



Teacher 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 \$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	\$1444.76	\$361.19

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

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 or \$100,000 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

The employer and employee contribute to the fund as determined by law. Information regarding benefits may be obtained by contacting the Teachers' Retirement Association at 651-296-2409.

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.

District Match

Section 13.3 of the MVEA Contract provides (teachers with a .5 contract or greater) a District match to a qualifying TSA or deferred compensation plan based on years of service effective with the 2000-2001 school year. To begin participation, the employee must submit a completed salary reduction form to the Payroll Department. In order to receive the maximum annual amount, the salary reduction form must be received by June 15th.

Matching Contribution	2017-2019
4+ years of service	\$3,600

Personal Leave

Teachers employed from one (1) through nine (9) years are entitled to have four (4) personal days per year. Teachers beginning their tenth (10) contract year and thereafter are entitled to five (5) personal days per year. Days not used at the end of the year may be cashed in at the daily substitute teacher rate of pay or added to the employee's sick leave balance at the end of the school year. Personal leave must be approved by your supervisor. Personal leave days are prorated for teachers working less than the full school year.

Sick Leave

Teachers receive ten (10) days per year. A teacher may use accumulated sick leave for the care of a sick or disabled child under eighteen years of age or under twenty (20) years of age if attending secondary school. A teacher will be allowed up to ten (10) days of leave for the illness of a spouse, parent significant other, or child not covered above.

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, or other dependent. Up to three days may be used by an employee for attendance at, or arrangement of, the funeral of a brother, sister, grandparent, grandchild, or spouse's parent, grandparent, brother-in-law or sister-in-law. 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 teachers 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.

Benefit Costs Teacher 2020

HealthPartners-Open Access Choice \$15 Co-Pay Plan

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

Annual VEBA Contribution

Single: \$750

Family: \$1,500

FTE	Employee Cost Per Month		FTE	Employee Cost Per Month	
	Single	Family		Single	Family
1.00	\$136.29	\$737.47	1.00	\$0.00	\$361.19
.95	\$168.64	\$809.71	.95	\$32.35	\$433.43
.90	\$200.99	\$881.95	.90	\$64.70	\$505.67
.85	\$233.34	\$954.18	.85	\$97.05	\$577.90
.80	\$265.69	\$1,026.42	.80	\$129.40	\$650.14
.75	\$298.04	\$1,098.66	.75	\$161.75	\$722.38
.70	\$330.38	\$1,170.90	.70	\$194.09	\$794.62
.65	\$362.73	\$1,243.14	.65	\$226.44	\$866.86
.60	\$395.08	\$1,315.37	.60	\$258.79	\$939.09
.55	\$427.43	\$1,387.61	.55	\$291.14	\$1,011.33
.50	\$459.78	\$1,459.85	.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	\$25.99	\$40.01

\$50,000 Basic Life Insurance and AD&D

Supplemental Life Insurance and AD&D

FTE	Employee Cost		Age	Monthly Rate/1000	Employee Cost \$50,000	Employee Cost \$100,000
	Per Month					
1.00	-0-	Rate:	< 25	.076	3.80	7.60
0.95	.32	.128/\$1000	25-29	.086	4.30	8.60
0.90	.64		30-34	.106	5.30	10.60
0.85	.96	Total Premium:	35-39	.116	5.80	11.60
0.80	1.28	\$6.40/month	40-44	.136	6.80	13.60
0.75	1.60		45-49	.186	9.30	18.60
0.70	1.92		50-54	.286	14.30	28.60
0.65	2.24		55-59	.516	25.80	51.60
0.60	2.56		60-64	.776	38.80	77.60
0.55	2.88		65-69	1.486	74.30	148.60
0.50	3.20		70+	2.396	119.80	239.60

*spouse rate/1000 same as employee rate, max benefit \$25,000

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.