Teacher Benefit Summary
Effective January 1, 2026

Eligibility:
Part time teachers must have a contract of .5 FTE or greater to be eligible for benefits. Employees that begin employment on the first workday of the month are eligible for coverage on the first day of the month. Employees who begin employment after the first workday of the month are eligible for coverage the first day of the following month.

Medical Insurance:
The District's contribution is prorated for part-time employees. The employee's contribution is paid via payroll deduction on a pre-tax basis.

Medical Insurance- Option 1 - HealthPartners- Open Access Choice $15 Co-Pay Plan

	Total Monthly Premium	District Contribution	Full-time Employee Monthly Cost
Single	$1042.00	$861.00	$181.00
Family	$2902.00	$1922.00	$980.00

Medical Insurance- Option 2 - HealthPartners- National ONE ^{sm} $1,000 High Deductible Plan/VEBA

	Total Monthly Premium	District Contribution	Full-time Employee Monthly Cost
Single	$861	$861	$0.00
Family	$2402.00	$1922.00	$480.00

VEBA Contribution:
The district contributes annually the amount of $750 for single coverage and $1500 for family coverage into a health reimbursement account through BRI, a third-party vendor on January 15 and June 30 of each year. To receive this contribution the employee must be enrolled in medical insurance option 2 – the high deductible health plan. Money accumulated in a VEBA account can be used to pay for eligible medical expenses.

Dental Insurance:
Dental insurance is provided by Delta Dental. The District's contribution is prorated for part time employees.

	Total Monthly Premium	District Contribution	Full-time Employee Monthly Cost
Single	$70.00	$70.00	$0.00
Family	$108.00	$86.00	$22.00

Vision:
The District offers a voluntary vision plan through EyeMed. The plan will cover exams, frames & lenses, or contact lenses in lieu of glass lenses.

	Total Monthly Employee Premium
Single	$7.47
Family	$19.05

Flexible Spending Accounts:
Flexible spending accounts allow employees to save money on their unreimbursed medical, dental and/or dependent care (child care & elder care) expenses by paying for them with pre-tax dollars. Employees elect how much money they would like deducted from their paychecks (if any) on a pre-tax basis during the "plan year". This money is then reimbursed to employees after they have paid their expenses. Maximum annual election for Medical is $3,400 maximum annual election for Dependent Care expenses is $7,500.

Basic Life Insurance:
All employees have $50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the District's group plan. The entire premium for full time employees is paid by the District. The District's contribution is prorated for part time employees.

Supplemental Life Insurance:
Employees may purchase additional $50,000 to $100,000 in life and AD&D insurance through the District's group policy. The cost of the supplemental insurance is based on the employee's age. The premiums for the supplemental life insurance are paid by the employee through payroll deduction on an after-tax basis.

Spousal/Dependent Life:
Employees may purchase spousal life and AD&D insurance through the District's group policy. Up to $25,000 in coverage may be purchased. The cost for spousal insurance is based on the employee's age. Employees may also purchase up to $10,000 in dependent life insurance through the District group policy.

Long Term Disability Insurance:
All eligible employees are covered under a long-term disability policy that provides two-thirds of salary from all sources after ninety (90) calendar days of a qualified disability. The premium for full time employees is paid by the District. The District's contribution is prorated for part time employees.

Retirement Plan – Teacher's Retirement Association (TRA):
The employer and employee contribute to the fund as determined by law. Information regarding benefits may be obtained by contacting the Teachers' Retirement Association at 651-296-2409.

Supplemental Retirement Plans:
Employees who work at least .5 FTE may make pre-tax contributions to a district approved plan under 403(b) regulations or to the State of Minnesota's Deferred Compensation Plan. More information about supplemental retirement plans can be found by going to www.moundsviewschools.org, go to the employment link, click on benefits.

District Match:
The District provides a dollar for dollar District match to a qualifying 403b plan for teachers with a .5 contract or greater based on years of service. The maximum annual District contribution shall be based on years of service with Mounds View School District according to the following schedule:

At the beginning of the employee's--- Year of Service with the District	District Matching Contribution 2025-2026	District Matching Contribution 2026-2027
Probationary	$0.00	$0.00
Continuing Contract	$4200	$4500

Teachers in their probationary period may participate in the plan without a match. The District match will begin upon achieving continuing contract status (i.e. 2nd year or 4th year). For eligible part-time teachers, the District match will be prorated based on the teacher's percent of contract as of September 1 of each school year.

Sick Leave:
Teachers receive eighty (80) hours per year. Sick leave may be used for any period of absence due to illness or injury.

