

## FRINGE BENEFIT MONTHLY PREMIUM RATES

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

Per the master agreement, teachers are eligible for full time fringe benefits provided they hold a position of .75 FTE or greater and in excess of 100 continuous working days in a school year. Teachers eligible for full time coverage will be given a “fringe pool” in the amount of \$880 per month, over and above annual salary. Teachers electing Family VEBA-HRA coverage will receive an additional 10% (\$88) per month (pay code RBVBA). From this “fringe pool” amount, the cost of the single cheapest health plan (\$547), basic life (\$8.32) insurance and the cost of single dental (\$43) will be deducted regardless of enrollment.

<b>Medical Plan</b>	<b>Single</b>	<b>Employee +1</b>	<b>Family</b>
<b><u>HealthPartners Base Perform Network Plan</u></b> (\$500 deductible, \$30 co-pay) Mayo Clinic and Hazelden will be paid as out of network coverage	\$727	\$1,235	\$1,735
<b><u>HealthPartners VEBA-HRA Open Access Plan</u></b> (\$1,750 deductible then 70/30)	\$672	\$1,144	\$1,608
<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> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible	\$605	\$1,028	\$1,446
<b><u>HealthPartners HSA High Deductible SmartCare Plan</u></b> (\$3,500 deductible then 70/30) Prescriptions applied toward deductible <u>Must use one of these 4 HealthPartners SmartCare Clinics: Maplewood, St. Paul, Burnsville or St. Louis Park as your primary care clinic.</u>	\$547	\$929	\$1,306

2021 HSA Calendar Year Limits: Single: \$3,600 Family: \$7,200 (Your contribution/limit will be prorated by the number of months you are enrolled in the HSA. Single is \$300 and family is \$600)

## **DENTAL**

Coverage is through Delta Dental at a monthly rate of \$43.00 for single or \$106.00 for family.

## **LIFE INSURANCE**

Teachers are covered by a \$100,000 term life insurance policy. Voluntary coverage and dependent coverages are also available. Monthly costs are as follows:

<b><i>Basic Life Insurance</i></b>	\$ .083 per \$1,000 in coverage (\$8.32) 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 19 years or 25 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 of time 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 of time. Any income in excess of \$50,000 per year will not be insured.

Monthly premium cost = (annual salary ÷ 12) x \$.0026

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

**ARTICLE IX CAREER FINANCIAL PLANNING AND TRANSITION:**

See master Agreement, Example below:

Section D. Option #2. Retirement Savings Plan Benefits for Employees  
Beginning Employment on or After July 1, 2005 who elected this Option:

Subd. 2 Benefit: CTT Plan in Section B Plus Retirement Savings Plan

<b>Years of Service</b>	<b>Board Matching Contribution</b>	<b>Total During Service Bracket</b>
0-1 years	n/a	n/a
2-3 years	\$ 275.00	\$ 550.00
4-5 years	\$ 884.00	\$ 1,768.00
6-10 years	\$ 1,297.00	\$ 6,485.00
11-15 years	\$ 1,708.00	\$ 8,540.00
16-20 years	\$ 2,593.00	\$ 12,965.00
21-25 years	\$ 3,016.00	\$ 15,080.00
26+ years	\$ 3,476.00	