Office Assistants- 10 month Effective date of my insurance is _____

Sept 1, 2026, THROUGH August 31, 2027

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: $942 for single coverage; $1,108 per month, for employee + 1; and $1,428 for family coverage. The remainder is paid through payroll deduction.

Medical Plan	Single	Employee +1	Family
Blue Cross Blue Shield Base Plan: Aware Network ($800 deductible, $35 co-pay)	$1,098	$1,868	$2,623
Employee pays per month	$156	$760	$1,195
Blue Cross Blue Shield VEBA-HRA Aware Network Plan ($2,050 deductible then 70/30)	$1,017	$1,731	$2,431
Employee pays per month	$75	$623	$1,003
District Monthly VEBA-HRA allocation:	$128.34	$183.34	$238.34
Blue Cross Blue Shield High Deductible HSA Aware Network Plan ($3,500 deductible then 70/30) Prescriptions applied toward deductible.	$914	$1,554	$2,186
Employee pays per month	($28)	$446	$758
Blue Cross Blue Shield High Deductible HSA Plan. Must use the *High Value Network* only, which excludes Park Nicollet. ($3,500 deductible then 70/30) Prescriptions applied toward deductible.	$827	$1,404	$1,974
Employee pays per month	($115)	$296	$546

2026 HSA Calendar Year Limits: Single: $4,400 Family: $8,750 Your contribution/limit will be prorated by the number of months enrolled in the HSA. Single is $366 and family is $729 per month.

DENTAL

The district will pay for single dental coverage through Delta Dental at a monthly rate of $52. Family coverage is $126 (employee with one or more dependents) per month. Your expense for family dental is $74 per month.

LIFE INSURANCE

The district will pay $1.63 for a $25,000 term life insurance policy. Additional voluntary coverage and dependent coverage is available for an additional cost. Monthly costs are as follows:

Basic Life Insurance	$.065 per $1,000 in coverage ($1.63) district paid.	
Dependent Life Insurance (optional)	$2.80 per month. (Includes $10,000 coverage for spouse, $5,000 for each child 6 months to 23 years or 26 years if a full-time student, and $1,000 for each child 14 days to 6 months).	
Voluntary Life Insurance (optional)	Employee only coverage Spouse coverage Child(ren) coverage	Based on age. Based on age of employee. $.50/ month for $2,000
Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)	Employee only coverage Spouse coverage Child(ren) coverage	$.034 per $1,000 $.034 per $1,000 $.034 per $1,000

INCOME PROTECTION INSURANCE (Long Term Disability)

The district pays for all full-time employees. The purpose of this insurance is to provide two-thirds of salary should you become ill or disabled for a period more than ninety consecutive calendar days. Following the 90th day of disability, this insurance could pay two-thirds of your salary until you are no Longer disabled or according to the plan chart, whichever is shorter.
Monthly premium cost = (annual base salary ÷ 12) x $.00169.

RETIREMENT: Article XIX

After completing 3 years of service, beginning the fourth, the employer will automatically deposit 2% of the employees' base salary. And beginning 10th year, 4% in to a VEBA- Post Retirement Account.

**all the above is a summary only, please refer to plan documents, enrollment forms and Certificate of Coverage for additional details.