



ST. MICHAEL - ALBERTVILLE SCHOOLS

EXCELLENCE IS OUR TRADITION

COORDINATOR BENEFITS SUMMARY 2024-2025 2024-2025 PLAN YEAR IS 10/1/2024 – 6/30/2025

District contribution rates listed are for a full-time (1.0 FTE) employee; contributions will be pro-rated for employees who work less than 1.0 FTE. Coordinator benefits are based on the teacher contract.

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	\$554.50	\$87.50	\$207.00	\$103.50
Family	\$2,207.00	\$1,355.00	\$175.00	\$852.00	\$426.00

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	\$8.50	\$0.00	\$0.00
Family	\$1,836.00	\$1,530.00	\$0.00	\$306.00	\$153.00

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	\$554.50	\$87.50	\$79.00	\$39.50
Family	\$1,836.00	\$1,355.00	\$175.00	\$481.00	\$240.50

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	\$104.50	\$0.00	\$0.00
Family	\$1,558.50	\$1,530.00	\$0.00	\$28.50	\$14.25

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

***Cost per paycheck is determined by employee's payroll frequency (ordinarily 24 paychecks per year). For the 2024-2025 short plan year, employee premiums for the 9-month plan year will be deducted over 18 paychecks.*

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

INDEPENDENT SCHOOL DISTRICT #885
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ALBERTVILLE, MN 55301
WWW.STMA.K12.MN.US



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Dental Insurance: HealthPartners Open Access Choice

	Total Monthly Premium	District Contribution	Employee Monthly Cost	Employee Cost per Paycheck
Single	\$51.02	\$30.00	\$21.02	\$10.51
Family	\$151.09	\$30.00	\$121.09	\$60.55

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 under Departments/Human Resources/Benefits.

Basic Life Insurance: Madison National Life Insurance

All employees have \$50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the district's group policy. 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 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
\$25,000 policy	\$3.00	\$0.00	\$3.00	\$1.50

Long-Term Disability Insurance: Madison National Life Insurance

All employees who work at least 20 hours per week and 170 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.



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Retirement Plan: Public Employees Retirement Association (PERA)

The employee and employer contribute to the defined-benefit pension plan as determined by Minnesota law. Information regarding benefits may be obtained by contacting PERA at 651-296-7460 or visiting www.mnpera.org.

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. District match amounts are based on employees' individual contracts.

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