



ST. MICHAEL - ALBERTVILLE SCHOOLS

EXCELLENCE IS OUR TRADITION

Support Staff (0.35-0.4998 FTE) Benefits Summary 2025-2026

14-19.99 hours per week

*These rates are calculated for 12-months instead of the 9-months they were for the 2024-2025 year.
You will see an increase in the amount you will pay per check due to this change.*

Medical Insurance, Option 1: BlueCross BlueShield Aware Plan with VEBA Account (HRA)

Annual Deductible/Out-of-Pocket Maximum: \$1,850 Single, \$3,700 Family***

| | Total Monthly Premium | District Contribution | District Contribution to VEBA | Employee Monthly Cost* | Employee Cost per Paycheck** |
|--------|-----------------------|-----------------------|-------------------------------|------------------------|------------------------------|
| Single | \$852.50 | \$186.73 | \$30.63 | \$665.77 | \$443.85 |
| Family | \$2,470.50 | \$450.80 | \$61.25 | \$2,019.70 | \$1,346.47 |

Medical Insurance, Option 2: BlueCross BlueShield Aware Plan with Health Savings Account (HSA)

Annual Deductible/Out-of-Pocket Maximum: \$4,125 Single, \$8,250 Family***

| | Total Monthly Premium | District Contribution | District Contribution to HSA | Employee Monthly Cost* | Employee Cost per Paycheck** |
|--------|-----------------------|-----------------------|------------------------------|------------------------|------------------------------|
| Single | \$711.50 | \$217.35 | \$0.00 | \$494.15 | \$329.43 |
| Family | \$2,062.50 | \$512.05 | \$0.00 | \$1,550.45 | \$1,033.63 |

Medical Insurance, Option 3: BlueCross BlueShield Aware Hybrid Plan with VEBA/HSA

Annual Deductible/Out-of-Pocket Maximum: \$4,125 Single, \$8,250 Family***

| | Total Monthly Premium | District Contribution | District Contribution to VEBA/HSA | Employee Monthly Cost* | Employee Cost per Paycheck** |
|--------|-----------------------|-----------------------|-----------------------------------|------------------------|------------------------------|
| Single | \$711.50 | \$186.73 | \$30.63 | \$524.77 | \$349.85 |
| Family | \$2,062.50 | \$450.80 | \$61.25 | \$1,611.70 | \$1,074.47 |

Medical Insurance, Option 4: BlueCross BlueShield Aware MVP Plan with HSA

Annual Deductible/Out-of-Pocket Maximum: \$6,350 Single, \$12,700 Family***

| | Total Monthly Premium | District Contribution | District Contribution to HSA | Employee Monthly Cost* | Employee Cost per Paycheck** |
|--------|-----------------------|-----------------------|------------------------------|------------------------|------------------------------|
| Single | \$605.00 | \$217.35 | \$0.00 | \$387.65 | \$258.43 |
| Family | \$1,753.00 | \$512.05 | \$0.00 | \$1,240.95 | \$827.30 |

INDEPENDENT SCHOOL DISTRICT #885

11343 50TH STREET NE

ALBERTVILLE, MN 55301

WWW.STMA.K12.MN.US



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****Employee contributions are paid via payroll deduction on a pre-tax basis.***

*****Cost per paycheck is calculated to collect annual premiums owed over 18 paychecks.***

******Please see Summaries of Benefits and Coverage (SBCs) for full coverage details on each plan.***



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Dental Insurance: HealthPartners Open Access Choice

| | Total Monthly Premium | District Contribution | Employee Monthly Cost* | Employee Cost per Paycheck** |
|--------|-----------------------|-----------------------|------------------------|------------------------------|
| Single | \$51.02 | \$10.20 | \$40.82 | \$27.21 |
| Family | \$151.09 | \$10.20 | \$140.89 | \$93.93 |

Flexible Spending Accounts: WEX Health, Inc.

Flexible spending accounts allow employees to use pre-tax dollars to pay for dependent day care and/or unreimbursed health care expenses. Eligible expenses must be incurred during the plan year. Up to \$660 of unused funds can carry over from year to year. More information on flexible spending can be found at www.stma.k12.mn.us under Departments/Human Resources/Benefits.

Basic Life Insurance: Madison National Life Insurance

Employees have access to \$50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the district's group policy. The employee is responsible for the full cost of the premium.

Supplemental Life Insurance: Madison National Life Insurance

Employees may purchase additional life insurance through the district's group policy. An additional \$25,000 of coverage may be purchased. Employees must be enrolled in basic life coverage to purchase additional life insurance.

| | Total Monthly Premium | District Contribution | Employee Monthly Cost* | Employee Cost per Paycheck** |
|-----------------|-----------------------|-----------------------|------------------------|------------------------------|
| \$25,000 policy | \$3.00 | \$0.00 | \$3.00 | \$2.00 |

Retirement Plan: Public Employees Retirement Association (PERA)

The employee and employer contribute to the defined-benefit pension plan as determined by Minnesota law. Information regarding benefits may be obtained by contacting PERA at 651-296-7460 or visiting www.mnpera.org.

Supplemental Retirement Plan: 403(b)

Employees may contribute to a tax-sheltered annuity (TSA) under 403(b) regulations. To begin contributions, the employee must meet with a financial advisor from the district's approved vendor list and submit a completed salary reduction agreement.



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****This document is only meant to be a summary of information. More detailed information may be found in the support staff contract. Any discrepancies between this summary and the contract are superseded by the contract.****

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