

CERTIFIED STAFF (0.4126 FTE) BENEFITS SUMMARY 2024-2025

EXCELLENCE IS OUR TRADITION

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	District	District Contribution	Employee	Employee Cost per Paychec	
	Premium	Contribution	to VEBA	Monthly Cost*	(20 or 24 pay)**	
Single	\$761.50	\$228.79	\$36.10	\$532.71	\$319.63 (20)	\$266.36 (24)
Family	\$2,207.00	\$559.07	\$72.21	\$1,647.93	\$988.76 (20)	\$823.96 (24)

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	District	District Contribution	Employee	Employee Cost per Paycheo	
	Premium	Contribution	to HSA	Monthly Cost*	(20 or 2-	4 pay)**
Single	\$633.50	\$264.89	\$0.00	\$368.61	\$221.17 (20)	\$184.31 (24)
Family	\$1,836.00	\$631.28	\$0.00	\$1,204.72	\$722.83 (20)	\$602.36 (24)

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	District	District Contribution	Employee	Employee Cost per Paycheck (20 or 24 pay)**	
	Premium	Contribution	to VEBA/HSA	Monthly Cost*		
Single	\$633.50	\$228.79	\$36.10	\$404.71	\$242.83 (20)	\$202.36 (24)
Family	\$1,836.00	\$559.07	\$72.21	\$1,276.93	\$766.16 (20)	\$638.46 (24)

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	District	District Contribution	Employee	Employee Cost per Payche	
	Premium	Contribution	to HSA	Monthly Cost*	(20 or 24 pay)**	
Single	\$537.50	\$264.89	\$0.00	\$272.61	\$163.57 (20)	• • •
Family	\$1,558.50	\$631.28	\$0.00	\$927.22	\$556.33 (20)	

*Employee contributions are paid via payroll deduction on a pre-tax basis. **Cost per paycheck is determined by employee's payroll frequency (20 or 24 paychecks per year). ***Please see Summaries of Benefits and Coverage (SBCs) for full coverage details on each plan.

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



ST. MICHAEL - ALBERTVILLE SCHOOLS

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Dental Insurance: HealthPartners Open Access Choice

	Total Monthly	District	Employee	Employee Cost per Paycheck	
	Premium	Contribution	Monthly Cost*	(20 or 24 pay)**	
Single	\$51.02	\$11.69	\$39.33	\$23.60 (20)	\$19.66 (24)
Family	\$151.09	\$11.69	\$139.40	\$83.64 (20)	\$69.70 (24)

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.kl2.mn.us under Departments/Human Resources/Benefits.

Basic Life Insurance: Madison National Life Insurance

Employees have access to \$50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the district's group policy. The employee is responsible for the full cost of the premium.

Supplemental Life Insurance: Madison National Life Insurance

Employees may purchase additional life insurance through the district's group policy. An additional \$25,000 or \$50,000 of coverage may be purchased. Employees must be enrolled in basic life coverage to purchase additional life insurance.

	Total Monthly	District	Employee	Employee Cost per Paycheck	
	Premium	Contribution	Monthly Cost*	(20 or 24 pay)**	
\$25,000 policy	\$3.00	\$0.00	\$3.00	\$1.80 (20)	\$1.50 (24)
\$50,000 policy	\$6.00	\$0.00	\$6.00	\$3.60 (20)	\$3.00 (24)

Retirement Plan: MN Teachers Retirement Association (TRA)

The employee and employer contribute to the defined-benefit pension plan as determined by Minnesota law. Information regarding TRA benefits may be obtained by contacting TRA at 651-296-2409 or visiting <u>https://minnesotatra.org</u>.

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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:

Years of Service Continuing contract – 9 years 10 – 14 years 15 – 19 years 20+ years

District 403(b) Match (up to)

\$226.93 \$533.08 \$760.01 \$1,021.19

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 certified staff contract. Any discrepancies between this summary and the contract are superseded by the contract.

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