

CUSTODIAL AND MAINTENANCE

Effective date of my insurance is _____

JULY 1, 2023, THROUGH JUNE 30, 2024

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: **\$675** for single coverage; **\$715** per month, for employee + 1; and **\$900** 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
	\$110	\$619	\$974
<u>HealthPartners VEBA-HRA Open Access Plan</u> (\$1,750 deductible then 70/30) Employee pays per month	\$726	\$1,236	\$1,737
	\$51	\$521	\$837
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
	(\$22) rebate	\$395	\$662
<u>HealthPartners HSA High Deductible Select 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
	(\$84) rebate	\$288	\$510

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. Your expense for family coverage is \$65.

LIFE INSURANCE

The district will pay \$2.28 for a \$35,000 term life insurance policy. Additional voluntary coverage and dependent coverage are available for an additional cost. Monthly costs are as follows:

<i>Basic Life Insurance</i>	\$.065 per \$1,000 in coverage (\$2.28) 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 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 (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 district pays for all full-time employees. 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 \$.001690

RETIREMENT: (article XVI in Master Agreement, section IV)

Employee participation is required to receive the dollar-for-dollar match listed below. Beginning the 4th year of service equals 2% of base salary. And beginning 10th year, equals 4%.

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