



Paraprofessional Benefit Summary 2020

Benefit eligible employees work a minimum of 20 hours per week

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	\$646.98	\$136.29
Family	\$2078.37	1064.73	1013.58

*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 \$750/\$1500 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	\$1264.17	\$541.78

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	\$51.08	\$28.95

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 \$25,000 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.

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 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 day.

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**

01/01/2020

HealthPartners-Open Access Choice \$15.00 Co-Pay Plan			HealthPartners-National ONE sm \$1,000 High Deductible Plan Annual VEBA Contribution \$750/\$1500		
FTE	Employee Cost Per Month		FTE	Employee Cost Per Month	
	Single	Family		Single	Family
1.00	\$136.29	\$1,117.50	1.00	\$0.00	\$541.78
.95	\$168.64	\$1,170.74	.95	\$32.35	\$604.99
.90	\$200.99	\$1,223.97	.90	\$64.70	\$668.20
.85	\$233.34	\$1,277.21	.85	\$97.05	\$731.41
.80	\$265.69	\$1,330.45	.80	\$129.40	\$794.61
.75	\$298.04	\$1,383.68	.75	\$161.75	\$857.82
.70	\$330.38	\$1,436.92	.70	\$194.09	\$921.03
.65	\$362.73	\$1,490.16	.65	\$226.44	\$984.24
.60	\$395.08	\$1,543.39	.60	\$258.79	\$1,047.45

Dental Rates-Delta Dental PPO/Premier

<i>Employee Cost Per Month</i>		
FTE*	Single	Family
1.0	\$0.00	\$28.95
.95	\$2.55	\$31.50
.90	\$5.11	\$34.06
.85	\$7.66	\$36.60
.80	\$10.22	\$39.17
.75	\$12.77	\$41.72
.70	\$15.32	\$44.27
.65	\$17.88	\$46.83
.60	\$20.43	\$49.38

*FTE (Full Time Equivalency) is based on a 35 hour work week.

To calculate your FTE, take your total hours worked per week and divide by 35.

Example: I work 31.25 hour per week.
31.25/35=.89, round up to .90 FTE.

My FTE is .90.

Life Insurance- \$25,000

<i>Employee Cost Per Month</i>	
FTE	Employee Premium
1.0	\$0.00
.95	\$0.17
.90	\$0.34
.85	\$0.51
.80	\$0.68
.75	\$0.85
.70	\$1.02
.65	\$1.19
.60	\$1.36

A 1.0 FTE = 35 hrs per week the regular school year. Benefit costs are prorated for part-time employees as 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