

JULY 1, 2023, THROUGH JUNE 30, 2024

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: **\$684** for single coverage; **\$723** per month, for employee + 1; and **\$866** for family coverage. The remainder is paid through payroll deduction.

Medical Plan	Single	Employee +1	Family
<u>HealthPartners Base Perform Network Plan</u> (\$500 deductible, \$30 co-pay) Mayo Clinic and Hazelden will be paid as out of network coverage Employee pays per month	\$785	\$1,334	\$1,874
	\$101	\$611	\$1,008
<u>HealthPartners VEBA-HRA Open Access Plan</u> (\$1,750 deductible then 70/30) Employee pays per month	\$726	\$1,236	\$1,737
	\$42	\$513	\$871
District Monthly VEBA-HRA allocation:	\$116.67	\$166.67	\$216.67
<u>HealthPartners HSA High Deductible Open Access Plan</u> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. Employee pays per month	\$653	\$1,110	\$1,562
	(\$31) rebate	\$387	\$696
<u>HealthPartners HSA High Deductible Select Network Plan</u> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. <u>Must use HealthPartners Select Network</u> Healthpartners.com/select. Employee pays per month	\$591	\$1,003	\$1,410
	(\$93) rebate	\$280	\$544

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

The district will pay for single dental coverage through Delta Dental at a monthly rate of \$45. Family coverage is \$110 (employee with one or more dependents) per month and is available at your expense for a monthly cost of \$65.

LIFE INSURANCE

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

<i>Basic Life Insurance</i>		\$.065 per \$1,000 in coverage (\$1.63) district paid.
<i>Dependent Life Insurance</i> <i>(optional)</i>	\$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).	
<i>Voluntary Life Insurance</i> <i>(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)

The employee pays for this benefits post tax. The purpose of this insurance is to provide 2/3 of your monthly salary should you become disabled for a period more than 90 consecutive calendar days. Following the 90th day of disability, this insurance could 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: Article XIX

0-3 years no match, 4-5 years =\$510, 6-10 years =\$765, 11-15 years=\$905.00 and 16+ years =\$1,045

Match is deposited as a lump sum by June 30th of each fiscal year into employees 403b/457.

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