

Mounds View Public Schools Employee Benefits Summary Nutrition Services 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	\$646.98	\$136.29
Family	\$2182.23	\$586.83	\$1595.40

***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	\$646.98	\$646.98	\$0.00
Family	\$1805.95	\$646.98	\$1158.97

Long Term Disability

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.

Flexible Spending Accounts

Flexible spending accounts allow employees to save money on their unreimbursed medical, dental and/or dependent care (child care and 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.moundviewschools.org, go to the employment link, click on benefits. Questions should be directed to the Payroll Department.

Vacation

Employees working in the Senior Nutrition Program who work 12 months receive 10 days of vacation at the beginning of the fiscal year. Vacation is prorated for employees working less than 12 months. Unused vacation from the preceding fiscal year must be used by December 31.

Holidays

Nutrition services employees receive eight paid holidays; Labor Day, Thanksgiving, the day after Thanksgiving, December 25, New Year's Eve, New Year's Day, spring break, and Memorial Day. The twelve-month senior nutrition employees receive 11 paid holidays as designated by the District annually.

Personal Leave

Nutrition services employees receive four personal days per year, noncumulative. Personal leave must be approved by your supervisor. Personal leave is prorated for employees working less than the full school year.

Sick Leave

Nutrition services employees accumulate 10 sick days per school year, cumulative without limit. Twelve (12) month employees in the Senior Nutrition Program who work in the Senior Nutrition Program shall accumulate twelve (12) days per year annually. 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 5 days per year may be used for illness of other immediate family members. Sick leave is prorated for employees working less than the full school year.

Bereavement Leave

Upon advance notice and arrangement with the immediate supervisor, up to five 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 and grandchildren. Up to two days may be used for other persons not listed; however, those days are deducted from your sick leave balance.

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
Nutrition Services Bargaining Unit**

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

**HealthPartners-National ONE sm
\$1,000 High Deductible Plan
Annual VEBA Contribution
\$600.00**

FTE	Employee Cost Per Month	
	Single	Family
1.00	\$136.29	\$1,595.40
.95	\$168.64	\$1,624.74
.90	\$200.99	\$1,654.08
.85	\$233.34	\$1,683.42
.80	\$265.69	\$1,712.77
.75	\$298.04	\$1,742.11
.70	\$330.38	\$1,771.45
.65	\$362.73	\$1,800.79
.60	\$395.08	\$1,830.13
.55	\$427.43	\$1,859.47
.50	\$459.78	\$1,888.82

FTE	Employee Cost Per Month	
	Single	Family
1.00	\$0.00	\$1,158.97
.95	\$32.35	\$1,191.32
.90	\$64.70	\$1,223.67
.85	\$97.05	\$1,256.02
.80	\$129.40	\$1,288.37
.75	\$161.75	\$1,320.72
.70	\$194.09	\$1,353.06
.65	\$226.44	\$1,385.41
.60	\$258.79	\$1,417.76
.55	\$291.14	\$1,450.11
.50	\$323.49	\$1,482.46

Dental Rates-Delta Dental PPO/Premier

FTE*	Employee Cost Per Month	
	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
.55	\$22.99	\$51.93
	\$25.99	\$54.48