

Mounds View Public Schools Employee Benefits Summary 2011 Paraprofessional 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	\$614.37	\$614.37	\$0
Family	\$1,708.99	\$614.37	\$1,094.62

*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 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	\$0.00
Family	\$1,414.56	\$507.73	\$906.83

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.

Retirement Plan

The employer and employee contribute to the fund as determined by law. Information regarding benefits may be obtained by contacting the Public Employee's 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.

Holidays

Paraprofessionals receive eight paid holidays; Thanksgiving, the day after Thanksgiving, December 24, December 25 and 26, December 31, January 1 and Spring Break.

Personal Leave

Paraprofessionals receive four personal days per year, noncumulative. Personal leave must be approved by your supervisor.

Sick Leave

Paraprofessionals earn one hour of sick leave for every 20 hours of work. Sick leave may accumulate without limit. Sick leave may be used for any period of absence due to illness or injury. Sick leave may also be used to care for your sick or disabled child if the child is under the age of 18 or under 20 years of age and attending secondary school. Up to five days per year may be used for illness of other immediate family members.

Bereavement Leave

Upon advance notice and arrangement with the immediate supervisor, up to five (5) days paid leave, non-cumulative, may be used by an employee for attendance at or arrangement of the funeral of an employee's spouse, child, parent, brother, sister, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparents or grandchildren. Four (4) of the days used shall not be deducted from accumulated sick leave. Up to two (2) days may be used for other persons not listed; however, those days are deducted from your sick leave balance.

Eligibility

Paraprofessionals who work part time are eligible for prorated benefits; employees working 35 hours per week up to 40 hours per week will receive the full-time District contribution. Paraprofessionals must work at least 50% (average of four hours per day) to be eligible for the medical 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
Paraprofessionals Bargaining Unit**

01/01/2011

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

Total Monthly Premium-Single: \$578.67
Total Monthly Premium-Family: \$1,609.53

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

Total Monthly Premium-Single: \$471.25
Total Monthly Premium-Family: \$1,310.25
Annual VEBA Contribution
\$600.00

A 1.0
FTE
= 35
hrs
per
week
the
regul
ar
school
year.
Benef
it
costs
are
prora
ted
for
part-
time
emplo
yees
as

FTE	Employee Cost Per Month		FTE	Employee Cost Per Month	
	Single	Family		Single	Family
1.00	\$0.00	\$1,094.62	1.00	\$0.00	\$906.86
.95	\$30.72	\$1,125.34	.95	\$25.39	\$932.22
.90	\$61.44	\$1,156.06	.90	\$50.77	\$957.60
.85	\$92.16	\$1,186.78	.85	\$76.16	\$982.99
.80	\$122.87	\$1,217.49	.80	\$101.55	\$1,008.38
.75	\$153.59	\$1,248.21	.75	\$126.93	\$1,033.76
.70	\$184.31	\$1,278.93	.70	\$152.32	\$1,059.15
.65	\$215.03	\$1,309.65	.65	\$177.71	\$1,084.54
.60	\$245.75	\$1,340.37	.60	\$203.09	\$1,109.92
.55	\$276.47	\$1,371.09	.55	\$228.48	\$1,135.31
.50	\$307.19	\$1,401.81	.50	\$253.87	\$1,160.70

listed above.

Benefit FTE equals total hours worked per week divided by 35

example: 28 hrs per week worked divided by 35= .80FTE

Coverage described is intended as a summary only.

For exact terms and conditions, consult the group membership contracts