

Independent School District #192
Farmington, MN 55024

**INSURANCE RATES
PARAPROFESSIONALS**
Effective 7/1/2026

	<u>RATES</u>	<u>Plan C</u>
Health - Single	*Annual District Contribution of	\$ 9,858.00
Health - EE+1	*Annual District Contribution of	\$ 17,204.00
Health - Family	*Annual District Contribution of	\$ 22,477.00
Dental	*Annual District Contribution of	\$521.40

<u>MONTHLY PREMIUM</u>	<u>MONTHLY EMPLOYER CONTRIBUTION</u>	<u>MONTHLY EMPLOYEE CONTRIBUTION</u>	<u>18 PAY CHECKS EMPLOYEE CONTRIBUTION</u>
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HEALTH RATES

Plan C - HDHP \$3400/\$6200

Single (HLTH-PLN C-SNGL)	\$ 912.82	\$ 821.50	\$ 91.32	\$ 60.88
Employee + 1 (HLTH-PLN C-TV)	1,792.09	1,433.67	358.42	238.95
Family (HLTH-PLN C-FMLY)	2,675.91	1,873.08	802.83	535.22

Employee Expense Per Year

<u>Yearly Premium Cost</u>	<u>Out Of Pocket Deductible</u>	<u>H S A Contribution</u>	<u>Potential Expense</u>
1,095.81	3,400.00	1,000.00	3,495.81
4,301.05	6,200.00	1,000.00	9,501.05
9,633.97	6,200.00	1,000.00	14,833.97

(Note: Plan's A and B expenses run calendar year
Plan C's expenses run fiscal year - July)

DENTAL RATES

<u>Delta Dental</u>				
Single	\$ 36.97	\$ 43.45	\$ -	\$ -
Family	111.52	43.45	68.07	45.38

VISION RATES

<u>VSP Vision</u>				
Single	\$ 6.67	\$ -	6.67	4.45
Employee + 1	9.67	-	9.67	6.45
Family	17.34	-	17.34	11.56

LIFE INSURANCE RATES

<u>Madison National Life</u>				
\$75,000 Policy	\$ 8.25	\$ 8.25	\$ -	\$ -

Waiver of Health Insurance - HRA

\$600.00 over 9 months	\$ 67.00	\$ 67.00	\$ -	\$ -
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H S A Contribution

\$1,000.00 every July 15th	\$ 1,000.00	\$ -	0.00	0.00
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