

COMMUNITY EDUCATION AND/OR AQUATICS PERSONNEL (POLICY #440)

Effective date of my insurance is _____

JULY 1, 2026, THROUGH JUNE 30, 2027

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

Eligibility is to be regularly employed for a minimum of 30 hours per week for a minimum of 100 continuous duty days. The employer will contribute **\$966** per month toward the purchase of single, **\$1,058** for employee plus one and **\$1,259** family health insurance coverage. The remainder is paid through payroll deduction, no cash back if premium is less than district allocation.

Medical Plan	Single	Employee +1	Family
<u>Blue Cross Blue Shield Base Plan: Aware Network</u> <u>(\$800 deductible, \$35 co-pay)</u>	\$1,098	\$1,868	\$2,623
Employee cost per month	\$132	\$810	\$1,364
<u>Blue Cross Blue Shield VEBA-HRA Aware Network Plan</u> <u>(\$2,050 deductible than 70/30)</u>	\$1,017	\$1,731	\$2,431
Employee cost per month	\$51	\$673	\$1,172
District <u>Deposited Monthly VEBA-HRA to WEX</u>	\$128.34	\$183.34	\$238.34
<u>Blue Cross Blue Shield High-Deductible HSA Aware Network Plan</u> <u>(\$3,500 deductible than 70/30)</u>	\$914	\$1,554	\$2,186
Prescriptions applied toward deductible. Employee cost per month	\$0	\$496	\$927
<u>Blue Cross Blue Shield High-Deductible HSA Plan.</u> <u>Must use the <u>High Value Network</u> only, which</u> <u>excludes Park Nicollet and HealthPartner Clinics</u> (\$3,500 deductible than 70/30) Prescriptions applied toward deductible. Employee cost per month	\$827 \$0	\$1,404 \$346	\$1,974 \$715

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. Individuals aged 55 or older (not enrolled in Medicare) can make an Additional \$1,000 "catch-up" contribution

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 cost for family dental is \$74 per month.

LIFE INSURANCE- class 13

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

<i>Basic Life & AD&D Insurance</i>	\$0.65 per \$1,000 in coverage (\$1.63) district paid.	
<i>Dependent Life Insurance (optional)</i>	\$2.80 per month. (Includes \$10,000 coverage for spouse, \$5,000 for each child 6 months to 19 years or 25 years if a full-time student, and \$1,000 for each child 14 days to 6 months).	
<i>Voluntary Life Insurance (optional)</i>	Employee only coverage	Based on age.
	Spouse coverage	Based on age of employee.
	Child(ren) coverage	\$.50/ month for \$2,000
<i>Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)</i>	Employee only coverage	\$.034 per \$1,000
	Spouse coverage	\$.034 per \$1,000
	Child(ren) coverage	\$.034 per \$1,000

INCOME PROTECTION INSURANCE (Long Term Disability)- class 4

The Employee pays for this benefit post-tax. The purpose of this insurance is to provide 2/3 of your salary should you become ill or disabled for a period more than 90 consecutive calendar days. Following the 90th day of disability, this insurance would pay 2/3 of your salary until you are no longer disabled or according to the plan chart, whichever is a shorter period. Monthly premium cost = (annual salary ÷ 12) x \$.00169.

RETIREMENT: Tax Sheltered Annuity

Employee participation is required to receive a dollar per dollar match up to the percentage listed below. 2% after 3 continuous years of service as of July 1 each year. 3% after 6 continuous years, 4% after 10 continuous years

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