



Paraeducator Benefit Summary Effective January 1, 2024

Eligibility:

Paraeducators must work at least twenty hours per week to be eligible for the medical insurance. Employees working 32 hours per week up to 40 hours per week will receive the full-time District contribution. Paraeducators who work between 20 and less than 32 hours per week are eligible for prorated benefits. 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's 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

	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:

Dental insurance is provided through Delta Dental. The district provides a contribution towards single dental insurance equal to the contribution for teachers. Employees may elect family coverage and be responsible for their portion of the premium.

	Total Monthly Premium	District Contribution	Full-time Employee Monthly Cost
Single	\$57.00	\$57.00	\$0
Family	\$89.00	\$57.00	\$32.00

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.

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 Employee's 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.

Beginning of the employee's years of service with the District	District Matching Contribution
1st year	0
2+ years	\$250.00

Holidays:

Paraeducators receive eight paid holidays; Thanksgiving, the day after Thanksgiving, December 24, December 25 and 26, December 31, January 1 and one Spring Break day. Effective July 1, 2024 paraeducators will receive one additional paid holiday to include Memorial Day.

Personal Leave:

Paraeducators receive up to thirty-two (32) hours of personal leave per year, noncumulative. Personal leave must be approved by your supervisor. Personal leave is pro-rated for part-time employees.

Sick Leave:

Paraeducators earn up to eight (8) hours of sick leave per month for up to ten (10) months per school year. Sick leave may accumulate without limit and is pro-rated for part-time employees. Sick leave may be used for any period 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.**

Paraeducator Benefit Cost 2024

Hired **AFTER** July 1, 2011

HealthPartners-Open Access Choice \$15.00Co-Pay Plan			HealthPartners-National ONE sm \$1,000 High Deductible Plan Annual VEBA Contribution \$750/\$1500		
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	\$997.23	.90	\$73.16	\$571.77
.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	\$1,323.96	.70	\$219.47	\$898.50
.65	\$410.16	\$1,405.65	.65	\$256.05	\$980.19
.60	\$446.73	\$1,487.33	.60	\$292.62	\$1,061.87

Hired **BEFORE** July 1, 2011

HealthPartners-Open Access Choice \$15.00Co-Pay Plan			HealthPartners-National ONE sm \$1,000 High Deductible Plan Annual VEBA Contribution \$750/\$1500		
FTE	Employee Cost Per Month		FTE	Employee Cost Per Month	
	Single	Family		Single	Family
1.00	\$0.00	\$833.87	1.00	\$0.00	\$408.41
.95	\$44.28	\$915.55	.95	\$36.58	\$490.09
.90	\$88.57	\$997.23	.90	\$73.16	\$571.77
.85	\$132.85	\$1,078.92	.85	\$109.73	\$653.46
.80	\$177.13	\$1,160.60	.80	\$146.31	\$735.14
.75	\$221.42	\$1,242.28	.75	\$182.89	\$816.82
.70	\$265.70	\$1,323.96	.70	\$219.47	\$898.50
.65	\$309.98	\$1,405.65	.65	\$256.05	\$980.19
.60	\$354.27	\$1,487.33	.60	\$292.62	\$1,061.87

Dental Rates-Delta Dental PPO/Premier

<i>Employee Cost Per Month</i>		
FTE*	Single	Family
1.0	\$0.00	32.00
.95	\$2.85	34.85
.90	\$5.70	37.70
.85	\$8.55	40.55
.80	\$11.40	43.40
.75	\$14.25	46.25
.70	\$17.10	49.10
.65	\$19.95	51.95
.60	\$22.80	54.80

*FTE (Full Time Equivalency) is based on a 32 hour work week.

To calculate your FTE, take your total hours worked per week and divide by 32.

Life Insurance- \$50,000

<i>Employee Cost Per Month</i>	
FTE	Employee Premium
1.0	\$0.00
.95	\$0.23
.90	\$0.47
.85	\$0.70
.80	\$.93
.75	\$1.16
.70	\$1.40
.65	\$1.63
.60	\$1.86

A 1.0 FTE = 32 hrs per week the regular school year. Benefit costs are prorated for part-time employees as listed above.