Office Support and Health Assistants



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

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

The Standard Insurance Company

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

| Voluntary - a | dditional life insurance policies: | 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 1% of your salary into your HCSP.

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

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