CUSTODIAL AND MAINTENANCE Effective date of my insurance is _____

JULY 1, 2025, THROUGH JUNE 30, 2026

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: $790 for single coverage; $835 per month, for employee + 1; and $1,076 for family coverage. The remainder is paid through payroll deduction.

Medical Plan	Single	Employee +1	Family
Blue Cross Blue Shield Base Plan: Aware Network ($800 deductible, $35 co-pay) Employee pays per month	$989 $199	$1,682 $847	$2,363 $1,287
Blue Cross Blue Shield VEBA-HRA Aware Network Plan ($2,050 deductible then 70/30) Employee pays per month District Monthly VEBA-HRA allocation:	$916 $126 $116.67	$1,559 $724 $166.67	$2,190 $1,114 $216.67
Blue Cross Blue Shield High Deductible HSA Aware Network Plan ($3,500 deductible then 70/30) Prescriptions applied toward deductible. Employee pays per month	$823 $33	$1,400 $565	$1,969 $893
Blue Cross Blue Shield High Deductible HSA Plan. Must use the *High Value Network* only, which excludes Park Nicollet. ($3,500 deductible then 70/30) Prescriptions applied toward deductible. Employee pays per month	$745 ($45)	$1,264 $429	$1,778 $702

2025 HSA Calendar Year Limits: Single: $4,300 Family: $8,550 Your contribution/limit will be prorated by the number of months enrolled in the HSA. Single is $358 and family is $713 per month.

DENTAL

The district will pay for single dental coverage through Delta Dental at a monthly rate of $50. Family coverage is $122 (employee with one or more dependents) per month. Your expense for family coverage is $72.

LIFE INSURANCE

The district will pay $2.28 for a $35,000 term life insurance policy. Additional voluntary coverage and dependent coverage are available for an additional cost. Monthly costs are as follows:

Basic Life Insurance	$.065 per $1,000 in coverage ($2.28) district paid.	
Dependent Life Insurance (optional)	$2.80 per month. (Includes $10,000 coverage for spouse, $5,000 for each child 6 months to 23 years or 26 years if a full-time student, and $1,000 for each child 14 days to 6 months).	
Voluntary Life Insurance (optional)	Employee only coverage Spouse coverage Child(ren) coverage	Based on age. Based on age of employee. $.50/ month for $2,000
Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)	Employee only coverage Spouse coverage Child(ren) coverage	$.034 per $1,000 $.034 per $1,000 $.034 per $1,000

INCOME PROTECTION INSURANCE (Long Term Disability)

The district pays for all full-time employees. The purpose of this insurance is to provide 2/3 of your salary should you become ill or disabled for a period more than 90 consecutive calendar days. Following the 90th day of disability, this insurance would pay 2/3 of your salary until you are no longer. disabled or according to the plan chart, whichever is a shorter period.
Monthly premium cost = (annual salary ÷ 12) x $.001690

RETIREMENT: (article XVI in Master Agreement, section IV)

Employee participation is required to receive the dollar-for-dollar match listed below. Beginning the 4th year of service equals 2% of base salary. And beginning 10th year, equals 4%.

**all the above is a summary only, please refer to plan documents, enrollment forms and Certificate of Coverage for additional details.