



Teacher Benefit Summary Effective January 1, 2024

Eligibility:

Part time teachers must have a .5 contract or greater to be eligible for health, dental, life, and long-term disability 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'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/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 on January 15 and 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:

Employees have two plans offered by Delta Dental: Delta Preferred Option USA (tier 1) and Delta Premier (tier 2). This coverage is determined through the dental provider who will either be a PPO or Premier provider. Delta Premier allows employees to access a wider network of dentists but includes a per-person and per-family deductible and a lower plan maximum. 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.

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 or \$100,000 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 – Teacher’s Retirement Association (TRA):

The employer and employee contribute to the fund as determined by law. Information regarding benefits may be obtained by contacting the Teachers’ Retirement Association at 651-296-2409.

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:

The District provides a District match to a qualifying 403b plan for teachers with a .5 contract or greater based on years of service.

The maximum annual District contribution shall be based on years of service with Mounds View School District according to the following schedule:

At the beginning of the employee's--- Year of Service with the District	District Matching Contribution 2023-2024	District Matching Contribution 2024-2025
Probationary	\$0.00	\$0.00
Continuing Contract	\$4000	\$4200

Teachers in their probationary period may participate in the ‘plan’ without a match. The District match will begin upon achieving continuing contract status (i.e. 2nd year or 4th year). For eligible part-time teachers, the District match will be prorated based on the teacher’s percent of contract as of September 1 of each school year.

Sick Leave:

Teachers receive eighty (80) hours per year. Sick leave may be used for any period of absence due to illness or injury. Sick leave is prorated for part-time employees and employees working less than the full school year.

Personal Leave:

Teachers employed from one (1) through nine (9) years are entitled to have thirty-two (32) personal hours per year. Teachers beginning their tenth (10) contract year and thereafter are entitled to forty (40) personal hours per year. Hours not used at the end of the year may be cashed in at the daily substitute teacher rate of pay or added to the employee’s sick leave balance at the end of the school year. Personal leave must be approved by your supervisor. Personal leave days are prorated for part-time teachers and teachers working less than the full school year.

**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.**

Benefit Costs Teacher

Hired **AFTER** July 1, 2011

HealthPartners-Open Access Choice \$15 Co-Pay Plan			HealthPartners-National ONE sm \$1,000 High Deductible Plan Annual VEBA Contribution 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

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 Basic Life Insurance and AD&D

Supplemental Life Insurance and AD&D

FTE	Employee Cost Per Month		Age	Monthly	Employee Cost	Employee Cost	Monthly	Spouse
				Rate/1000	\$50,000	\$100,000	Rate/1000	\$25,000
1.00	-0-	Rate:	< 25	.076	3.80	7.60	.091	2.27
0.95	.23	.093/\$1000	25-29	.086	4.30	8.60	.101	2.53
0.90	.47		30-34	.106	5.30	10.60	.121	3.03
0.85	.70	Total	35-39	.116	5.80	11.60	.131	3.28
0.80	.93	Premium:	40-44	.136	6.80	13.60	.151	3.78
0.75	1.16	\$4.65/month	45-49	.186	9.30	18.60	.201	5.03
0.70	1.40		50-54	.286	14.30	28.60	.301	7.53
0.65	1.63		55-59	.516	25.80	51.60	.531	13.28
0.60	1.86		60-64	.776	38.80	77.60	.791	19.78
0.55	2.09		65-69	1.486	74.30	148.60	1.501	37.53
0.50	2.33		70+	2.396	119.80	239.60	2.411	60.28

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.