# ST. MICHAEL - ALBERTVILLE SCHOOLS

EXCELLENCE IS OUR TRADITION

## Certified Staff (1.0 FTE) Benefits Summary 2026-2027

*(Applies to certified staff working 40 hours per week)*

### Medical Insurance, Option 1: HealthPartners Open Access VEBA Plan

*Annual Deductible/Out-of-Pocket Maximum: $1,850 Single, $3,700 Family***

| | Employee Monthly Cost* | Employee Cost per Paycheck (20 or 24 pay)** | | District Contribution | Total Monthly Premium | District Contribution to VEBA |
|---|---|---|---|---|---|---|
| Single | ***$154.82*** | ***$92.89 (20)*** | ***$77.41 (24)*** | $652.50 | $807.32 | $87.50 |
| Family | ***$751.58*** | ***$450.95 (20)*** | ***$375.79 (24)*** | $1,588.00 | $2,339.58 | $175.00 |

### Medical Insurance, Option 2: HealthPartners Open Access HSA Plan

*Annual Deductible/Out-of-Pocket Maximum: $4,250 Single, $8,500 Family***

| | Employee Monthly Cost* | Employee Cost per Paycheck (20 or 24 pay)** | | District Contribution | Total Monthly Premium | District Contribution to HSA |
|---|---|---|---|---|---|---|
| Single | ***$0.00*** | ***$0.00 (20)*** | ***$0.00 (24)*** | $726.60 | $726.60 | $13.40 |
| Family | ***$342.65*** | ***$205.59 (20)*** | ***$171.33 (24)*** | $1,763.00 | $2,105.65 | $0.00 |

### Medical Insurance, Option 3: HealthPartners Open Access Hybrid Plan (VEBA and HSA allowed)

*Annual Deductible/Out-of-Pocket Maximum: $4,250 Single, $8,500 Family***

| | Employee Monthly Cost* | Employee Cost per Paycheck (20 or 24 pay)** | | District Contribution | Total Monthly Premium | District Contribution to VEBA |
|---|---|---|---|---|---|---|
| Single | ***$74.10*** | ***$44.46 (20)*** | ***$37.05 (24)*** | $652.50 | $726.60 | $87.50 |
| Family | ***$517.65*** | ***$310.59 (20)*** | ***$258.83 (24)*** | $1,588.00 | $2,105.65 | $175.00 |

### Medical Insurance, Option 4: HealthPartners Open Access MVP Plan

*Annual Deductible/Out-of-Pocket Maximum: $6,350 Single, $12,700 Family***

| | Employee Monthly Cost* | Employee Cost per Paycheck (20 or 24 pay)** | | District Contribution | Total Monthly Premium | District Contribution to HSA |
|---|---|---|---|---|---|---|
| Single | ***$0.00*** | ***$0.00 (20)*** | ***$0.00 (24)*** | $652.48 | $652.48 | $87.52 |
| Family | ***$127.85*** | ***$76.71 (20)*** | ***$63.93 (24)*** | $1,763.00 | $1,890.85 | $0.00 |

***Employee contributions are paid via payroll deduction on a pre-tax basis.***
***Cost per paycheck is determined by employee's payroll frequency (20 or 24 paychecks per year).***
****Please see Summaries of Benefits and Coverage (SBCs) for full coverage details on each plan.**

INDEPENDENT SCHOOL DISTRICT #885
11343 50TH STREET NE
ALBERTVILLE, MN 55301
WWW.STMA.K12.MN.US

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## Dental Insurance: HealthPartners Open Access Choice

| | *Employee Monthly Cost** | *Employee Cost per Paycheck (20 or 24 pay)*** | | District Contribution | Total Monthly Premium |
|---|---|---|---|---|---|
| Single | ***$21.02*** | ***$12.61 (20)*** | ***$10.51 (24)*** | $30.00 | $51.02 |
| Family | ***$121.09*** | ***$72.65 (20)*** | ***$60.55 (24)*** | $30.00 | $151.09 |

## Flexible Spending Accounts: WEX Health, Inc.

Flexible spending accounts allow employees to use pre-tax dollars to pay for dependent day care and/or unreimbursed health care expenses. Eligible expenses must be incurred during the plan year. Up to $680 of unused funds can carry over from year to year. More information on flexible spending can be found at www.stma.k12.mn.us under Departments/Human Resources/Benefits.

## Basic Life Insurance: Madison National Life Insurance

All employees have $50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the district's group policy. The entire premium is paid for by the district.

## Supplemental Life Insurance: Madison National Life Insurance

Employees may purchase additional life insurance through the district's group policy. An additional $25,000 or $50,000 of coverage may be purchased. Employees must be enrolled in basic life coverage to purchase additional life insurance.

| | *Employee Monthly Cost* | *Employee Cost per Paycheck (20 or 24 pay)*** | | Total Monthly Premium | District Contribution |
|---|---|---|---|---|---|
| $25,000 policy | *$3.00* | *$1.80 (20)* | *$1.50 (24)* | $3.00 | $0.00 |
| $50,000 policy | *$6.00* | *$3.60 (20)* | *$3.00 (24)* | $6.00 | $0.00 |

## Long-Term Disability Insurance: Madison National Life Insurance

All employees who work at least 20 hours per week and 170 days per year have a long-term disability insurance policy which allows the employee to continue to receive 2/3 of their monthly earnings in the event the employee becomes disabled and is unable to work for more than 90 consecutive days. The entire premium is paid for by the district.

## Retirement Plan: MN Teachers Retirement Association (TRA)

The employee and employer contribute to the defined-benefit pension plan as determined by Minnesota law. Information regarding TRA benefits may be obtained by contacting TRA at 651-296-2409 or visiting https://minnesotatra.org.

## Supplemental Retirement Plan: 403(b)

Employees may contribute to a tax-sheltered annuity (TSA) under 403(b) regulations. To begin contributions, the employee must meet with a financial advisor from the district's approved vendor list and submit a completed salary reduction agreement. Employees are eligible for matching funds upon their attainment of continuing contract status; match amounts are as follows:

| Years of Service | District 403(b) Match (up to) |
|---|---|
| Continuing contract – 9 years | $550.00 |
| 10 – 14 years | $1,292.00 |
| 15 – 19 years | $1,842.00 |
| 20+ years | $2,475.00 |

Employees may sign up for a 403(b) at any time but must make application for participation in the 403(b) annuity matching plan by September 1 in order to receive the full annual match amount.

******This document is only meant to be a summary of information. More detailed information may be found in the certified staff contract. Any discrepancies between this summary and the contract are superseded by the contract.******