



Custodian Benefit Summary Effective January 1, 2024

Eligibility:

Part time custodians, who regularly work between 20 and 39 hours per week, receive prorated benefits (including insurance). 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 sm \$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.

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):

The employer and employee contribute to the fund as determined by law. 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. More information about supplemental retirement plans can be found by going to www.moundsvIEWSchools.org, go to the employment link, click on benefits.

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 custodians hired on or after June 30, 2009:

At the beginning of the employee's---Year of Service with the District	District Matching Contribution 2023-2024	District Matching Contribution 2024-2025
1st year	0	\$2500
2+ years	\$1600	\$2500

Effective July 1, 2024, the maximum annual district matching contribution shall be \$2500 per year and available upon hire.

Holidays:

There are eleven paid holidays for all twelve-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. Employees accrue one day of vacation for each month worked up to a maximum of 10 days. The vacation schedule increases with years of service. Employees accrue but may not use vacation during their probationary period.

Personal Leave:

Custodians receive three personal days per fiscal year, noncumulative. Personal leave must be approved by the employee's supervisor in advance. Personal leave is prorated for custodians working less than 12 months.

Sick Leave:

Custodians accrue one day of sick leave for each month of employment without limit. Sick leave may be used for each day of absence due to illness or injury.

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.

Custodian Benefit Costs 2024

Hired **AFTER** July 1, 2011

HealthPartners-Open Access Choice Co-Pay Plan			HealthPartners-National ONE sm Single: \$750 Family: \$1,500		
FTE	Employee Cost Per Month		FTE	Employee Cost Per Month	
	Single	Family		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

HealthPartners-Open Access Choice Co-Pay Plan			HealthPartners-National ONE sm Single: \$750 Family: \$1,500		
FTE	Employee Cost Per Month		FTE	Employee Cost Per Month	
	Single	Family		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	.55	\$329.20	\$1,143.55
.50	\$442.84	\$1,480.51	.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

\$50,000 Life Insurance and			Supplemental Life Insurance and				
FTE	Employee Cost Per Month		Age	Monthly Rate/1000	Employee Cost Per Month	Monthly Rate/1000	Spouse \$25,000
	Employee Cost Per Month		< 25	.076	3.80	.091	2.27
	Employee Cost Per Month		25-29	.086	4.30	.101	2.53
1.00	-0-	Rate:	30-34	.106	5.30	.121	3.03
0.95	.23	.093/\$1000	35-39	.116	5.80	.131	3.28
0.90	.47		40-44	.136	6.80	.151	3.78
0.85	.70	Total Premium:	45-49	.186	9.30	.201	5.03
0.80	.93	\$4.65/month	50-54	.286	14.30	.301	7.53
0.75	1.16		55-59	.516	25.80	.531	13.28
0.70	1.40		60-64	.776	38.80	.791	19.78
0.65	1.63		65-69	1.486	74.30	1.501	37.53
0.60	1.86		70+	2.396	119.80	2.411	60.28
0.55	2.09						
0.50	2.33						

Accidental Death and Dismemberment

Accidental Death and Dismemberment \$50,000

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.