

2024 INSURANCE PREMIUM RATE SCHEDULE

Community Education Staff

HEALTH INSURANCE RATES EFFECTIVE January 1, 2024 through December 31, 2024

Option 1 HEALTH INSURANCE: BCBS of MN - \$1500/\$3000 CMM Plan

COST PER MONTH:

		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-<6 hrs/dy 20-<30 hrs/wk
SINGLE	Employee Share:	\$163.86	\$410.36
	Board Contribution:	\$616.26	\$369.76
	Total Premium:	\$780.12	\$780.12
Single Cost Per Check with Year Round Deductions		\$81.93	\$205.18
Single Cost Per Check with 16 Pay Periods Deductions		\$122.90	\$307.77
FAMILY	Employee Share:	\$498.86	\$1,248.62
	Board Contribution:	\$1,874.40	\$1,124.64
	Total Premium:	\$2,373.26	\$2,373.26
Family Cost Per Check with Year Round Deductions		\$249.43	\$624.31
Family Cost Per Check with 16 Pay Periods Deductions		\$374.15	\$936.47

Option 2 HEALTH INSURANCE: BCBS of MN - Health Reimbursement Account

		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-< 6 hrs/dy 20 - <30 hrs/wk
COST PER MONTH:	Total Premium:	\$774.25	\$774.25
	Board Contribution:	\$616.26	\$369.76
	HRA Funding	\$83.33	\$83.33
	Net District Contribution	\$532.93	\$286.43
	*** SINGLE Employee Share:	\$241.32	\$487.82
Single Cost Per Check with Year Round Deductions		\$120.66	\$243.91
Single Cost Per Check with 16 Pay Periods Deductions		\$180.99	\$365.87
**** FAMILY	Total Premium:	\$2,353.99	\$2,353.99
	Board Contribution:	\$1,874.40	\$1,124.64
	HRA Funding	\$166.67	\$166.67
	Net District Contribution	\$1,707.73	\$957.97
	Employee Share:	\$646.26	\$1,396.02
Family Cost Per Check with Year Round Deductions		\$323.13	\$698.01
Family Cost Per Check with 16 Pay Periods Deductions		\$484.70	\$1,047.02

District Funds 50% of the HRA Deductible (\$1,000/single or \$2,000/family)

***Single= \$1,000/12 = \$83.33/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$616.26. The \$83.33 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$616.26 - \$83.33 = \$532.93 to be paid by the District towards the monthly premium.

****Family = \$2,000/12 = \$166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$1,874.40. The \$166.67 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$1,874.40 - \$166.67 = \$1,707.73 to be paid by the District towards the monthly premium.

*Insurance premiums for employees primarily working on student contact days are divided equally over 16 pay periods during the school year. Year-round and school year only staff pay the same total amount for insurance premiums over a 12 month period. Staff on 16 pay period deductions include those in the following contracts: Educational Assistants, Community Education Staff, Nurses, Child Nutrition Staff, Other Staff, non-year round Office Employees, and COTA/Speech Language.

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DENTAL INSURANCE: Delta Dental - Rates Effective January 1, 2024 through December 31, 2024

A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-<6 hrs/dy 20-<30 hrs/wk
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COST PER MONTH:

SINGLE	Employee Share:	\$11.77	\$23.05
	Board Contribution:	\$28.20	\$16.92
	Total Premium:	\$39.97	\$39.97
Single Cost Per Check with Year Round Deductions		\$5.89	\$11.53
Single Cost Per Check with 16 Pay Periods Deductions		\$8.83	\$17.29
FAMILY	Employee Share:	\$53.48	\$79.22
	Board Contribution:	\$64.34	\$38.60
	Total Premium:	\$117.82	\$117.82
Family Cost Per Check with Year Round Deductions		\$26.74	\$39.61
Family Cost Per Check with 16 Pay Periods Deductions		\$40.11	\$59.41

VISION COVERAGE

Employee Only	\$7.54/month
Employee + 1	\$12.06/month
Employee + Children	\$12.31/month
Family	\$19.84/month

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