

FRINGE BENEFIT MONTHLY PREMIUM RATES

Employee benefit year is July-June

MONTHLY POOL ALLOCATION- Fringe Rebate (pay code is REB)

Per the master agreement, each full-time employee will be allocated a monthly contribution for use in purchasing fringe benefits. The monthly contribution will be up to **\$803** for employees enrolling in single health insurance; the allocation also covers dental and life. Employee plus one insurance allocation is **\$1,089** per month. The family allocation will be **\$1,430** per month. Each employee shall be charged as having purchased the least expensive individual medical, dental and life plan, whether the employee authorized the purchase of any of these insurance coverages.

Medical Plan	Single	Employee +1	Family
<u>HealthPartners Base Perform Network Plan</u> (\$800 deductible, \$35 co-pay) Mayo clinics/hospital paid as out of network benefits	\$940	\$1,598	\$2,245
<u>HealthPartners VEBA-HRA Open Access Plan</u> (\$1,750 deductible then 70/30)	\$870	\$1,481	\$2,081
District Monthly VEBA-HRA allocation:	\$116.67	\$166.67	\$216.67
<u>HealthPartners HSA High Deductible Open Access Plan</u> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible	\$782	\$1,330	\$1,871
<u>HealthPartners HSA High Deductible Select Network Plan</u> (\$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

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

Coverage is through Delta Dental at a monthly rate of \$48.00 for single or \$118.00 for family.

LIFE INSURANCE

Term life policy equal to annual salary. Voluntary coverage and dependent coverages are also available. Monthly costs are as follows:

<i>Basic Life Insurance</i>	\$.065 per \$1,000 in coverage. (mandatory)	
<i>Dependent Life Insurance (optional)</i>	\$2.80 (coverage 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>	<i>Employee only coverage</i>	<i>Based on age.</i>
	<i>Spouse coverage</i>	<i>Based on age of employee.</i>
	<i>Child(ren) coverage</i>	<i>\$.50/month for \$2,000</i>
<i>Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)</i>	<i>Employee only coverage</i>	<i>\$.034 per \$1,000</i>
	<i>Spouse coverage</i>	<i>\$.034 per \$1,000</i>
	<i>Child(ren) coverage</i>	<i>\$.034 per \$1,000</i>

INCOME PROTECTION INSURANCE (Long Term Disability)

Income protection is required for all full-time employees. The employee pays for this protection post tax. The purpose of this insurance is to provide two-thirds of your salary should you become ill or disabled for a period more than ninety consecutive calendar days. Following the 90th day of disability, this insurance would pay two-thirds 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/TAX SHELTER ANNUITIES

Employee participation will be required to receive dollar per dollar match up to the percentage listed below. Starting first year of service, 3% of base salary.

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