Custodian Benefit Summary
Effective January 1, 2026

Eligibility:
Employees must work at least twenty (20) or more hours/week to be eligible for benefits. Employees that begin employment on the first day of the month are eligible for coverage on the first day of the month. Employees who begin employment after the first day of the month are eligible for coverage the first day of the following month.

Medical Insurance:
The District contribution is pro-rated for part-time employees. The employee 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	$1402.00	$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	$861.00	$861.00	$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. Half of the contribution is made on January 15 and half on 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 through Delta Dental. The District 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 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. Accounts are managed through BRI, a third-party vendor.

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 an additional $50,000 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 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 – Public Employees Retirement Association (PERA):
The employer and employee contribute to the fund as determined by law. Information regarding benefits may be obtained by contacting the Public Employees Retirement Association at 651-296-7460.

Supplemental Retirement Plans:
Employees who work at least twenty (20) hours per week 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:
Employees who participate in a 403b plan may be eligible for a dollar by dollar district match of up to $2500 per year. To be eligible for a district match, employees must work at least twenty (20) hours per week.

Holidays:
There are eleven paid holidays for all twelve-month employees and ten paid holidays for 10-month employees. Holidays are designated by the District prior to April 1 of each year.

Vacation:
For purposes of vacation, a year is defined as July 1 - June 30. Employees accrue one day of vacation for each month worked up to a maximum of 10 days. The vacation schedule increases with years of service. Employees accrue but may not use vacation during their probationary period. Vacation is tracked in hours.

Personal Leave:
Custodians receive three personal days per fiscal year, noncumulative. Personal leave must be approved by the employee's supervisor in advance. Personal leave is prorated for custodians working less than 12 months. Personal leave is tracked in hours.

Sick Leave:
Custodians accrue one day of sick leave for each month of employment without limit. Sick leave may be used for each day of absence due to illness or injury. Sick leave is tracked in hours.

Custodian 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	$172.00	$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	$172.20	$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	$22.00
.95	$4.00	$26.00
.90	$7.00	$30.00
.85	$11.00	$35.00
.80	$14.00	$39.00
.75	$18.00	$43.00
,70	$21.00	$48.00
.65	$25.00	$52.00
.60	$28.00	$56.00
.55	$32.00	$60.00
.50	$35.00	$65.00

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. 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.