Maintenance (30+ hours per week) Benefit Summary 2025-2026

Medical Insurance – The district offers two medical plans to employees through Blue Cross Blue Shield of MN, each with two networks. You have the choice of enrolling in the Low Deductible plan in the Aware or High Value network or the HOOP plan in the Aware or High Value network. The Aware network is considered an open access network, and the High Value network is a limited network of doctors/clinics/hospitals. When enrolling, you will choose between the Low Deductible or HOOP plan and the network you want to enroll in. You have 30 days from your date of hire to enroll in our plans.

Plan year runs from July 1 – June 30. Insurance coverage begins the 1st of the month following hire date.

BCBS MN Medical Coverage	Low Deductible Aware/High Value Networks	HOOP (Higher Out of Pocket) Aware/High Value Networks
Annual Deductible	$1,500 Per Person $3,000 Per Family	$3,500 Per Person $7,000 Per Family
Coinsurance	20% after Deductible	20% after Deductible
Annual Out of Pocket Maximum	$3,000 Per Person $5,000 Per Family	$4,000 Per Person $8,000 Per Family
RX Plan		
Tier 1 - Preferred Generic	$15 Copay	$15 Copay
Tier 2 - Preferred Brand	25% Coinsurance	25% Coinsurance
Tier 3 - Non-Preferred	35% Coinsurance	35% Coinsurance

If you participate in the district's medical plan, the district will open a VEBA (HRA) account in your name. This account is administered by TASC, once you receive your first contribution, TASC will issue you a debit card. You will receive an annual amount (based on labor agreement) deposited into your account over the course of the year. * VEBA contributions are prorated if you are not on the medical plan the full plan year.

Full Time Employees 30+ hours per week - Year Round Staff

Medical Deductions (if applicable), are taken from 7/15 to 6/30 paychecks

BCBS MN Medical Plan Aware Network	Coverage	VEBA Contribution	Full Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
HOOP/Higher Out of Pocket	EE Only	$1800 Annually*	$ 829.00	$ 829.00	$ -	$ -
HOOP/Higher Out of Pocket	EE+Child(ren)	$1800 Annually*	$ 1,493.00	$ 971.00	$ 522.00	$ 261.00
HOOP/Higher Out of Pocket	EE+Sp/Family	$1800 Annually*	$ 1,658.00	$ 1,078.00	$ 580.00	$ 290.00
Low Deductible	EE Only	$600 Annually*	$ 1,046.00	$ 1,046.00	$ -	$ -
Low Deductible	EE+Child(ren)	$600 Annually*	$ 1,882.00	$ 1,036.00	$ 846.00	$ 423.00
Low Deductible	EE+Sp/Family	$600 Annually*	$ 2,091.00	$ 1,151.00	$ 940.00	$ 470.00

BCBS MN Medical Plan High Value Network	Coverage	VEBA Contribution	Full Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
HOOP/Higher Out of Pocket	EE Only	$1800 Annually*	$ 790.00	$ 790.00	$ -	$ -
HOOP/Higher Out of Pocket	EE+Child(ren)	$1800 Annually*	$ 1,421.00	$ 924.00	$ 497.00	$ 248.50
HOOP/Higher Out of Pocket	EE+Sp/Family	$1800 Annually*	$ 1,578.00	$ 1,026.00	$ 552.00	$ 276.00
Low Deductible	EE Only	$600 Annually*	$ 997.00	$ 997.00	$ -	$ -
Low Deductible	EE+Child(ren)	$600 Annually*	$ 1,792.00	$ 986.00	$ 806.00	$ 403.00
Low Deductible	EE+Sp/Family	$600 Annually*	$ 1,991.00	$ 1,096.00	$ 895.00	$ 447.50

Please see other side for more information

Maintenance (30+ hours per week) Benefit Summary 2025-2026

Medical Insurance (Continued) – Virtual visits through Doctor on Demand are covered 100% by our medical plan. Retail Health Clinic visits, such as Target/CVS Minute Clinics are also covered 100%. Mental health visits are covered 100% for all in-network providers.

*If you use any of the following Metro area clinics, please sign up for the **Aware Network**.*
Health Partners Health System
Hennepin Country Medical Center
Mayo Health System
Park Nicollet
Veterans Admin Medical Center

A full list of networks covered by BCBS can be found at www.bluecrossmn.com

Dental Insurance is through HealthPartners; plan coverage is based on the tier your dentist falls in. Rate is $48 per month for single and $112 for family; the district will contribute $48 per month toward the insurance premium.

Vision Insurance is through Superior Vision, this plan offers a discount for glasses and contacts. Rates range from $6 per month to $31 per month.

Life Insurance – Hopkins Public Schools will provide $50,000 in basic life insurance. Optional life is available for purchase for self/ spouse, and dependent children.

Long Term Disability – eligible to receive wages after a 60-day waiting period, benefit provides 66.67% of monthly wages.

Flexible Spending Accounts – health and dependent care spending accounts available through TASC. Our Medical FSA plan allows a roll-over of up to $610 into the next plan year.

Employee Assistance Program – EmployeeConnect, available to employee and family members. Offers five free counseling sessions, per person, per year, per issue.

403(b) – tax-deferred retirement account, you have the choice of an account with Fidelity or Met Life. This benefit can be started at any time.