Education Association - Teachers Pre-Settlement

HEALTH INSURANCE PLAN BENEFIT COSTS

Prior Lake - Savage Area Schools

Double Option Pricing

FTE	FTE	Single	2-Party	Family
Annual Premium	**1.00**	11,856.00	24,660.00	33,804.00
District Paid Benefit		11,292.00	19,322.92	25,265.92
Your Cost		564.00	5,337.08	8,538.08
		24	24	24
Cost Per Check		23.50	222.38	355.75
Annual Premium	**0.80**	11,856.00	24,660.00	33,804.00
District Paid Benefit		9,033.60	15,458.34	20,212.74
Your Cost		2,822.40	9,201.66	13,591.26
		24	24	24
Cost Per Check		117.60	383.40	566.30
Annual Premium	**0.75**	11,856.00	24,660.00	33,804.00
District Paid Benefit		8,469.00	14,492.19	18,949.44
Your Cost		3,387.00	10,167.81	14,854.56
		24	24	24
Cost Per Check		141.13	423.66	618.94
Annual Premium	**0.60**	11,856.00	24,660.00	33,804.00
District Paid Benefit		6,775.20	11,593.75	15,159.55
Your Cost		5,080.80	13,066.25	18,644.45
		24	24	24
Cost Per Check		211.70	544.43	776.85
Annual Premium	**0.50**	11,856.00	24,660.00	33,804.00
District Paid Benefit		5,646.00	9,661.46	12,632.96
Your Cost		6,210.00	14,998.54	21,171.04
		24	24	24
Cost Per Check		258.75	624.94	882.13

Prior Lake - Savage Area Schools

Triple Option Pricing

FTE		Single	2-Party	Family
Annual Premium	**1.00**	11,280.00	23,472.00	32,106.00
District Paid Benefit		10,740.00	19,119.76	24,963.52
Your Cost		540.00	4,352.24	7,142.48
		24	24	24
Cost Per Check		22.50	181.34	297.60
Annual Premium	**0.80**	11,280.00	23,472.00	32,106.00
District Paid Benefit		8,592.00	15,295.81	19,970.82
Your Cost		2,688.00	8,176.19	12,135.18
		24	24	24
Cost Per Check		112.00	340.67	505.63
Annual Premium	**0.75**	11,280.00	23,472.00	32,106.00
District Paid Benefit		8,055.00	14,339.82	18,722.64
Your Cost		3,225.00	9,132.18	13,383.36
		24	24	24
Cost Per Check		134.38	380.51	557.64
Annual Premium	**0.60**	11,280.00	23,472.00	32,106.00
District Paid Benefit		6,444.00	11,471.86	14,978.11
Your Cost		4,836.00	12,000.14	17,127.89
		24	24	24
Cost Per Check		201.50	500.01	713.66
Annual Premium	**0.50**	11,280.00	23,472.00	32,106.00
District Paid Benefit		5,370.00	9,559.88	12,481.76
Your Cost		5,910.00	13,912.12	19,624.24
		24	24	24
Cost Per Check		246.25	579.67	817.68

Teachers employed by the district in a teaching position prior to June 30, 2023 and who continues to: (a) choose single medical insurance coverage, (b) waive medical insurance coverage, or (c) are married to another teacher in the district (i.e. both parties), will receive an additional $1,766 in lieu of other medical insurance benefits.

DENTAL INSURANCE PLAN BENEFIT COSTS

FTE	FTE	Single	2-Party	Family
Annual Premium	**1.00**	439.68	863.04	1,437.60
District Paid Benefit		418.80	822.00	1,369.20
Your Cost		20.88	41.04	68.40
		24	24	24
Cost Per Check		**0.87**	**1.71**	**2.85**
Annual Premium	**0.80**	439.68	863.04	1,437.60
District Paid Benefit		335.04	657.60	1,095.36
Your Cost		104.64	205.44	342.24
		24	24	24
Cost Per Check		**4.36**	**8.56**	**14.26**
Annual Premium	**0.75**	439.68	863.04	1,437.60
District Paid Benefit		314.10	616.50	1,026.90
Your Cost		125.58	246.54	410.70
		24	24	24
Cost Per Check		**5.23**	**10.27**	**17.11**

FTE	FTE	Single	2-Party	Family
Annual Premium	**0.60**	439.68	863.04	1,437.60
District Paid Benefit		251.28	493.20	821.52
Your Cost		188.40	369.84	616.08
		24	24	24
Cost Per Check		**7.85**	**15.41**	**25.67**
Annual Premium	**0.50**	439.68	863.04	1,437.60
District Paid Benefit		209.40	411.00	684.60
Your Cost		230.28	452.04	753.00
		24	24	24
Cost Per Check		**9.60**	**18.84**	**31.38**

LONG TERM DISABILITY INSURANCE PLAN BENEFIT

Percentage of income insured: 66 2/3% of monthly salary

Maximum monthly benefit: $5,500

Cost: 100% Employer paid
Class: 5

GROUP LIFE/AD&D INSURANCE PLAN BENEFIT COSTS

Life & AD&D Benefit Amount: 2 x basic annual earnings rounded to the next higher $5,000. Maximum $200,000
Cost: 100% Employer paid
Class: 1

SUPPLEMENTAL LIFE/AD&D INSURANCE PLAN BENEFIT COSTS

Employee Supplemental Life & AD&D Benefit: $10,000 increments to a $400,000 maximum
Guarantee Issue Level: $250,000

Spouse Supplemental Life & AD&D Benefit: $5,000 increments to a $200,000 maximum, not to exceed employee
Guarantee Issue Level: $40,000

Employee or Spouse Age	Life and AD&D combined Rate per $1,000
0-24	$0.09
25-29	$0.10
30-34	$0.11
35-39	$0.12
40-44	$0.16
45-49	$0.21
50-54	$0.32
55-59	$0.46
60-64	$0.69
65-69	$1.30
70-74	$2.09
75-99	$3.28

Child(ren) Supplemental Life & AD&D Benefit: $2,000 increments to a $10,000 maximum, not to exceed employee
Coverage amount for all children
Guarantee Issue Level: $10,000

Child(ren) Life & AD&D combined Rate: $0.23 per $1,000