



# ST. MICHAEL - ALBERTVILLE SCHOOLS

EXCELLENCE IS OUR TRADITION

## CERTIFIED STAFF (0.8172 FTE) BENEFITS SUMMARY 2025-2026

### 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 (20 or 24 pay)**	
Single	\$852.50	\$453.14	\$71.51	\$399.36	\$239.62 (20)	\$199.68 (24)
Family	\$2,470.50	\$1,107.31	\$143.01	\$1,363.19	\$817.91 (20)	\$681.60 (24)

### 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 (20 or 24 pay)**	
Single	\$711.50	\$524.64	\$0.00	\$186.86	\$112.12 (20)	\$93.43 (24)
Family	\$2,062.50	\$1,250.32	\$0.00	\$812.18	\$487.31 (20)	\$406.09 (24)

### 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 (20 or 24 pay)**	
Single	\$711.50	\$453.14	\$71.51	\$258.36	\$155.02 (20)	\$129.18 (24)
Family	\$2,062.50	\$1,107.31	\$143.01	\$955.19	\$573.11 (20)	\$477.60 (24)

### 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 (20 or 24 pay)**	
Single	\$605.00	\$524.64	\$0.00	\$80.36	\$48.22 (20)	\$40.18 (24)
Family	\$1,753.00	\$1,250.32	\$0.00	\$502.68	\$301.61 (20)	\$251.34 (24)

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

\*\*Cost per paycheck is determined by employee's payroll frequency (20 or 24 paychecks per year).

\*\*\*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 (20 or 24 pay)**
Single	\$51.02	\$24.52	\$26.50	\$15.90 (20)   \$13.25 (24)
Family	\$151.09	\$24.52	\$126.57	\$75.94 (20)   \$63.29 (24)

## 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](http://www.stma.k12.mn.us) under Departments/Human Resources/Benefits.

## Basic Life Insurance: Madison National Life Insurance

All employees have \$50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the district's group policy. The entire premium is paid for by the district.

## Supplemental Life Insurance: Madison National Life Insurance

Employees may purchase additional life insurance through the district's group policy. An additional \$25,000 or \$50,000 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 (20 or 24 pay)**
\$25,000 policy	\$3.00	\$0.00	\$3.00	\$1.80 (20)   \$1.50 (24)
\$50,000 policy	\$6.00	\$0.00	\$6.00	\$3.60 (20)   \$3.00 (24)

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

All employees who work at least 75 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.

## Retirement Plan: MN Teachers Retirement Association (TRA)

The employee and employer contribute to the defined-benefit pension plan as determined by Minnesota law. Information regarding TRA benefits may be obtained by contacting TRA at 651-296-2409 or visiting <https://minnesotatra.org>.



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## 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. Employees are eligible for matching funds upon their attainment of continuing contract status; match amounts are as follows:

<b>Years of Service</b>	<b>District 403(b) Match (up to)</b>
Continuing contract – 9 years	\$449.46
10 – 14 years	\$1,055.82
15 – 19 years	\$1,505.28
20+ years	\$2,022.57

Employees may sign up for a 403(b) at any time but must make application for participation in the 403(b) annuity matching plan by September 1 in order to receive the full annual match amount.

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