

## ST. MICHAEL - ALBERTVILLE SCHOOLS

#### **EXCELLENCE IS OUR TRADITION**

### Support Staff (0.75-0.8748 FTE) Benefits Summary 2025-2026 30-34.99 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\*\*\*

	<b>Total Monthly</b>	District	<b>District Contribution</b>	Employee	Employee Cost
	Premium	Contribution	to VEBA	Monthly Cost*	per Paycheck**
Single	\$852.50	\$400.13	\$65.63	\$452.37	\$301.58
Family	\$2,470.50	\$966.00	\$131.25	\$1,504.50	\$1,003.00

#### 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	\$465.75	\$0.00	\$245.75	\$163.83
Family	\$2,062.50	\$1,097.25	\$0.00	\$965.25	\$643.50

#### 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	\$400.13	\$65.63	\$311.37	\$207.58	
Family	\$2,062.50	\$966.00	\$131.25	\$1,096.50	\$731.00	

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

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

	<b>Total Monthly</b>	District	<b>District Contribution</b>	Employee	Employee Cost	
	Premium	Contribution	to HSA	Monthly Cost*	per Paycheck**	
Single	\$605.00	\$465.75	\$0.00	\$139.25	\$92.83	
Family	\$1,753.00	\$1,097.25	\$0.00	\$655.75	\$437.17	

INDEPENDENT SCHOOL DISTRICT #885 11343 50<sup>TH</sup> 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.

#### **Dental Insurance: HealthPartners Open Access Choice**

	<b>Total Monthly</b>		Employee	Employee Cost
	Premium	<b>District Contribution</b>	Monthly Cost*	per Paycheck**
Single	\$51.02	\$21.86	\$29.16	\$19.44
Family	\$151.09	\$21.86	\$129.23	\$86.15

#### 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 <a href="https://www.stma.k12.mn.us">www.stma.k12.mn.us</a> 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 insurance coverage to purchase additional life insurance.

	<b>Total Monthly</b>	District	Employee	Employee Cost
	Premium	Contribution	Monthly Cost*	per Paycheck**
\$25,000 policy	\$3.00	\$0.00	\$3.00	\$2.00

#### **Long-Term Disability Insurance: Madison National Life Insurance**

All employees who work at least 20 hours per week and 170 days per year have a long-term disability insurance policy which allows the employee to continue to receive 2/3 of their monthly earnings in the event the employee becomes disabled and is unable to work for more than 90 consecutive days. The entire premium is paid for by the district.

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#### 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 <a href="https://www.mnpera.org">www.mnpera.org</a>.

#### **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.

\*\*\*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.\*\*\*