

Mounds View Public Schools Employee Benefits Summary 2009 Custodian Bargaining Unit

Medical Insurance- Option 1

HealthPartners- Open Access Choice \$15 Co-Pay Plan. The District's contribution is prorated for part time employees.

	Total Monthly Premium	District Contribution	Full-time Employee Monthly Cost
Single	\$514.87	\$514.87	\$0
Family	\$1431.77	\$1,280.93	\$150.84

*The employee's contribution is paid via payroll deduction on a pre-tax basis.

Medical Insurance- Option 2

HealthPartners- National ONE sm \$1,000 High Deductible Plan with a \$600/\$1200 annual contribution to a VEBA plan. The District's contribution is prorated for part time employees.

	Total Monthly Premium	District Contribution	Full-time Employee Monthly Cost
Single	\$456.35	\$456.35	\$0
Family	\$1,268.72	\$1,268.72	\$118.04

Dental Insurance

Employees may select from two plans offered by Delta Dental: Delta Preferred Option USA (tier 1) and Delta Premier (tier 2). Delta Preferred Option USA restricts the employee to Delta Dental dentists but a higher annual per-person maximum and no deductibles. Delta Premier allows employees to access a wider network of dentists but includes a per-person and per-family deductible and a lower plan maximum. The District's contribution is prorated for part time employees.

	Total Monthly Premium	District Contribution	Full-time Employee Monthly Cost
Single	\$47.30	\$47.30	\$0
Family	\$74.10	\$74.10	\$0

Flexible Spending Accounts

Flexible spending accounts allow employees to save money on their unreimbursed medical, dental and/or dependent care (child care and elder care) expenses by paying for them with pre-tax dollars. Employees elect how much money they would like deducted from their paychecks (if any) on a pre-tax basis during the "plan year". This money is then reimbursed to employees after they have paid their expenses. The flexible spending account booklet explains the plans in more detail.

Basic Life Insurance

All employees have \$50,000 of life and accidental death and dismemberment (AD&D) insurance coverage through the District's group plan. The entire premium for full time employees is paid by the District. The District's contribution is prorated for part time employees.

Supplemental Life Insurance

Employees may purchase additional life and AD&D insurance through the District's group policy. An additional \$50,000 in coverage may be purchased. The cost of the supplemental insurance is based on the employee's age. The premiums for the supplemental life insurance are paid by the employee through payroll deduction on an after-tax basis.

Long Term Disability Insurance

All eligible employees are covered under a long-term disability policy that provides two-thirds of salary from all sources after 90 calendar days of disability. The premium for full time employees is 100% employer paid. The District's contribution is prorated for part time employees.

Retirement Plan

The employer and employee contribute to the fund as determined by law. Information regarding benefits may be obtained by contacting the Public Employees Retirement Association at 651-296-7460.

Supplemental Retirement Plans

Employees may make pre-tax contributions to the annuity of their choice under 403(b) regulations or to the State of Minnesota's Deferred Compensation Plan. More information about supplemental retirement plans can be found by going to www.moundviewschools.org, go to the employment link, click on benefits. Questions should be directed to the Payroll Department at 651-639-6206.

Holidays

There are eleven paid holidays for all twelve-month employees and ten paid holidays for 10 month employees. Holidays are designated by the District prior to April 1 of each year.

Vacation

For purposes of vacation, a year is defined as July 1 - June 30. Employees accrue one day of vacation for each month worked up to a maximum of 10 days. The vacation schedule increases with years of service. (Specific vacation accrual schedules are found in the Custodian Contract Booklet.) Employees accrue but may not use vacation during their probationary period.

Personal Leave

Custodians receive three personal days per fiscal year, noncumulative. Personal leave must be approved by the employee's supervisor in advance. Personal leave is prorated for custodians working less than 12 months and custodian assistants working less than 10 months.

Sick Leave

Custodians accrue one day of sick leave for each month of employment without limit. Sick leave may be used for each day of absence due to illness or injury. Accumulated sick leave may also be used to care for a sick or disabled spouse, child under 18 years of age, or child under 20 years of age who is attending secondary school.

