

JULY 1, 2024, THROUGH JUNE 30, 2025

**HEALTH AND ACCIDENT INSURANCE:** (Monthly Premium)

District contribution is as follows: \$850 for single coverage; \$979 per month, for employee + 1; and \$1,227 for family coverage. The remainder is paid through payroll deduction.

Medical Plan	Single	Employee +1	Family
<b><u>HealthPartners Base Perform Network Plan</u></b> (\$800 deductible, \$35 co-pay) Mayo Clinics/Hospital paid as out of network benefits.  Employee pays per month	\$940   \$90	\$1,598   \$619	\$2,245   \$1,018
<b><u>HealthPartners VEBA-HRA Open Access Plan</u></b> (\$2,050 deductible then 70/30) Employee pays per month  District Monthly VEBA-HRA allocation:	\$870   \$20  \$116.67	\$1,481   \$502  \$166.67	\$2,081   \$854  \$216.67
<b><u>HealthPartners HSA High Deductible Open Access Plan</u></b> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. Employee pays per month	\$782   (\$68)	\$1,330   \$351	\$1,871   \$644
<b><u>HealthPartners HSA High Deductible Select Plan</u></b> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. <u>Must use HealthPartners Select Network</u> Healthpartners.com/select. Employee pays per month	\$708   (\$142)	\$1,201   (\$26)	\$1,689   \$462

2024 HSA Calendar Year Limits: Single: \$4,150      Family: \$8,300      Your contribution/limit will be prorated by the number of months 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 dental is \$70 per month.

## LIFE INSURANCE

The district will pay \$1.63 for a \$25,000 term life insurance policy. Additional voluntary coverage and dependent coverage is available for an additional cost. Monthly costs are as follows:

<i>Basic Life Insurance</i>	\$0.065 per \$1,000 in coverage (\$1.63) 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         \$0.50/ month for \$2,000
<i>Voluntary Accidental Death and Dismemberment (AD&amp;D) Coverage (optional)</i>	Employee only coverage      \$0.034 per \$1,000 Spouse coverage               \$0.034 per \$1,000 Child(ren) coverage         \$0.034 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 two-thirds of salary should you become ill or disabled for a period more than ninety consecutive calendar days. Following the 90<sup>th</sup> day of disability, this insurance could pay two-thirds of your salary until you are no longer disabled or according to the plan chart, whichever is shorter. Monthly premium cost = (annual base salary ÷ 12) x \$0.00169.

## RETIREMENT: Article XIX

After completing 3 years of service, beginning the fourth, the employer will automatically deposit 2% of the employees' base salary. And beginning 10<sup>th</sup> year, 4% in to a VEBA- Post Retirement Account.

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