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 <u>\$925</u> per month, over and above annual salary. Teachers electing <u>Family VEBA-HRA</u> coverage will receive an additional 20% (*\$185*) per month (pay code RBVBA). From this "fringe pool" amount, the cost of the single least expensive health plan (\$591), basic life (\$6.50) insurance and the cost of single dental (\$45) will be deducted regardless of enrollment.

| | | Employee | |
|--|----------|----------|----------|
| Medical Plan | Single | +1 | Family |
| HealthPartners Base Perform Network Plan | \$785 | \$1,334 | \$1,874 |
| (\$500 deductible, \$30 co-pay) | | | |
| Mayo Clinic and Hazelden will be paid | | | |
| as out of network coverage | | | |
| HealthPartners VEBA-HRA Open Access Plan | \$726 | \$1,236 | \$1,737 |
| (\$1,750 deductible then 70/30) | | | |
| | | | |
| District Monthly VEBA-HRA allocation: | \$116.67 | \$166.67 | \$216.67 |
| HealthPartners HSA High Deductible Open Access | | | |
| <u>Plan</u> | \$653 | \$1,110 | \$1,562 |
| (\$3,500 deductible then 70/30) | | | |
| Prescriptions applied toward deductible | | | |
| HealthPartners HSA High Deductible Select | \$591 | \$1,003 | \$1,410 |
| Network Plan | | | |
| (\$3,500 deductible then 70/30) | | | |
| Prescriptions applied toward deductible. | | | |
| Must use HealthPartners Select Network | | | |
| Healthpartners.com/select | | | |

2024 HSA Calendar Year Limits: Single: \$4,300 Family: \$8,300 (Your contribution/limit will be prorated by the number of months you are enrolled in the HSA. Single is \$345 and family is \$691)

DENTAL

Coverage is through Delta Dental at a monthly rate of \$45.00 for single or \$110.00 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:

| Basic Life Insurance | \$.065 per \$1,000 in coverage (\$6.50) mandatory | | | |
|--|---|--|--|--|
| <i>Dependent Life Insurance (optional)</i> | \$2.80 (coverage includes \$10,000 coverage for spouse, \$5,000 for each child 6 months to 23 years or 26 years if a full- time student, and \$1,000 for each child 14 days to 6 months) | | | |
| <i>Voluntary Life Insurance (optional)</i> | <i>Employee only coverage Spouse coverage E Child(ren) coverage</i> | <i>Based on age. Based on age of employee. \$.50/month for \$2,000</i> | | |
| <i>Voluntary Accidental Death and Dismemberment (AD&D) Coverage (optional)</i> | <i>Employee only coverage Spouse coverage Child(ren) coverage</i> | \$.034 per \$1,000 \$.034 per \$1,000 \$.034 per \$1,000 | | |

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 two-thirds of your salary should you become ill or disabled for a period more than 90 consecutive calendar days. Following the 90th day of disability, this insurance would pay two-thirds of your salary until you are no longer disabled or according to the plan chart, whichever is a shorter period. Any income more than \$50,000 per year will not be insured. Monthly premium cost = (annual salary \div 12) x \$.00169

** 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:

| Years of Service | | Board Matching Contribution | | Total During Service Bracket | |
|------------------|-----|--------------------------------|-----|---------------------------------|--|
| 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 | | | |

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