

# PREMIUM RATES

July 1, 2024 - June 30, 2025

AST						2024-2025	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	863.00	755.00	-	108.00	54.00	64.80
	Family	2,357.00	1,383.00	-	974.00	487.00	584.40
Three For Free \$1000	Single	755.00	755.00	75.00	0.00	0.00	0.00
	Family	2,063.00	1,383.00	125.00	680.00	340.00	408.00
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00	0.00	0.00

BUILDING SERVICES						2024-2025	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	863.00	783.00	-	80.00		40.00
	Family	2,357.00	1,279.00	-	1,078.00		539.00
Three For Free \$1000	Single	755.00	708.00	75.00	47.00		23.50
	Family	2,063.00	1,154.00	125.00	909.00		454.50
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00		0.00

CLASS						2024-2025	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	x 18
Traditional \$500 - \$30 Copay	Single	863.00	805.00	-	58.00	29.00	38.67
	Family	2,357.00	1,320.00	-	1,037.00	518.50	691.34
Three For Free \$1000	Single	755.00	755.00	50.00	0.00	0.00	0.00
	Family	2,063.00	1,220.00	100.00	843.00	421.50	562.00
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00	0.00	0.00

CONFIDENTIAL						2024-2025	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	
Traditional \$500 - \$30 Copay	Single	863.00	863.00	-	0.00		0.00
	Family	2,357.00	1,243.00	-	1,114.00		557.00
Three For Free \$1000	Single	755.00	755.00	75.00	0.00		0.00
	Family	2,063.00	1,243.00	75.00	820.00		410.00
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00		0.00

EPSS						2024-2025	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	863.00	755.00	-	108.00	54.00	64.80
	Family	2,357.00	1,383.00	-	974.00	487.00	584.40
Three For Free \$1000	Single	755.00	755.00	75.00	0.00	0.00	0.00
	Family	2,063.00	1,383.00	125.00	680.00	340.00	408.00
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00	0.00	0.00

FOOD SERVICE						2024-2025	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 18	
Traditional \$500 - \$30 Copay	Single	863.00	825.00	-	38.00		25.34
	Family	2,357.00	1,370.00	-	987.00		658.00
Three For Free \$1000	Single	755.00	755.00	50.00	0.00		0.00
	Family	2,063.00	1,245.00	125.00	818.00		545.34
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00		0.00

MSEA						2024-2025
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck
			District	VEBA	Employee	x 18
Traditional \$500 - \$30 Copay	Single	863.00	805.00	-	58.00	38.67
	Family	2,357.00	1,155.00	-	1,202.00	801.34
Three For Free \$1000	Single	755.00	755.00	50.00	0.00	0.00
	Family	2,063.00	1,055.00	100.00	1,008.00	672.00
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00	0.00

PRINCIPALS						2024-2025
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck
			District	VEBA	Employee	x 24
Traditional \$500 - \$30 Copay	Single	863.00	755.00	-	108.00	54.00
	Family	2,357.00	1,383.00	-	974.00	487.00
Three For Free \$1000	Single	755.00	755.00	60.00	0.00	0.00
	Family	2,063.00	1,383.00	60.00	680.00	340.00
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00	0.00

TEACHERS						2024-2025	
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck	
			District	VEBA	Employee	x 24	x 20
Traditional \$500 - \$30 Copay	Single	863.00	756.00	-	107.00	53.50	64.20
	Family	2,357.00	1,115.00	-	1,242.00	621.00	745.20
Three For Free \$1000	Single	755.00	755.00	1.00	0.00	0.00	0.00
	Family	2,063.00	1,065.00	50.00	998.00	499.00	598.80
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00	0.00	0.00

TRANSPORTATION						2024-2025
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck
			District	VEBA	Employee	x 18
Traditional \$500 - \$30 Copay	Single	863.00	783.00	-	80.00	53.34
	Family	2,357.00	1,345.00	-	1,012.00	674.67
Three For Free \$1000	Single	755.00	708.00	75.00	47.00	31.34
	Family	2,063.00	1,220.00	125.00	843.00	562.00
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00	0.00

TRANSPORTATION - MECHANICS						2024-2025
HealthPartners Plan Options		Total Monthly Premium	Monthly Contributions			Per Paycheck
			District	VEBA	Employee	x 24
Traditional \$500 - \$30 Copay	Single	863.00	813.00	-	50.00	25.00
	Family	2,357.00	1,375.00	-	982.00	491.00
Three For Free \$1000	Single	755.00	738.00	75.00	17.00	8.50
	Family	2,063.00	1,250.00	125.00	813.00	406.50
<b>Delta Dental (Mandatory)</b>	Single/Family	76.65	76.65	-	0.00	0.00

**18 Paychecks:** Hourly employees who are only paid during the school year will receive July 2024 - June 2025 coverage deducted as:  
*(Monthly Contribution) x (12 months) / (18 paychecks) = Deduction per paycheck [Beginning 9/30/24, Ending 6/15/25]*

**20 Paychecks:** Salaried employees who are only paid during the school year will receive July 2024 - June 2025 coverage deducted as:  
*(Monthly Contribution) x (12 months) / (20 paychecks) = Deduction per paycheck [Beginning 9/15/24, Ending 6/30/25]*

**New Hires:** Staff hired mid-year will receive a calculation based on 10 months of coverage adjusted for the # of months actually enrolled.