Bereavement Leave

Upon advance notice and arrangement with the immediate supervisor, up to five days paid leave, non-accumulative, may be used by an employee for attendance at or arrangement of the funeral of an employee's spouse, child, parent, brother, sister, grandchild, mother-in-law, father-in-law, son-in-law, or daughter-in-law. Up to three days leave may be used by an employee for necessary absence due to the death of an employee's grandparents or their spouse's grandparents.

Eligibility

Part time custodians, who regularly work between 20 and 40 hours per week, receive prorated benefits (including insurance). Part time custodial assistants are eligible for prorated benefits, excluding medical, dental, life, and long term disability insurance.

THIS DOCUMENT IS ONLY MEANT TO BE A SUMMARY OF INFORMATION. MORE DETAILED INFORMATION MAY BE FOUND IN THE UNION CONTRACT. ANY DISCREPANCIES BETWEEN THIS SUMMARY AND THE CONTRACT ARE SUPERSEDED BY THE CONTRACT.

Mounds View Public Schools Benefit Cost Sheets

01/01/2009

HealthPartners-Open Access Choice Co-Pay Plan

Total Monthly Premium-Single: \$514.87
Total Monthly Premium-Family: \$1,431.77

HealthPartners-National ONE sm \$1,000 High Deductible Plan

Total Monthly Premium-Single: \$456.35
Total Monthly Premium-Family: \$1,268.72

Annual VEBA Contribution

Single: \$600
Family: \$1,200

FTE	Employee Cost Per Month		FTE	Employee Cost Per Month	
	Single	Family		Single	Family
1.00	\$0.00	\$150.84	1.00	\$0.00	\$118.04
.95	\$24.74	\$214.89	.95	\$22.82	\$175.57
.90	\$51.49	\$278.93	.90	\$45.64	\$233.11
.85	\$77.23	\$342.98	.85	\$68.45	\$339.55
.80	\$102.87	\$407.03	.80	\$91.27	\$394.20
.75	\$128.72	\$471.07	.75	\$114.09	\$448.86
.70	\$154.45	\$535.12	.70	\$136.91	\$503.52
.65	\$180.21	\$599.17	.65	\$159.72	\$558.18
.60	\$205.95	\$663.21	.60	\$182.54	\$612.83
.55	\$231.69	\$727.26	.55	\$205.36	\$667.49
.50	\$257.44	\$791.31	.50	\$228.18	\$722.14

Delta Dental-PPO/Premier

Total Monthly Premium-Single: \$47.30
Total Monthly Premium-Family: \$74.10

FTE	Employee Cost Per Month	
	Single	Family
1.00	\$0.00	\$0.00
.95	\$2.37	\$3.71
.90	\$4.73	\$7.41
.85	\$7.10	\$11.12
.80	\$9.46	\$14.82
.75	\$11.83	\$18.53
.70	\$14.19	\$22.23
.65	\$16.56	\$25.94
.60	\$18.92	\$29.64
.55	\$21.29	\$33.35
.50	\$23.65	\$37.05

**\$50,000 Life Insurance and
Accidental Death and Dismemberment**

**Supplemental Life Insurance and
Accidental Death and Dismemberment**

Coverage described is intended as a summary only. For exact terms and conditions, consult the group membership contracts.

FTE	Employee Cost		Age	Monthly Rate/1000	Employee Cost \$50,000
	Per Month				
1.00	-0-	Rate:	< 25	.085	4.25
0.95	.38	.150/\$1000	25-29	.095	4.75
0.90	.75		30-34	.115	5.75
0.85	1.13	Total Premium:	35-39	.125	6.25
0.80	1.50	\$7.50/month	40-44	.145	7.25
0.75	1.88		45-49	.195	9.75
0.70	2.25		50-54	.295	14.75
0.65	2.63		55-59	.525	26.25
0.60	3.00		60-64	.785	39.25
0.55	3.37		65-69	1.495	74.75
0.50	3.75		70+	2.405	120.25

* ALL INFORMATION IN THIS BENEFIT SUMMARY IS PENDING THE 2007-2009 BARGAINING AGREEMENT.