

2024 INSURANCE PREMIUM SCHEDULE

Teachers

HEALTH INSURANCE - Blue Cross Blue Shield of MN

Effective January 1, 2024 through December 31, 2024

Option 1 \$1,500/\$3,000 CMM Plan

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$780.12	\$780.12	\$780.12	\$780.12	\$780.12	\$780.12
Board Contribution:	<u>\$616.26</u>	<u>\$431.38</u>	<u>\$385.16</u>	<u>\$369.76</u>	<u>\$338.94</u>	<u>\$308.13</u>
SINGLE Employee Cost per Month:	\$163.86	\$348.74	\$394.96	\$410.36	\$441.18	\$471.99
Full Premium:	\$2,373.26	\$2,373.26	\$2,373.26	\$2,373.26	\$2,373.26	\$2,373.26
Board Contribution:	<u>\$1,874.40</u>	<u>\$1,312.08</u>	<u>\$1,171.50</u>	<u>\$1,124.64</u>	<u>\$1,030.92</u>	<u>\$937.20</u>
FAMIL' Employee Cost per Month:	\$498.86	\$1,061.18	\$1,201.76	\$1,248.62	\$1,342.34	\$1,436.06

Option 2 Health Reimbursement Account (HRA) - HRA account is funded each January and each July

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$774.25	\$774.25	\$774.25	\$774.25	\$774.25	\$774.25
Board Contribution:	\$616.26	\$431.38	\$385.16	\$369.76	\$338.94	\$308.13
HRA Funding	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>
*** Net District Contribution:	\$532.93	\$348.05	\$301.83	\$286.43	\$255.61	\$224.80
SINGLE Employee Cost per Month:	\$241.32	\$426.20	\$472.42	\$487.82	\$518.64	\$549.45
Full Premium:	\$2,353.99	\$2,353.99	\$2,353.99	\$2,353.99	\$2,353.99	\$2,353.99
Board Contribution:	\$1,874.40	\$1,312.08	\$1,171.50	\$1,124.64	\$1,030.92	\$937.20
HRA Funding	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>
**** Net District Contribution	\$1,707.73	\$1,145.41	\$1,004.83	\$957.97	\$864.25	\$770.53
FAMIL' Employee Cost per Month:	\$646.26	\$1,208.58	\$1,349.16	\$1,396.02	\$1,489.74	\$1,583.46

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

*****Single** = \$1,000.00/12 = \$83.33/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$616.26. The \$83.33/mo. 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** = \$2,000.00/12 = \$166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$1,874.40. The \$166.67/mo. 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.

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

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$39.97	\$39.97	\$39.97	\$39.97	\$39.97	\$39.97
<u>Board Contribution:</u>	<u>\$28.20</u>	<u>\$19.74</u>	<u>\$17.63</u>	<u>\$16.92</u>	<u>\$15.51</u>	<u>\$14.10</u>
SINGLE Employee Cost per Month:	\$11.77	\$20.23	\$22.35	\$23.05	\$24.46	\$25.87

Full Premium:	\$117.82	\$117.82	\$117.82	\$117.82	\$117.82	\$117.82
<u>Board Contribution:</u>	<u>\$64.34</u>	<u>\$45.04</u>	<u>\$40.21</u>	<u>\$38.60</u>	<u>\$35.39</u>	<u>\$32.17</u>
FAMIL' Employee Cost per Month:	\$53.48	\$72.78	\$77.61	\$79.22	\$82.43	\$85.65

Note: The NEA Agreement prorates benefits payable to those employees who work .5 FTE to less than .75FTE, commensurate with the amount of time the teacher works. Teachers working part-time 1st Semester 93-94, who were enrolled in health/dental benefits, shall continue to receive their benefits paid as per a full time teacher. Also, teachers who were employed full time 1st Semester 93-94, and enrolled in health/dental insurance, and whose contracts are subsequently involuntarily reduced, shall continue to receive their benefits paid as per a full time teacher.

VISION COVERAGE

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