



Nutrition Services Benefits Summary Effective January 1, 2026

Eligibility:

Employees that work twenty (20) or more hours per week are benefit eligible. 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'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	\$861.00	\$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:

Dental insurance is provided through 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	\$70.00	\$38.00

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. Accounts are managed through BRI, a third-party vendor.

Long Term Disability:

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 Employee's 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:

To be eligible for a district match, employees must work at least twenty (20) hours per week. Employees who participate in a 403b plan may be eligible for a dollar to dollar district match as follows.

Years of Service	Contribution Amount – 7/1/2025	Contribution Amount – 7/1/2026
0-1	\$0	\$0
2-3	\$100	\$850
4+	\$250	\$1000

Holidays:

Employees receive nine (9) paid holidays; Labor Day, Thanksgiving, the day after Thanksgiving, December 24, December 25, New Year's Eve, New Year's Day, one day over spring break, and Memorial Day.

Personal Leave:

Employees receive four (4) personal days per year. Personal leave must be approved by your supervisor. Personal leave does not accumulate. Personal leave is tracked in hours.

Sick Leave:

Employees accumulate one (1) day of sick leave per month, up to ten (10) sick days per school year, cumulative without limit. Sick leave may be used for any period of absence due to illness or injury. Sick leave is tracked in hours.

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.

Nutrition Services 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	\$980.00	1.0	\$0.00	\$480.00
.95	\$52.00	\$1,076.00	.95	\$43.00	\$576.00
.90	\$104.00	\$1,172.00	.90	\$86.00	\$672.00
.85	\$156.00	\$1,268.00	.85	\$129.00	\$768.00
.80	\$208.00	\$1,364.00	.80	\$172.00	\$864.00
.75	\$261.00	\$1,460.00	.75	\$215.00	\$960.00
.70	\$313.00	\$1,557.00	.70	\$258.00	\$1,057.00
.65	\$365.00	\$1,653.00	.65	\$301.00	\$1,153.00
.60	\$417.00	\$1,749.00	.60	\$344.00	\$1,249.00
.55	\$469.00	\$1,845.00	.55	\$387.00	\$1,345.00
.50	\$521.00	\$1,941.00	.50	\$431.00	\$1,441.00

Delta Dental		
FTE	Employee Cost Per Month Single	Employee Cost Per Month Family
1.0	\$0.00	\$38.00
.95	\$3.00	\$41.00
.90	\$7.00	\$45.00
.85	\$10.00	\$48.00
.80	\$14.00	\$52.00
.75	\$17.00	\$55.00
.70	\$21.00	\$59.00
.65	\$24.00	\$62.00
.60	\$28.00	\$66.00
.55	\$31.00	\$69.00
.50	\$35.00	\$73.00