



ST. MICHAEL - ALBERTVILLE SCHOOLS

EXCELLENCE IS OUR TRADITION

SUPPORT STAFF (0.75-0.8748 FTE) BENEFITS SUMMARY 2024-2025 30-34.99 HOURS PER WEEK 2024-2025 PLAN YEAR IS 10/1/2024 – 6/30/2025

Rates are subject to change pending contract negotiations.

Medical Insurance, Option 1: BlueCross BlueShield Aware Plan with VEBA Account (HRA)

Annual Deductible/Out-of-Pocket Maximum: \$1,850 Single, \$3,700 Family***

	Total Monthly Premium	District Contribution	District Contribution to VEBA	Employee Monthly Cost*	Employee Cost per Paycheck**
Single	\$761.50	\$386.63	\$65.63	\$374.87	\$198.46
Family	\$2,207.00	\$933.75	\$131.25	\$1,273.25	\$674.08

Medical Insurance, Option 2: BlueCross BlueShield Aware Plan with Health Savings Account (HSA)

Annual Deductible/Out-of-Pocket Maximum: \$4,000 Single, \$8,000 Family***

	Total Monthly Premium	District Contribution	District Contribution to HSA	Employee Monthly Cost*	Employee Cost per Paycheck**
Single	\$633.50	\$452.25	\$0.00	\$181.25	\$95.96
Family	\$1,836.00	\$1,065.00	\$0.00	\$771.00	\$408.18

Medical Insurance, Option 3: BlueCross BlueShield Aware Hybrid Plan with VEBA/HSA

Annual Deductible/Out-of-Pocket Maximum: \$4,000 Single, \$8,000 Family***

	Total Monthly Premium	District Contribution	District Contribution to VEBA/HSA	Employee Monthly Cost*	Employee Cost per Paycheck**
Single	\$633.50	\$386.63	\$65.63	\$246.87	\$130.70
Family	\$1,836.00	\$933.75	\$131.25	\$902.25	\$477.67

Medical Insurance, Option 4: BlueCross BlueShield Aware MVP Plan with HSA

Annual Deductible/Out-of-Pocket Maximum: \$6,350 Single, \$12,700 Family***

	Total Monthly Premium	District Contribution	District Contribution to HSA	Employee Monthly Cost*	Employee Cost per Paycheck**
Single	\$537.50	\$452.25	\$0.00	\$85.25	\$45.14
Family	\$1,558.50	\$1,065.00	\$0.00	\$493.50	\$261.27

*Employee contributions are paid via payroll deduction on a pre-tax basis.

**Cost per paycheck is determined by employee's payroll frequency (ordinarily 18 paychecks per year). For the 2024-2025 short plan year, employee premiums for the 9-month plan year will be deducted over 17 paychecks.

***Please see Summaries of Benefits and Coverage (SBCs) for full coverage details on each plan.

INDEPENDENT SCHOOL DISTRICT #885
11343 50TH STREET NE
ALBERTVILLE, MN 55301
WWW.STMA.K12.MN.US



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Dental Insurance: HealthPartners Open Access Choice

	Total Monthly Premium	District Contribution	Employee Monthly Cost*	Employee Cost per Paycheck**
Single	\$51.02	\$21.26	\$29.76	\$15.76
Family	\$151.09	\$21.26	\$129.83	\$68.74

Flexible Spending Accounts: WEX Health, Inc.

Flexible spending accounts allow employees to use pre-tax dollars to pay for dependent day care and/or unreimbursed health care expenses. Eligible expenses must be incurred during the plan year. Up to \$640 of unused funds can carry over from year to year. More information on flexible spending can be found at www.stma.k12.mn.us under Departments/Human Resources/Benefits.

Basic Life Insurance: Madison National Life Insurance

Employees have access to \$50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the district's group policy. The employee is responsible for the full cost of the premium.

Supplemental Life Insurance: Madison National Life Insurance

Employees may purchase additional life insurance through the district's group policy. An additional \$25,000 of coverage may be purchased. Employees must be enrolled in basic life insurance coverage to purchase additional life insurance.

	Total Monthly Premium	District Contribution	Employee Monthly Cost*	Employee Cost per Paycheck**
\$25,000 policy	\$3.00	\$0.00	\$3.00	\$1.59

Long-Term Disability Insurance: Madison National Life Insurance

All employees who work at least 20 hours per week and 170 days per year have a long-term disability insurance policy which allows the employee to continue to receive 2/3 of their monthly earnings in the event the employee becomes disabled and is unable to work for more than 90 consecutive days. The entire premium is paid for by the district.

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Retirement Plan: Public Employees Retirement Association (PERA)

The employee and employer contribute to the defined-benefit pension plan as determined by Minnesota law. Information regarding benefits may be obtained by contacting PERA at 651-296-7460 or visiting www.mnpera.org.

Supplemental Retirement Plan: 403(b)

Employees may contribute to a tax-sheltered annuity (TSA) under 403(b) regulations. To begin contributions, the employee must meet with a financial advisor from the district's approved vendor list and submit a completed salary reduction agreement.

*****This document is only meant to be a summary of information. More detailed information may be found in the support staff contract. Any discrepancies between this summary and the contract are superseded by the contract.*****