Paraeducator Benefit Summary
Effective January 1, 2026

Eligibility:
Employees must work at least twenty (20) hours per 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:
Employees working thirty (30) or more hours per week will receive the full time District contribution. Employees who work between twenty (20) and less than thirty (30) hours per week are eligible for prorated benefits. 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

	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
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.

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.

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 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.

District Match:
Employees who participate in a 403b plan may be eligible for a dollar for dollar district match. To be eligible for a district match, employees must work at least twenty (20) hours per week. The maximum annual District contribution shall be based on years of service with Mounds View School District according to the following schedule.

Beginning of the employee's years of service with the District	District Matching Contribution Effective 7/1/2025	District Matching Contribution Effective 7/1/2026
1st year	$0	$0
2+ years	$250.00	$750.00

Holidays:
Employees receive nine (9) paid holidays; Thanksgiving, the day after Thanksgiving, December 24, December 25 and 26, December 31, January 1, Memorial Day, and one Spring Break day.

Personal Leave:
Employees receive up to four (4) days of personal leave per year, noncumulative. Personal leave must be approved by your supervisor. Personal leave is pro-rated for part-time employees. Personal leave is tracked in hours.

Sick Leave:
Employees earn up to eight (8) hours of sick leave per month for up to ten (10) months per school year. Sick leave may accumulate without limit and is pro-rated for part-time employees. Sick leave may be used for any period of absence due to illness or injury. Sick leave is tracked in hours.

Paraeducator Benefit Costs

FTE (Full Time Equivalency) is based on working thirty (30) hours per week. To calculate your FTE, take your total hours worked per week and divide by 30 and round up to the nearest FTE.

Note – to receive the 1.0 FTE you must be working at least 30 hours per week and can't round up to 1.0 FTE.

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	$1,172.00	.90	$86.00	$672.00
.85	$310.00	$1,268.00	.85	$129.00	$768.00
.80	$353.00	$1,364.00	.80	$172.00	$864.00
.75	$396.00	$1,460.00	.75	$215.00	$960.00
.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

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

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

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

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.

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.