



**TEACHERS: .75 FTE or more  
and ABE over 1,159 base hours**

ESTIMATED insurance costs for plan year July 2025 through June 2026

- \* Medical insurance begins on your first day of eligible employment; and all other insurance coverage begins the first day of the following month.
- \* Your costs are paid through payroll deduction from October through May

**HealthPartners open access deductible medical plan with HRA /VEBA account\***

\* HRA/VEBA plan administered by Medsurety

Coverage	Monthly Premium	District's monthly contribution:		Your cost per month
		to premium cost	into your HRA/VEBA	
Single	\$939.83	\$826.13	\$50.00	<b>\$113.70</b>
Family	\$2,510.32	\$1,734.17	\$100.00	<b>\$776.15</b>

**The Standard Insurance Company**

The district provides a long-term disability (LTD) insurance policy, and a \$50,000 term life insurance policy.

Voluntary - additional life insurance:		Your cost per month
	\$10,000 policy	\$1.84
	\$25,000 policy	\$4.60
	\$50,000 policy	\$9.20

**Delta Dental Insurance**

Policy	Monthly Premium	District's cost per month	Your cost per month
Single	\$42.50	\$40.00	\$2.50
Family	\$97.00	\$40.00	\$57.00

**Health Care Savings Plan (HCSP) through MN State Retirement \***

Both you and the district contribute 2% of your salary into your HCSP.

This is a tax free reimbursement account for health expenses after your employment ends.

Does not apply to ABE/Early Learning.

**Matching Annuity Plan \***

If you enroll in a 403(b) or 457 account, you are eligible for a 1% matching contribution from the district after one full school year of employment.

\*refer to group contract for full details