

## MINNETONKA INFORMATION SYSTEMS ASSOCIATION- SALARY

Effect date of my insurance is \_\_\_\_\_

### FRINGE BENEFIT MONTHLY PREMIUM RATES

#### **MONTHLY POOL ALLOCATION- Fringe Rebate (pay code is REB)**

The district will allocate a monthly contribution to each eligible full time information systems professional in Levels I-VII for use in purchasing fringe benefits under this policy. The monthly contribution will be **\$866 per** month for employees taking single health insurance; the allocation also covers dental and life insurance. For employees enrolled in employee plus 1 insurance, the allocation will be **\$1,041** per month. For employees enrolled in family insurance, the allocation will be **\$1,132** per month.

| <b>Medical Plan</b>                                                                                                                                                                                                               | <b>Single</b>   | <b>Employee +1</b> | <b>Family</b>   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------|
| <b><u>HealthPartners Base Perform Network Plan</u></b><br>(\$500 deductible, \$30 co-pay)<br>Mayo Clinic and Hazelden will be paid as out of network coverage                                                                     | \$785           | \$1,334            | \$1,874         |
| <b><u>HealthPartners VEBA-HRA Open Access Plan</u></b><br>(\$1,750 deductible then 70/30)                                                                                                                                         | \$726           | \$1,236            | \$1,737         |
| <b>District Monthly VEBA-HRA allocation:</b>                                                                                                                                                                                      | <b>\$116.67</b> | <b>\$166.67</b>    | <b>\$216.67</b> |
| <b><u>HealthPartners HSA High Deductible Open Access Plan</u></b><br>(\$3,500 deductible then 70/30)<br>Prescriptions applied toward deductible                                                                                   | \$653           | \$1,110            | \$1,562         |
| <b><u>HealthPartners HSA High Deductible Select Network Plan</u></b><br>(\$3,500 deductible then 70/30)<br>Prescriptions applied toward deductible.<br><u>Must use HealthPartners Select Network</u><br>Healthpartners.com/select | \$591           | \$1,003            | \$1,410         |

2024 HSA Calendar Year Limits: Single: \$4,150 Family: \$8,300 (Your contribution/limit will be prorated by the number of months you are enrolled in the HSA. Single is \$345 and family is \$691)

## DENTAL

Coverage is through Delta Dental at a monthly rate of \$45.00 for single or \$110.00 for family.

## LIFE INSURANCE

Teachers are covered by a \$50,000 term life insurance policy. Voluntary coverage and dependent coverages are also available. Monthly costs are as follows:

|                                                                                           |                                                                                                                                                                                          |                                  |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b><i>Basic Life Insurance</i></b>                                                        | \$ .065 per \$1,000 in coverage (\$3.25) mandatory                                                                                                                                       |                                  |
| <b><i>Dependent Life Insurance (optional)</i></b>                                         | \$2.80 (coverage 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) |                                  |
| <b><i>Voluntary Life Insurance (optional)</i></b>                                         | <i>Employee only coverage</i>                                                                                                                                                            | <i>Based on age.</i>             |
|                                                                                           | <i>Spouse coverage</i>                                                                                                                                                                   | <i>Based on age of employee.</i> |
|                                                                                           | <i>Child(ren) coverage</i>                                                                                                                                                               | <i>\$.50/month for \$2,000</i>   |
| <b><i>Voluntary Accidental Death and Dismemberment (AD&amp;D) Coverage (optional)</i></b> | <i>Employee only coverage</i>                                                                                                                                                            | <i>\$.034 per \$1,000</i>        |
|                                                                                           | <i>Spouse coverage</i>                                                                                                                                                                   | <i>\$.034 per \$1,000</i>        |
|                                                                                           | <i>Child(ren) coverage</i>                                                                                                                                                               | <i>\$.034 per \$1,000</i>        |

## INCOME PROTECTION INSURANCE (Long Term Disability)

Income protection is required for all full-time employees. The employee pays for this protection post tax. The purpose of this insurance is to provide 2/3 of your salary should you become ill or disabled for a period in excess of 90 consecutive calendar days. Following the 90<sup>th</sup> 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

## Tax Sheltered Annuities: refer to Article XVIII, Section 2, in the Master Agreement

*Employee Participation will be required to receive the dollar-for-dollar match listed below.*

Beginning second year of service: 3% match into a TSA account

Beginning third year of service: 5% match into a TSA account

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