |
| 0.60 | 1.86                    | 60-64 | .776              | 38.80                          | .791              | 19.78                   |
| 0.55 | 2.09                    | 65-69 | 1.47              | 73.50                          | 1.501             | 37.53                   |
| 0.50 | 2.33                    | 70+   | 2.396             | 119.80                         | 2.411             | 60.28                   |

**\$50,000 Life Insurance  
 Accidental Death and Dismemberment**

**Supplemental Life Insurance  
 Accidental Death and Dismemberment**

Benefit costs are prorated for part-time employees as listed above.

Coverage described is intended as a summary only. For exact terms and conditions, consult the group membership contracts.