



ST. MICHAEL - ALBERTVILLE SCHOOLS

EXCELLENCE IS OUR TRADITION

CERTIFIED STAFF (0.4261 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	\$236.27	\$37.28	\$616.23	\$369.74 (20) \$308.12 (24)
Family	\$2,470.50	\$577.37	\$74.57	\$1,893.13	\$1,135.88 (20) \$946.57 (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	\$273.56	\$0.00	\$437.94	\$262.76 (20) \$218.97 (24)
Family	\$2,062.50	\$651.93	\$0.00	\$1,410.57	\$846.34 (20) \$705.29 (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	\$236.27	\$37.28	\$475.23	\$285.14 (20) \$237.62 (24)
Family	\$2,062.50	\$577.37	\$74.57	\$1,485.13	\$891.08 (20) \$742.57 (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	\$273.56	\$0.00	\$331.44	\$198.86 (20) \$165.72 (24)
Family	\$1,753.00	\$651.93	\$0.00	\$1,101.07	\$660.64 (20) \$550.54 (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	\$12.78	\$38.24	\$22.94 (20) \$19.12 (24)
Family	\$151.09	\$12.78	\$138.31	\$82.99 (20) \$69.16 (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 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 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)

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:

Years of Service	District 403(b) Match (up to)
Continuing contract – 9 years	\$234.36
10 – 14 years	\$550.52
15 – 19 years	\$784.88
20+ years	\$1,054.60

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.*****