Paraprofessional Effective date of my insurance is _____

JULY 1, 2025, THROUGH JUNE 30, 2026

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)
District contribution is as follows: $764 for single coverage; $782 per month, for employee + 1; and $936 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)	$989	$1,682	$2,363
Employee pays per month	$225	$900	$1,427
Blue Cross Blue Shield VEBA-HRA Aware Network Plan ($2,050 deductible then 70/30)	$916	$1,559	$2,190
Employee pays per month	$152	$777	$1,254
District Monthly VEBA-HRA allocation:	$116.67	$166.67	$216.67
Blue Cross Blue Shield High Deductible HSA Aware Network Plan ($3,500 deductible then 70/30) Prescriptions applied toward deductible.	$823	$1,400	$1,969
Employee pays per month	$59	$618	$1,033
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.	$745	$1,264	$1,778
Employee pays per month	($19)	$482	$842

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 and is available at your expense for a monthly cost of $72.

LIFE INSURANCE

The district will pay $2.60 for a $40,000 term life insurance policy. Additional voluntary coverage and dependent coverages are available for an additional cost. Monthly costs are as follows:

Basic Life Insurance	$.065 per $1,000 in coverage ($2.60) 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	Based on age.
	Spouse coverage	Based on age of employee.
	Child(ren) coverage	$.50/ month for $2,000
Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)	Employee only coverage	$.034 per $1,000
	Spouse coverage	$.034 per $1,000
	Child(ren) coverage	$.034 per $1,000

INCOME PROTECTION INSURANCE (Long Term Disability)

The employee pays for this benefits post tax. The purpose of this insurance is to provide 2/3 of your monthly salary should you become disabled for a period more than 90 consecutive calendar days. Following the 90th day of disability, this insurance could 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 $.00169

RETIREMENT: Article XIX

0-3 years no match, 4-5 years =$510, 6-10 years =$765, 11-15 years=$905.00 and 16+ years =$1,045

Match is deposited as a lump sum by June 30th of each fiscal year into employees 403b/457.

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