

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 of \$1,700. From this “fringe pool” amount, the cost of the single least expensive health plan (\$591), basic life insurance and the cost of single dental (\$45) will be deducted regardless of enrollment.

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

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

<i>Basic Life Insurance</i>	\$.065 per \$1,000 in coverage mandatory (\$3.25)	
<i>Dependent Life Insurance (optional)</i>	\$2.80 (coverage 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>	<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>
<i>Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)</i>	<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 + rebate should you become ill or disabled for a period of time in excess of 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 of time. Monthly premium cost = (annual salary ÷ 12) x \$.00169

RETIREMENT/TAX SHELTER ANNUITIES

Employee participation will be required to receive dollar per dollar match up to the percentage listed below. Completing 1 year of service = 2%, year 3 and 4 of service is 4% and year 5 and after is 8%.

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