

# ST. MICHAEL - ALBERTVILLE SCHOOLS

## **EXCELLENCE IS OUR TRADITION**

## CERTIFIED STAFF (0.422 FTE) BENEFITS SUMMARY 2024-2025

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

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

	<b>Total Monthly</b>	District	<b>District Contribution</b>	<b>Employee</b>	Employee Cos	t per Paycheck
	Premium	Contribution	to VEBA	Monthly Cost*	(20 or 2	4 pay)**
Single	\$761.50	\$234.00	\$36.93	\$527.50	\$316.50 (20)	\$263.75 (24)
Family	\$2,207.00	\$571.81	\$73.85	\$1,635.19	\$981.11 (20)	\$817.60 (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\*\*\*

	<b>Total Monthly</b>	District	<b>District Contribution</b>	Employee	Employee Cost per Paycheo	
	Premium	Contribution	to HSA	Monthly Cost*	(20 or 2	4 pay)**
Single	\$633.50	\$270.92	\$0.00	\$362.58	\$217.55 (20)	\$181.29 (24)
Family	\$1,836.00	\$645.66	\$0.00	\$1,190.34	\$714.20 (20)	\$595.17 (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\*\*\*

	<b>Total Monthly</b>	District	<b>District Contribution</b>	Employee	Employee Cost	t per Paycheck
	Premium	Contribution	to VEBA/HSA	Monthly Cost*	(20 or 2	4 pay)**
Single	\$633.50	\$234.00	\$36.93	\$399.50	\$239.70 (20)	\$199.75 (24)
Family	\$1,836.00	\$571.81	\$73.85	\$1,264.19	\$758.51 (20)	\$632.10 (24)

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

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

	<b>Total Monthly</b>	District	<b>District Contribution</b>	Employee	Employee Cost per Payche	
	Premium	Contribution	to HSA	Monthly Cost*	(20 or 2	4 pay)**
Single	\$537.50	\$270.92	\$0.00	\$266.58	\$159.95 (20)	\$133.29 (24)
Family	\$1,558.50	\$645.66	\$0.00	\$912.84	\$547.70 (20)	\$456.42 (24)

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

<sup>\*\*</sup>Cost per paycheck is determined by employee's payroll frequency (20 or 24 paychecks per year).

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



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### **Dental Insurance: HealthPartners Open Access Choice**

	<b>Total Monthly</b>	District	Employee	Employee Cost per	
	Premium	Contribution	Monthly Cost*	Paycheck (20	or 24 pay)**
Single	\$51.02	\$11.96	\$39.06	\$23.44 (20)	\$19.53 (24)
Family	\$151.09	\$11.96	\$139.13	\$83.48 (20)	\$69.57 (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 <a href="https://www.stma.k12.mn.us">www.stma.k12.mn.us</a> 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 Premium	District Contribution	Employee Monthly Cost*	Employee Cost per Paycheck (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 <a href="https://minnesotatra.org">https://minnesotatra.org</a>.



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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
 District 403(b) Match (up to)

 Continuing contract - 9 years
 \$232.10

 10 - 14 years
 \$545.22

 15 - 19 years
 \$777.32

 20+ years
 \$1,044.45

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.\*\*\*