Personal Leave:
Teachers employed from one (1) through nine (9) years are entitled to have thirty-two (32) personal hours per year. Teachers beginning their tenth (10) contract year and thereafter are entitled to forty (40) personal hours per year. Hours not used at the end of the year may be cashed in at the daily substitute teacher rate of pay or added to the employee's sick leave balance at the end of the school year.

Teacher Benefit Costs

Medical - Hired AFTER July 1, 2011

HealthPartners-Open Access Choice Co-Pay Plan			HealthPartners-National ONE sm $1,000 High Deductible Plan		
FTE	Employee Cost Per Month Single	Employee Cost Per Month Family	FTE	Employee Cost Per Month Single	Employee Cost Per Month Family
1.0	$181.00	$980.00	1.0	$0.00	$480.00
.95	$224.00	$1,076.00	.95	$43.00	$576.00
.90	$267.00	$1,173.00	.90	$86.00	$673.00
.85	$310.00	$1,269.00	.85	$129.00	$769.00
.80	$353.00	$1,365.00	.80	$172.20	$865.00
.75	$396.00	$1,461.00	.75	$215.00	$961.00
.70	$439.00	$1,557.00	.70	$258.00	$1,057.00
.65	$482.00	$1,653.00	.65	$301.00	$1,153.00
.60	$525.00	$1,749.00	.60	$344.00	$1,249.00
.55	$568.00	$1,845.00	.55	$387.00	$1,345.00
.50	$611.00	$1,941.00	.50	$431.00	$1,441.00

Medical - Hired BEFORE July 1, 2011

HealthPartners-Open Access Choice Co-Pay Plan			HealthPartners-National ONE sm $1,000 High Deductible Plan		
FTE	Employee Cost Per Month Single	Employee Cost Per Month Family	FTE	Employee Cost Per Month Single	Employee Cost Per Month Family
1.0	$0.00	$580.00	1.0	$0.00	$480.00
.95	$52.00	$696.00	.95	$43.00	$576.00
.90	$104.00	$813.00	.90	$86.00	$673.00
.85	$156.00	$929.00	.85	$129.00	$769.00
.80	$208.00	$1,045.00	.80	$172.00	$865.00
.75	$261.00	$1,161.00	.75	$215.00	$961.00
.70	$313.00	$1,277.00	.70	$258.00	$1,057.00
.65	$365.00	$1,393.00	.65	$301.00	$1,153.00
.60	$417.00	$1,509.00	.60	$344.00	$1,249.00
.55	$469.00	$1,625.00	.55	$387.00	$1,345.00
.50	$521.00	$1,741.00	.50	$431.00	$1,441.00

Delta Dental		
FTE	Employee Cost Per Month Single	Employee Cost Per Month Family
1.0	$0.00	22.000
.95	$4.00	26.000
.90	$7.00	30.000
.85	$11.00	35.000
.80	$14.00	39.000
.75	$18.00	43.000
,70	$21.00	48.000
.65	$25.00	52.000
.60	$28.00	56.000
.55	$32.00	60.000
.50	$35.00	65.000

Basic Life Insurance/Accidental Death & Dismemberment (AD&D)	
FTE	**Employee Cost Per Month**
1.00	$0.00
.95	$0.23
.90	$0.47
.85	$0.70
.80	$0.93
.75	$1.16
.70	$1.40
.65	$1.63
.60	$1.86
.55	$2.09
.50	$2.33

Coverage is $50,000. Rate $.093/$1000/month. Total premium $4.65/month. The district pays the entire premium for full-time employees. The District contribution for part-time employees is pro-rated.

Supplemental Life Insurance and Accidental Death & Dismemberment (AD&D) for Employee and Spouse/Dependent				
Age	**Employee Monthly Rate/1000**	**Employee Cost/Month**	**Spouse Monthly Rate/1000**	**Spouse Cost/Month**
< 25	$0.076	$3.80	$0.091	$2.27
25-29	$0.086	$4.30	$0.101	$2.53
30-34	$0.106	$5.30	$0.121	$3.03
35-39	$0.116	$5.80	$0.131	$3.28
40-44	$0.136	$6.80	$0.151	$3.78
45-49	$0.186	$9.30	$0.201	$5.03
50-54	$0.286	$14.30	$0.301	$7.53
55-59	$0.516	$25.80	$0.531	$13.28
60-64	$0.776	$38.80	$0.791	$19.78
65-69	$1.48	$74.30	$1.501	$37.53
70+	$2.396	$119.80	$2.411	$60.28

May purchase Life/AD&D insurance in the amount of $50,000 or $100,000. May purchase Life/AD&D for a spouse up to a maximum amount of $25,000. The cost for dependent life is $2.95/month for $10,000 in coverage.

Coverage described is intended as a summary only. For exact terms and conditions, consult the group membership contracts and/or applicable labor agreement or handbook.