Teachers PLSEA

HEALTH INSURANCE PLAN BENEFIT COSTS

Prior Lake - Savage Area Schools Double Option Pricing				
FTE	FTE	Single	2-Party	Family
Annual Premium	1.00	13,398.00	27,864.00	38,196.00
District Paid Benefit		13,398.00	22,498.42	29,616.82
Your Cost		-	5,365.58	8,579.18
		24	24	24
Employer Cost Per Check		558.25	937.43	1,234.03
Your Cost Per Check		-	223.57	357.47
Annual Premium	0.80	13,398.00	27,864.00	38,196.00
District Paid Benefit		10,718.40	17,998.74	23,693.46
Your Cost		2,679.60	9,865.26	14,502.54
		24	24	24
Employer Cost Per Check		446.60	749.95	987.23
Your Cost Per Check		111.65	411.05	604.27
Annual Premium	0.75	13,398.00	27,864.00	38,196.00
District Paid Benefit		10,048.50	16,873.82	22,212.62
Your Cost		3,349.50	10,990.19	15,983.39
		24	24	24
Your Cost Per Check		139.56	457.92	665.97
Annual Premium	0.60	13,398.00	27,864.00	38,196.00
District Paid Benefit		8,038.80	13,499.05	17,770.09
Your Cost		5,359.20	14,364.95	20,425.91
		24	24	24
Employer Cost Per Check		334.95	562.46	740.42
Your Cost Per Check		223.30	598.54	851.08
Annual Premium	0.50	13,398.00	27,864.00	38,196.00
District Paid Benefit		6,699.00	11,249.21	14,808.41
Your Cost		6,699.00	16,614.79	23,387.59
		24	24	24
Employer Cost Per Check		279.13	468.72	617.02
Your Cost Per Check		279.13	692.28	974.48

Prior Lake - Savage Area Schools Triple Option Pricing				
FTE		Single	2-Party	Family
Annual Premium	1.00	12,744.00	26,526.00	36,282.00
District Paid Benefit		12,744.00	22,144.96	29,101.87
Your Cost		-	4,381.04	7,180.13
		24	24	24
Employer Cost Per Check		531.00	922.71	1,212.58
Your Cost Per Check		-	182.54	299.17
Annual Premium	0.80	12,744.00	26,526.00	36,282.00
District Paid Benefit		10,195.20	17,715.97	23,281.50
Your Cost		2,548.80	8,810.03	13,000.50
		24	24	24
Employer Cost Per Check		424.80	738.17	970.06
Your Cost Per Check		106.20	367.08	541.69
Annual Premium	0.75	12,744.00	26,526.00	36,282.00
District Paid Benefit		9,558.00	16,608.72	21,826.40
Your Cost		3,186.00	9,917.28	14,455.60
		24	24	24
Your Cost Per Check		132.75	413.22	602.32
Annual Premium	0.60	12,744.00	26,526.00	36,282.00
District Paid Benefit		7,646.40	13,286.98	17,461.12
Your Cost		5,097.60	13,239.02	18,820.88
		24	24	24
Employer Cost Per Check		318.60	553.62	727.55
Your Cost Per Check		212.40	551.63	784.20
Annual Premium	0.50	12,744.00	26,526.00	36,282.00
District Paid Benefit		6,372.00	11,072.48	14,550.94
Your Cost		6,372.00	15,453.52	21,731.07
		24	24	24
Employer Cost Per Check		265.50	461.35	606.29
Your Cost Per Check		265.50	643.90	905.46

Teachers employed by the district in a teaching position prior to June 30, 2023 and who continues to: (a) choose single medical insurance coverage, (b) waive medical insurance coverage, or (c) are married to another teacher in the district (i.e. both parties), will receive an additional $1,766 in lieu of other medical insurance benefits.

DENTAL INSURANCE PLAN BENEFIT COSTS

FTE	FTE	Single	2-Party	Family
Annual Premium	1.00	483.60	949.44	1,581.36
District Paid Benefit		483.60	949.44	1,581.36
Your Cost		-	-	-
		24	24	24
Cost Per Check		**-**	**-**	**-**
Annual Premium	0.80	483.60	949.44	1,581.36
District Paid Benefit		386.88	759.55	1,265.09
Your Cost		96.72	189.89	316.27
		24	24	24
Cost Per Check		**4.03**	**7.91**	**13.18**
Annual Premium	0.75	483.60	949.44	1,581.36
District Paid Benefit		362.70	712.08	1,186.02
Your Cost		120.90	237.36	395.34
		24	24	24
Cost Per Check		**5.04**	**9.89**	**16.47**

FTE	FTE	Single	2-Party	Family
Annual Premium	0.60	483.60	949.44	1,581.36
District Paid Benefit		290.16	569.66	948.82
Your Cost		193.44	379.78	632.54
		24	24	24
Cost Per Check		**8.06**	**15.82**	**26.36**
Annual Premium	0.50	483.60	949.44	1,581.36
District Paid Benefit		241.80	474.72	790.68
Your Cost		241.80	474.72	790.68
		24	24	24
Cost Per Check		**10.08**	**19.78**	**32.95**

LONG TERM DISABILITY INSURANCE PLAN BENEFIT

Coverage Amount: 66 2/3% of monthly salary/$5,500 maximum monthly benefit
Class: 5
Cost: 100% Employer paid

GROUP LIFE/AD&D INSURANCE PLAN BENEFIT COSTS

Life & AD&D Benefit Amount: 2 x basic annual earnings rounded to the next higher $5,000. Maximum $200,000
Cost: 100% Employer paid

SUPPLEMENTAL LIFE/AD&D INSURANCE PLAN BENEFIT COSTS

Employee Supplemental Life & AD&D Benefit: $10,000 increments to a $400,000 maximum
Guarantee Issue Level: $250,000

Spouse Supplemental Life & AD&D Benefit: $5,000 increments to a $200,000 maximum, not to exceed employee
Guarantee Issue Level: $40,000

Employee or Spouse Age	Life and AD&D combined Rate per $1,000
0-24	$0.09
25-29	$0.10
30-34	$0.11
35-39	$0.12
40-44	$0.16
45-49	$0.21
50-54	$0.32
55-59	$0.46
60-64	$0.69
65-69	$1.30
70-74	$2.09
75-99	$3.28

Child(ren) Supplemental Life & AD&D Benefit: $2,000 increments to a $10,000 maximum, not to exceed employee
Coverage amount for all children
Guarantee Issue Level: $10,000

Child(ren) Life & AD&D combined Rate: $0.23 per $1,000