

COMMUNITY EDUCATION AND AQUATICS (POLICY #440)

Effective date of my insurance is _____

JULY 1, 2025, THROUGH JUNE 30, 2026

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

Eligibility is to be regularly employed for a minimum of 30 hours per week for a minimum of 100 continuous duty days. The employer will contribute **\$916** per month toward the purchase of single, **\$1,008** for employee plus one and **\$1,209** family health insurance coverage. The remainder is paid through payroll deduction, no cash back if premium is less than district allocation.

Medical Plan	Single	Employee +1	Family
<u>Blue Cross Blue Shield Base Plan: Aware Network</u> <u>(\$800 deductible, \$35 co-pay)</u>	\$989	\$1,682	\$2,363
Employee pays per month	\$73	\$674	\$1,154
<u>Blue Cross Blue Shield VEBA-HRA Aware Network Plan</u> <u>(\$2,050 deductible then 70/30)</u>	\$916	\$1,559	\$2,190
Employee pays per month	\$0	\$551	\$981
District Monthly VEBA-HRA allocation:	\$116.67	\$166.67	\$216.67
<u>Blue Cross Blue Shield High Deductible HSA Aware Network Plan</u> <u>(\$3,500 deductible then 70/30)</u>	\$823	\$1,400	\$1,969
Prescriptions applied toward deductible. Employee pays per month	\$0	\$392	\$760
<u>Blue Cross Blue Shield High Deductible HSA Plan.</u> <u>Must use the High Value Network only, which</u> <u>excludes Park Nicollet and HealthPartner Clinics</u> ((\$3,500 deductible then 70/30) Prescriptions applied toward deductible. Employee pays per month	\$745 \$0	\$1,264 \$256	\$1,778 \$569

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 dental is \$72 per month.

LIFE INSURANCE- class 13

The district will pay \$1.63 for a \$25,000 term life insurance policy. Additional voluntary coverage and dependent coverage are available for an additional cost. Monthly costs are as follows:

<i>Basic Life Insurance</i>	\$0.65 per \$1,000 in coverage (\$1.63) district paid.	
<i>Dependent Life Insurance (optional)</i>	\$2.80 per month. (Includes \$10,000 coverage for spouse, \$5,000 for each child 6 months to 19 years or 25 years if a full-time student, and \$1,000 for each child 14 days to 6 months).	
<i>Voluntary Life Insurance (optional)</i>	Employee only coverage	Based on age.
	Spouse coverage	Based on age of employee.
	Child(ren) coverage	\$.50/ month for \$2,000
<i>Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)</i>	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)- class 4

The Employee pays for this benefit post-tax. 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 of time. Monthly premium cost = (annual salary ÷ 12) x \$.00169.

RETIREMENT: Tax Sheltered Annuity

Employee participation is required in order to receive a dollar per dollar match up to the percentage listed below. 1% beginning 4th year of continuous services as a full time, full-year or full-time, partial year employee as a July 1 of each year. 2% after 6 years and 3% after 10 years.

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