



Mounds View
PUBLIC SCHOOLS
Clerical Benefit Summary
2020

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	\$783.27	\$649.98	\$136.29
Family	\$2182.23	\$1444.76	\$737.47

Medical Insurance- Option 2

HealthPartners- National ONEsm \$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	\$ 646.98	\$646.98	\$0.00
Family	\$1805.95	\$1444.76	\$361.19

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	\$51.08	\$51.08	\$0
Family	\$80.03	\$80.03	\$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 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.

Spousal/Dependent Life

Employees may purchase spousal life and AD&D insurance through the District's group policy. Up to an additional \$25,000 in coverage may be purchased. The cost for spousal insurance is based on the employee's age. Employees may also purchase up to \$10,000 in dependent life insurance through the District group policy. The cost for dependent life is one rate of \$2.50 per month

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

State law determines the employer and employee contribution to the fund. 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 651-621-6032.

Matching Tax Sheltered Annuity

The maximum annual District contribution shall be based on years of service with Mounds View School District according to the following schedule for clerk hired on or after June 30, 2009:

At the beginning of the employee's---Year of Service with the District	District Matching Contribution 2017-2019
1st year	0
2-3 years	\$1100
4+ years	\$1600

Holidays

There are eleven paid holidays for all twelve-month employees and eleven-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. Twelve-month clerks receive ten days of vacation after one year of service. Eleven-month clerks receive 9 days of vacation and Ten-month clerks receive 8 days of vacation after one year of service. The vacation accrual schedule increases with years of service. Specific vacation accrual schedules are found in the Clerical Contract Booklet. Employees hired after December 31 accrue one vacation day per month until the following July 1. Unused vacation from the preceding fiscal year must be used by December 31.

Personal Leave

Clerks receive four personal days per year, noncumulative. Personal leave days are prorated for clerks working less than 11 months. Your supervisor must approve personal leave.

Sick Leave

Twelve-month clerks receive 12 days per year, Eleven-month clerks receive 11 days per year and Ten-month clerks receive 10 days per year. Accumulated sick leave may be used to care for your sick or disabled child under the age of 18 or under age 20 and attending secondary school. Up to five days of sick leave per year may be used to care for other immediate family members. Sick leave may accumulate without limit. After 90 days of leave has accumulated, employees may elect to exchange sick leave for pay or additional vacation days as provided for in the Clerical Contract. Sick leave is prorated for 12-month clerks working less than 12 months and 11 and 10-month clerks working less than 11 or 10 months.

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, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents, spouse's grandparents, and grandchild. Up to three days leave may be used for other relatives. Up to one day of leave may be used by an employee for attendance at the funeral of a friend.

Eligibility

Leave allowance will be prorated for Part-time employees. Part time clerks must have a .5 contract or greater to be eligible for health, 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 Costs
Clerical
2020

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

**HealthPartners-Open Access Choice
High Deductible Plan
\$600/\$1200 VEBA**

FTE	Employee Cost Per Month	
	Single	Family
1.00	\$136.29	\$737.47
.95	\$168.64	\$809.71
.90	\$200.99	\$881.95
.85	\$233.34	\$954.18
.80	\$265.69	\$1,026.42
.75	\$298.04	\$1,098.66
.70	\$330.38	\$1,170.90
.65	\$362.73	\$1,243.14
.60	\$395.08	\$1,315.37
.55	\$427.43	\$1,387.61
.50	\$459.78	\$1,459.85

FTE	Employee Cost Per Month	
	Single	Family
1.00	\$0.00	\$361.19
.95	\$32.35	\$433.43
.90	\$64.70	\$505.67
.85	\$97.05	\$577.90
.80	\$129.40	\$650.14
.75	\$161.75	\$722.38
.70	\$194.09	\$794.62
.65	\$226.44	\$866.86
.60	\$258.79	\$939.09
.55	\$291.14	\$1,011.33
.50	\$323.49	\$1,083.57

Delta Dental-PPO/Premier

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	\$25.54	\$40.01

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

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

FTE	Employee Cost		Age	Monthly Rate/1000	Employee Cost \$50,000
	Per Month				
1.00	-0-	Rate:	< 25	.076	3.80
0.95	.38	.150/\$1000	25-29	.086	4.30
0.90	.75		30-34	.106	5.30
0.85	1.13	Total Premium:	35-39	.116	5.80
0.80	1.50	\$7.50/month	40-44	.136	6.80
0.75	1.88		45-49	.186	9.30
0.70	2.25		50-54	.286	14.30
0.65	2.63		55-59	.516	25.80
0.60	3.00		60-64	.776	38.80
0.55	3.37		65-69	1.47	73.50
0.50	3.75		70+	2.396	119.80

A 1.0 FTE = 8 hours per day for 5 days per week or 40 hours per week during the regular school year. Benefit costs are prorated for part-time employees as listed above.

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