



# ST. MICHAEL - ALBERTVILLE SCHOOLS

EXCELLENCE IS OUR TRADITION

## ADMINISTRATOR (1.0 FTE) BENEFITS SUMMARY 2024-2025 2024-2025 PLAN YEAR IS 10/1/2024 – 6/30/2025

### Medical Insurance, Option 1: BlueCross BlueShield Aware Plan with VEBA Account (HRA)

Annual Deductible/Out-of-Pocket Maximum: \$1,850 Single, \$3,700 Family\*\*

	Total Monthly Premium	District Contribution	District Contribution to VEBA	Employee Monthly Cost*	Employee Cost per Paycheck
Single	\$761.50	\$761.50	\$100.00	\$0.00	\$0.00
Family	\$2,207.00	\$2,207.00	\$200.00	\$0.00	\$0.00

### Medical Insurance, Option 2: BlueCross BlueShield Aware Plan with Health Savings Account (HSA)

Annual Deductible/Out-of-Pocket Maximum: \$4,000 Single, \$8,000 Family\*\*

	Total Monthly Premium	District Contribution	District Contribution to HSA	Employee Monthly Cost*	Employee Cost per Paycheck
Single	\$633.50	\$633.50	\$0.00	\$0.00	\$0.00
Family	\$1,836.00	\$1,836.00	\$0.00	\$0.00	\$0.00

### Medical Insurance, Option 3: BlueCross BlueShield Aware Hybrid Plan with VEBA/HSA

Annual Deductible/Out-of-Pocket Maximum: \$4,000 Single, \$8,000 Family\*\*

	Total Monthly Premium	District Contribution	District Contribution to VEBA/HSA	Employee Monthly Cost*	Employee Cost per Paycheck
Single	\$633.50	\$633.50	\$100.00	\$0.00	\$0.00
Family	\$1,836.00	\$1,836.00	\$200.00	\$0.00	\$0.00

### Medical Insurance, Option 4: BlueCross BlueShield Aware MVP Plan with HSA

Annual Deductible/Out-of-Pocket Maximum: \$6,350 Single, \$12,700 Family\*\*

	Total Monthly Premium	District Contribution	District Contribution to HSA	Employee Monthly Cost*	Employee Cost per Paycheck
Single	\$537.50	\$537.50	\$0.00	\$0.00	\$0.00
Family	\$1,558.50	\$1,558.50	\$0.00	\$0.00	\$0.00

\*Employee contributions are paid via payroll deduction on a pre-tax basis.

\*NOTE: The 2024-2025 plan year is a short plan year, running 10/1/2024 – 6/30/2025. Effective 7/1/2025, the district's plan year will be 7/1 – 6/30.

\*\*Please see Summaries of Benefits and Coverage (SBCs) for full coverage details on each plan.

INDEPENDENT SCHOOL DISTRICT #885  
11343 50<sup>TH</sup> STREET NE  
ALBERTVILLE, MN 55301  
WWW.STMA.K12.MN.US





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## Dental Insurance: HealthPartners Open Access Choice

	<b>Total Monthly Premium</b>	<b>District Contribution</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost per Paycheck</b>
Single	\$51.02	\$50.00	\$1.02	\$0.51
Family	\$151.09	\$140.00	\$11.09	\$5.55

## Flexible Spending Accounts: WEX Health, Inc.

Flexible spending accounts allow employees to use pre-tax dollars to pay for dependent day care and/or unreimbursed health care expenses. Eligible expenses must be incurred during the plan year. Up to \$640 of unused funds can carry over from year to year. More information on flexible spending can be found at [www.stma.k12.mn.us](http://www.stma.k12.mn.us) under Departments/Human Resources/Benefits.

## Basic Life Insurance: Madison National Life Insurance

All employees have life and accidental death and dismemberment (AD&D) insurance coverage through the district's group policy. The policy amount is two times the employee's annual salary, rounded to the nearest \$1,000 to a maximum of \$350,000. The entire premium is paid for by the district.

## Supplemental Life Insurance: Madison National Life Insurance

Employees may purchase additional life insurance through the district's group policy. An additional \$25,000, \$50,000, \$75,000 or \$100,000 of coverage may be purchased.

	<b>Total Monthly Premium</b>	<b>District Contribution</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost per Paycheck</b>
\$25,000 policy	\$3.00	\$0.00	\$3.00	\$1.50
\$50,000 policy	\$6.00	\$0.00	\$6.00	\$3.00
\$75,000 policy	\$9.00	\$0.00	\$9.00	\$4.50
\$100,000 policy	\$12.00	\$0.00	\$12.00	\$6.00

## Long-Term Disability Insurance: Madison National Life Insurance

All employees who work at least 75 days per year have a long-term disability insurance policy which allows the employee to continue to receive 2/3 of their monthly earnings in the event the employee becomes disabled and is unable to work for more than 90 consecutive days. The entire premium is paid for by the district.

## Retirement Plan: MN Teachers Retirement Association (TRA) or Public Employees Retirement Association (PERA)

The employee and employer contribute to the defined-benefit pension plan as determined by Minnesota law. Contributions to TRA or PERA are determined by licensure. Information regarding TRA benefits may be obtained by contacting TRA at 651-296-2409 or visiting <https://minnesotatra.org>. Information regarding PERA benefits may be obtained by contacting PERA at 651-296-7460 or visiting [www.mnpera.org](http://www.mnpera.org).

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## Supplemental Retirement Plan: 403(b)

Employees may contribute to a tax-sheltered annuity (TSA) under 403(b) regulations. To begin contributions, the employee must meet with a financial advisor from the district's approved vendor list and submit a completed salary reduction agreement. Employees are eligible for matching funds upon their attainment of continuing contract status; match amounts are as follows:

**District 403(b) Match (up to)**  
\$5,000.00

Employees may sign up for a 403(b) at any time but must make application for participation in the 403(b) annuity matching plan by September 1 in order to receive the full annual match amount.

**\*\*\*This document is only meant to be a summary of information. More detailed information may be found in the administrator's contract. Any discrepancies between this summary and the contract are superseded by the contract.\*\*\***