

COMMUNITY EDUCATION AND AQUATICS- POLICY #440

PROGRAM MANAGERS

Effective date of Insurance _____

JULY 1, 2023, THROUGH JUNE 30, 2024

HEALTH AND ACCIDENT INSURANCE: (Monthly Premium)

District contribution is as follows: [\\$726](#) for single coverage; [\\$809](#) per month, for employee + 1; and [\\$910](#) 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 \$59	\$1,334 \$525	\$1,874 \$964
<u>HealthPartners VEBA-HRA Open Access Plan</u> (\$1,750 deductible then 70/30) Employee pays per month District Monthly VEBA-HRA allocation:	\$726 Free \$116.67	\$1,236 \$427 \$166.67	\$1,737 \$827 \$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 Free	\$1,110 \$301	\$1,562 \$652
<u>HealthPartners HSA High Deductible Select Network Plan</u> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible. <i>Must use the HealthPartners Select Network</i> Healthpartners.com/select. Employee pays per month	\$591 Free	\$1,003 \$194	\$1,410 \$500

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 dental is \$65 per month.

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>	\$0.065 per \$1,000 in coverage (\$1.63) 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 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>	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 benefit post tax. 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 \$.00169

RETIREMENT: Tax Sheltered Annuity

Employee participation is required to receive a dollar per dollar match up to the percentage listed below. 1% beginning 4th year of continuous services as a full time, full-year or full-time, partial year employee as a July 1 of each year. 2% after 6 years and 3% after 10 years.

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