



*HASA (\$17,500 Allowance Dental & Medical Premiums – allowance is pro-rated based on the number of months from July to June)

Medical Insurance – The district offers four plans to our employees through BCBS of MN. One plan has a lower deductible and out-of-pocket maximum, the other is more cost effective, but has a higher deductible and out-of-pocket maximum. You have the choice of enrolling in the Low Deductible plan in the Aware or High Value network or the HOOP plan in the Aware or High Value network. The Aware network is considered an open access network and the High Value network is a limited network of doctors/clinics/hospitals. When enrolling, you will choose the deductible and network you want to enroll in.

Plan year runs from July 1 – June 30.

Insurance coverage starts the 1st of the month following hire date.

BCBS of MN	Low Deductible Aware & High Value	HOOP (Higher Out-of-Pocket) Aware & High Value
Annual Deductible	\$1,500 Per Person \$3,000 Per Family	\$3,500 Per Person \$7,000 Per Family
Coinsurance	20% after deductible	20% after deductible
Annual Out-of-Pocket Maximum	\$3,000 Per Person \$5,000 Per Family	\$4,000 Per Person \$8,000 Per Family
RX		
Tier 1 - Preferred Generic	\$15 Copay	\$15 Copay
Tier 2 - Preferred Brand	25% Coinsurance	25% Coinsurance
Tier 3 - Non-Preferred	35% Coinsurance	35% Coinsurance

If you are a participant in the Low Deductible or HOOP plan, the district will automatically open a VEBA (HRA) account in your name. You will receive an annual amount (based on labor agreement) deposited into your account over the course of the year.

23-24 Monthly Rates Medical Plan		Plan Premium
HOOP High Value/with \$1800 annual VEBA contribution	Single	\$722.00
HOOP High Value/with \$1800 annual VEBA contribution	EE + Child(ren)	\$1,299.00
HOOP High Value/with \$1800 annual VEBA contribution	Family/EE+Spouse	\$1,443.00
Low Deductible High Value/with \$600 annual VEBA contribution	Single	\$910.00
Low Deductible High Value/with \$600 annual VEBA contribution	EE + Child(ren)	\$1,637.00
Low Deductible High Value/with \$600 annual VEBA contribution	Family/EE+Spouse	\$1,819.00
HOOP Aware/with \$1800 annual VEBA contribution	Single	\$758.10
HOOP Aware/with \$1800 annual VEBA contribution	EE + Child(ren)	\$1,363.95
HOOP Aware/with \$1800 annual VEBA contribution	Family/EE+Spouse	\$1,515.15
Low Deductible Aware/with \$600 annual VEBA contribution	Single	\$955.50
Low Deductible Aware/with \$600 annual VEBA contribution	EE + Child(ren)	\$1,718.85
Low Deductible Aware/with \$600 annual VEBA contribution	Family/EE+Spouse	\$1,909.95



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Dental Insurance is through HealthPartners; plan coverage is based on the tier your dentist falls in. Rate is \$93 per month. Your dental premium is taken from your annual allowance first, then medical premiums.

Vision Insurance is through Superior Vision, this plan offers a discount for glasses and contacts.

Life Insurance – Hopkins Public Schools will provide 2X annual salary in basic life insurance. Optional life is available for purchase for self, spouse, and dependent children.

Long Term Disability – eligible to receive wages after a 60-day waiting period, benefit provides 66.67% of monthly wages.

Flexible Spending Accounts – health and dependent care spending accounts available through TASC.

Employee Assistance Program – EmployeeConnect, available to employee and family members. Offers five free counseling sessions, per person, per year, per issue.

403(b) – tax-deferred retirement account, you have the choice of an account with Fidelity or Met Life. Refer to your labor agreement to determine if you qualify for a district match.

*HASA – if you enroll in single coverage for medical and have allowance remaining for the plan year, you will receive the remaining allowance amount in your VEBA account up to a maximum of \$3,500 per year.