

Paraprofessional

Effective date of my insurance is _____

JULY 1, 2024, THROUGH JUNE 30, 2025

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: **\$749** for single coverage; **\$766** per month, for employee + 1; and **\$918** for family coverage. The remainder is paid through payroll deduction.

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	\$940	\$1,598	\$2,245
Employee pays per month	\$191	\$832	\$1,327
HealthPartners VEBA-HRA Open Access Plan (\$2,050 deductible then 70/30)	\$870	\$1,481	\$2,081
Employee pays per month	\$121	\$715	\$1,163
District Monthly VEBA-HRA allocation:	\$116.67	\$166.67	\$216.67
HealthPartners HSA High Deductible Open Access Plan (\$3,500 deductible then 70/30) Prescriptions applied toward deductible.	\$782	\$1,330	\$1,871
Employee pays per month	\$33	\$564	\$953
HealthPartners HSA High Deductible Select Network Plan (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. <u>Must use HealthPartners Select Network</u> Healthpartners.com/select.	\$708	\$1,201	\$1,689
Employee pays per month	(\$41)	\$435	\$771

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 and is available at your expense for a monthly cost of \$70.

LIFE INSURANCE

The district will pay \$2.60 for a \$40,000 term life insurance policy. Additional voluntary coverage and dependent coverages are available for an additional cost. Monthly costs are as follows:

Basic Life Insurance \$.065 per \$1,000 in coverage (\$2.60) district paid.

Dependent Life Insurance (optional) \$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 employee pays for this benefits post tax. The purpose of this insurance is to provide 2/3 of your monthly salary should you become disabled for a period more than 90 consecutive calendar days. Following the 90th day of disability, this insurance could 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 \$.00169

RETIREMENT: Article XIX

0-3 years no match, 4-5 years =\$510, 6-10 years =\$765, 11-15 years=\$905.00 and 16+ years =\$1,045

Match is deposited as a lump sum by June 30th of each fiscal year into employees 403b/457.

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