

Mounds View Public Schools Employee Benefits Summary Non-Affiliated Employees 2011

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	\$614.37	\$614.37	\$0
Family	\$1,708.99	\$1,237.07	\$471.92

*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/\$1,200 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	\$507.73	\$507.73	\$0
Family	\$1,414.56	\$1,123.22	\$291.34

Dental Insurance

Employees may select from two plans offered by Delta Dental: Delta Preferred Option USA (tier 1) and Delta Premier (tier 2). The District's contribution is prorated for part time employees.

	Total Monthly Premium	District Contribution	Full-time Employee Monthly Cost
Single	\$51.06	\$51.06	\$0
Family	\$81.03	\$81.03	\$0

Flexible Spending Accounts

Flexible spending accounts allow employees to save money on their unreimbursed medical, dental and/or dependent care (child care & 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 are eligible for life and accidental death and dismemberment (AD&D) insurance in an amount equal to two times their annual salary 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 in an amount equal to two times their annual salary. The cost for 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.moundsvIEWSchools.org, go to the employment link, click on benefits. Questions should be directed to the Payroll Department at 651-639-6206.

District Match

District policy #4146 provides a District match to a qualifying TSA or deferred compensation plan based on years of service. Year of service means full years of service as a non-affiliated employee on July 1 of each year.

Less than one year: \$0	1-3 years: \$500.00	3+ years: \$1,000
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Holidays

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

Paid Time Off (PTO)

For purposes of PTO, a year is defined as July 1 - June 30. Twelve-month employees receive PTO at the beginning of the fiscal year according to the following schedule:

Deputy Superintendent, Executive Directors- 41 days per year or in accordance with individual contacts.
Coordinators, Assistant Directors and Managers: 36 days
All other non-affiliated employees: 31 days

Employees may accumulate up to twelve (12) days of PTO from one (1) fiscal year to the next without restriction

The PTO schedule increases with years of service. Specific vacation accrual schedules are found in the “Handbook for Non-affiliated Employees”. Vacation accrual for employees working less than 12 months is prorated. Unused vacation from the preceding fiscal year must be used by December 31. Vacation for those starting after July 1st of any year will be prorated.

Health Reimbursement Account

The district will have the value of up to 2 days of accumulated personal time off (PTO)for managers and specialists and up to 4 days of accumulated PTO deposited at year end in a HRA chosen by the district.

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, son-in-law, daughter-in-law, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparent, spouse's grandparent or grandchild.

Eligibility

Part time employees who have a .5 contract or greater as a non-affiliated employee are eligible for prorated benefits, including insurance.

**HealthPartners-Open Access Choice
Co-Pay Plan**

Total Monthly Premium-Single: \$614.37
Total Monthly Premium-Family: \$1,708.99

**HealthPartners-National ONEsm
\$1,000 High Deductible Plan**

Total Monthly Premium-Single: \$507.73
Total Monthly Premium-Family: \$1,414.56
Annual VEBA Contribution
\$600.00/\$1,200

FTE	Employee Cost Per Month		FTE	Employee Cost Per Month	
	Single	Family		Single	Family
1.00	\$0.00	\$471.92	1.00	\$0.00	\$291.34
.95	\$30.72	\$533.77	.95	\$25.39	\$347.50
.90	\$61.44	\$595.63	.90	\$50.77	\$403.66
.85	\$92.16	\$657.48	.85	\$76.16	\$459.82
.80	\$122.87	\$719.33	.80	\$101.55	\$515.98
.75	\$153.59	\$781.19	.75	\$126.93	\$572.14
.70	\$184.31	\$843.04	.70	\$152.32	\$628.31
.65	\$215.03	\$904.90	.65	\$177.71	\$684.47
.60	\$245.75	\$966.75	.60	\$203.09	\$740.63
.55	\$276.47	\$1,028.60	.55	\$228.48	\$796.79
.50	\$307.19	\$1,090.46	.50	\$253.87	\$852.95

Delta Dental-PPO/Premier

Total Monthly Premium-Single: \$51.08
Total Monthly Premium-Family: \$80.03

FTE	Employee Cost Per Month	
	Single	Family
1.00	\$0.00	\$0.00
.95	\$2.55	\$4.00
.90	\$5.11	\$8.00
.85	\$7.66	\$12.00
.80	\$10.22	\$16.00
.75	\$12.77	\$20.00
.70	\$15.32	\$24.00
.65	\$17.88	\$28.01
.60	\$20.43	\$32.01
.55	\$22.99	\$36.01
.50	\$25.99	\$40.01

**Basic Life Insurance/
Accidental Death & Dismemberment**

<p><u>Employee Monthly Cost</u> The district pays the entire premium for full-time Employees. The District contribution for part-time employee is prorated.</p> <p><u>Rate</u> .15/\$1000/month</p> <p><u>Coverage</u> 2x annual salary up to a maximum of \$300,000</p>

**Supplemental Life Insurance/
Accidental Death & Dismemberment**

Age	Monthly Rate/1000	
< 25	.085	
25-29	.095	*May purchase Life/ AD&D
30-34	.115	insurance in an amount
35-39	.125	equal to two times their
40-44	.145	annual salary.
45-49	.195	
50-54	.295	
55-59	.525	
60-64	.785	
65-69	1.495	
70+	2.405	

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