

CUSTODIAL AND MAINTENANCE

Effective date of my insurance is _____

JULY 1, 2024, THROUGH JUNE 30, 2025

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: **\$770** for single coverage; **\$815** per month, for employee + 1; and **\$1,051** for family coverage. The remainder is paid through payroll deduction. **Collective bargaining is under negotiations.

Medical Plan	Single	Employee +1	Family
HealthPartners Base Perform Network Plan (\$800 deductible, \$35 co-pay) Mayo clinics/hospital paid as out of network benefits <i>Employee pays per month</i>	\$940 \$170	\$1,598 \$783	\$2,245 \$1,194
HealthPartners VEBA-HRA Open Access Plan (\$2,050 deductible then 70/30) <i>Employee pays per month</i> District Monthly VEBA-HRA allocation:	\$870 \$100 \$116.67	\$1,481 \$666 \$166.67	\$2,081 \$1,030 \$216.67
HealthPartners HSA High Deductible Open Access Plan (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. <i>Employee pays per month</i>	\$782 \$12	\$1,330 \$515	\$1,871 \$820
HealthPartners HSA High Deductible Select Plan (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. Must use <u>HealthPartners Select Network</u> Healthpartners.com/select. <i>Employee pays per month</i>	\$708 Rebate \$62	\$1,201 \$386	\$1,689 \$638

2024 HSA Calendar Year Limits: Single: \$4,150 Family: \$8,300 Your contribution/limit will be prorated by the number of months you are enrolled in the HSA. Single is \$345 and family is \$691.

DENTAL

The district will pay for single dental coverage through Delta Dental at a monthly rate of \$48. Family coverage is \$118 (employee with one or more dependents) per month. Your expense for family coverage is \$70.

LIFE INSURANCE

The district will pay \$2.28 for a \$35,000 term life insurance policy. Additional voluntary coverage and dependent coverage are available for an additional cost. Monthly costs are as follows:

<i>Basic Life Insurance</i>	\$.065 per \$1,000 in coverage (\$2.28) district paid.
<i>Dependent Life Insurance (optional)</i>	\$2.80 per month. (Includes \$10,000 coverage for spouse, \$5,000 for each child 6 months to 23 years or 26 years if a full-time student, and \$1,000 for each child 14 days to 6 months).
<i>Voluntary Life Insurance (optional)</i>	Employee only coverage Based on age. Spouse coverage Based on age of employee. Child(ren) coverage \$.50/ month for \$2,000
<i>Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)</i>	Employee only coverage \$.034 per \$1,000 Spouse coverage \$.034 per \$1,000 Child(ren) coverage \$.034 per \$1,000

INCOME PROTECTION INSURANCE (Long Term Disability)

The district pays for all full-time employees. The purpose of this insurance is to provide 2/3 of your salary should you become ill or disabled for a period more than 90 consecutive calendar days. Following the 90th day of disability, this insurance would pay 2/3 of your salary until you are no longer disabled or according to the plan chart, whichever is a shorter period.
Monthly premium cost = (annual salary ÷ 12) x \$.001690

RETIREMENT: (article XVI in Master Agreement, section IV)

Employee participation is required to receive the dollar-for-dollar match listed below. Beginning the 4th year of service equals 2% of base salary. And beginning 10th year, equals 4%.

**all the above is a summary only, please refer to plan documents, enrollment forms and Certificate of Coverage for additional details.