Certified Staff (1.0 FTE) Benefits Summary 2024-2025
40 hours per week
2024-2025 plan year is 10/1/2024 – 6/30/2025

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 (18 pay)***
Single	$761.50	$554.50	$87.50	*$207.00*	*$103.50 (18)*
Family	$2,207.00	$1,355.00	$175.00	*$852.00*	*$426.00 (18)*
Married Tchr Family	$2,207.00	$1,505.00	$175.00	*$702.00*	*$351.00 (18)*

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 (18 pay)***
Single	$633.50	$633.50	$8.50	*$0.00*	*$0.00 (18)*
Family	$1,836.00	$1,530.00	$0.00	*$306.00*	*$153.00 (18)*
Married Tchr Family	$1,836.00	$1,680.00	$0.00	*$156.00*	*$78.00 (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 (18 pay)***
Single	$633.50	$554.50	$87.50	*$79.00*	*$39.50 (18)*
Family	$1,836.00	$1,355.00	$175.00	*$481.00*	*$240.50 (18)*
Married Tchr Family	$1,836.00	$1,505.00	$175.00	*$331.00*	*$165.50 (18)*

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 (18 pay)***
Single	$537.50	$537.50	$104.50	*$0.00*	*$0.00 (18)*
Family	$1,558.50	$1,530.00	$0.00	*$28.50*	*$14.25 (18)*
Married Tchr Family	$1,558.50	$1,558.50	$121.50	*$0.00*	*$0.00 (18)*

Employee contributions are paid via payroll deduction on a pre-tax basis.
****Cost per paycheck is determined by employee's payroll frequency (ordinarily 20 or 24 paychecks per year). For the 2024-2025 short plan year, employee premiums for the 9-month plan year will be deducted over 18 paychecks.***
*****Please see Summaries of Benefits and Coverage (SBCs) for full coverage details on each plan.***

Dental Insurance: HealthPartners Open Access Choice

	Total Monthly Premium	District Contribution	*Employee Monthly Cost**	*Employee Cost per Paycheck (18 pay)***
Single	$51.02	$30.00	*$21.02*	*$10.51(18)*
Family	$151.09	$30.00	*$121.09*	*$60.55 (18)*

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

All employees have $50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the district's group policy. The entire premium is paid for by the district.

Supplemental Life Insurance: Madison National Life Insurance

Employees may purchase additional life insurance through the district's group policy. An additional $25,000 or $50,000 of coverage may be purchased. Employees must be enrolled in basic life coverage to purchase additional life insurance.

	Total Monthly Premium	District Contribution	*Employee Monthly Cost*	*Employee Cost per Paycheck (18 pay)***
$25,000 policy	$3.00	$0.00	*$3.00*	*$1.50 (18)*
$50,000 policy	$6.00	$0.00	*$6.00*	*$3.00 (18)*

Long-Term Disability Insurance: Madison National Life Insurance

All employees who work at least 75 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.

Retirement Plan: MN Teachers Retirement Association (TRA)

The employee and employer contribute to the defined-benefit pension plan as determined by Minnesota law. Information regarding TRA benefits may be obtained by contacting TRA at 651-296-2409 or visiting https://minnesotatra.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. Employees are eligible for matching funds upon their attainment of continuing contract status; match amounts are as follows:

Years of Service	District 403(b) Match (up to)
Continuing contract – 9 years	$550.00
10 – 14 years	$1,292.00
15 – 19 years	$1,842.00
20+ years	$2,475.00

Employees may sign up for a 403(b) at any time but must make application for participation in the 403(b) annuity matching plan by September 1 in order to receive the full annual match amount.

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