



# ST. MICHAEL - ALBERTVILLE SCHOOLS

EXCELLENCE IS OUR TRADITION

## CERTIFIED STAFF (0.8 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	\$443.60	\$70.00	\$408.90	\$245.34 (20)   \$204.45 (24)
Family	\$2,470.50	\$1,084.00	\$140.00	\$1,386.50	\$831.90 (20)   \$693.25 (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	\$513.60	\$0.00	\$197.90	\$118.74 (20)   \$98.95 (24)
Family	\$2,062.50	\$1,224.00	\$0.00	\$838.50	\$503.10 (20)   \$419.25 (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	\$443.60	\$70.00	\$267.90	\$160.74 (20)   \$133.95 (24)
Family	\$2,062.50	\$1,084.00	\$140.00	\$978.50	\$587.10 (20)   \$489.25 (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	\$513.60	\$0.00	\$91.40	\$54.84 (20)   \$45.70 (24)
Family	\$1,753.00	\$1,224.00	\$0.00	\$529.00	\$317.40 (20)   \$264.50 (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

	<b>Total Monthly Premium</b>	<b>District Contribution</b>	<b>Employee Monthly Cost*</b>	<b>Employee Cost per Paycheck (20 or 24 pay)**</b>	
Single	\$51.02	\$24.00	\$27.02	\$16.21 (20)	\$13.51 (24)
Family	\$151.09	\$24.00	\$127.09	\$76.25 (20)	\$63.55 (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.

	<b>Total Monthly Premium</b>	<b>District Contribution</b>	<b>Employee Monthly Cost*</b>	<b>Employee Cost per Paycheck (20 or 24 pay)**</b>	
\$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	\$440.00
10 – 14 years	\$1,033.60
15 – 19 years	\$1,473.60
20+ years	\$1,980.00

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.\*\*\***