



## Non-Affiliated Employee Benefits Summary Effective January 1, 2024

**Eligibility:**

Part time employees who work 20 or more hours/week as a non-affiliated employee are eligible for prorated benefits, including insurance.

**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	\$885.67	\$0.00
Family	\$2467.52	\$1875.32	\$592.20

**Medical Insurance- Option 2 - HealthPartners- National ONE <sup>SM</sup> \$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 are eligible for life and accidental death and dismemberment (AD&D) insurance in an amount equal to two times their annual salary 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 in an amount equal to two times their annual salary. The cost for 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. More information about supplemental retirement plans can be found by going to [www.moundviewschools.org](http://www.moundviewschools.org), go to the employment link, click on benefits. Questions should be directed to the Payroll Department at 651-621-6032.

**District Match:**

Employees who participate in a 403b plan may be eligible for a District match to a qualifying TSA based on years of service. Year of service means full years of service in the district on July 1 of each year.

Years of Service	Amount
Less than one year	\$0
1-3 years	\$1,000
3+ years	\$4,000

**Holidays:**

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

**Paid Time Off (PTO):**

For purposes of PTO, a year is defined as July 1 - June 30. Twelve-month employees receive PTO at the beginning of the fiscal year according to the following schedule:

**PTO Allocations: Hire Date July 1, 2018 or greater:**

Titles	Years of Service	12 Month Hours	11 Month Hours	10 Month Hours
Assistant Director, Coordinator, Manager	0-9	256	232	216
	10-14	280	256	232
	15+	296	272	256

Titles	Years of Service	12 Month Hours	11 Month Hours	10 Month Hours
Supervisor, Specialist, Technician	0-9	216	200	176
	10-14	224	208	184
	15+	240	224	200

Nine (9) month employees earn up to 104 hours per year. The PTO schedule increases with years of service. Vacation accrual for employees working less than 12 months is prorated. Vacation for those starting after July 1st of any year will be prorated.

**Health Reimbursement Account:**

The district will have the value of up to 16 hours of accumulated personal time off (PTO) deposited at year end in an HRA chosen by the district.

**HealthPartners-Open Access Choice  
Co-Pay Plan**

**HealthPartners-National ONE <sup>sm</sup>  
\$1,000 High Deductible Plan**  
Annual VEBA Contribution  
\$750/\$1,500

FTE	Employee Cost Per Month		FTE	Employee Cost Per Month	
	Single	Family		Single	Family
1.00	\$0.00	\$592.20	1.00	\$0.00	\$408.41
.95	\$44.28	\$685.97	.95	\$36.58	\$490.09
.90	\$88.57	\$779.74	.90	\$73.16	\$571.78
.85	\$132.85	\$873.50	.85	\$109.73	\$653.46
.80	\$177.13	\$967.27	.80	\$146.31	\$735.14
.75	\$221.42	\$1,061.03	.75	\$182.89	\$816.82
.70	\$265.70	\$1,154.80	.70	\$219.47	\$898.51
.65	\$309.98	\$1,248.57	.65	\$256.05	\$980.19
.60	\$354.27	\$1,342.33	.60	\$292.62	\$1,061.87
.55	\$398.55	\$1,436.10	.55	\$329.20	\$1,143.55
.50	\$442.84	\$1,529.86	.50	\$365.78	\$1,225.24

**Delta Dental-PPO/Premier**

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

**Basic Life Insurance/  
Accidental Death & Dismemberment  
Dismemberment**

<p><b><u>Employee Monthly Cost</u></b> The district pays the entire premium for full-time Employees. The District contribution for part-time employee is prorated.</p> <p><b><u>Rate</u></b> .093/\$1000/month</p> <p><b><u>Coverage</u></b> 2x annual salary up to a maximum of \$300,000</p>
--

**Supplemental Life Insurance/  
Accidental Death &**

<b>Age</b>	<b>Monthly Rate/1000</b>	
< 25	.076	
25-29	.086	*May purchase Life/ AD&D
30-34	.106	insurance in an amount
35-39	.116	equal to two times their
40-44	.136	annual salary.
45-49	.186	
50-54	.286	May purchase a maximum
		of
55-59	.516	\$25,000 for spouse.
60-64	.776	
65-69	1.486	
70+	2.396	

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