

**2025 INSURANCE PREMIUM RATE SCHEDULE**

**Community Education Staff**

HEALTH INSURANCE RATES EFFECTIVE January 1, 2025 through December 31, 2025

**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
		<b>SINGLE</b>	<b>Employee Share:</b>
	Board Contribution:	\$649.26	\$389.56
	Total Premium:	\$858.13	\$858.13
Single Cost Per Check with Year Round Deductions		\$104.44	\$234.29
Single Cost Per Check with 16 Pay Periods Deductions		\$156.65	\$351.43
<b>FAMILY</b>	<b>Employee Share:</b>	<b>\$636.19</b>	<b>\$1,425.95</b>
	Board Contribution:	\$1,974.40	\$1,184.64
	Total Premium:	\$2,610.59	\$2,610.59
Family Cost Per Check with Year Round Deductions		\$318.10	\$712.98
Family Cost Per Check with 16 Pay Periods Deductions		\$477.14	\$1,069.46

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

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-< 6 hrs/dy 20 - <30 hrs/wk
			Total Premium:
	Board Contribution:	\$649.26	\$389.56
	HRA Funding	<u>\$83.33</u>	<u>\$83.33</u>
***	Net District Contribution	\$565.93	\$306.23
<b>SINGLE</b>	<b>Employee Share:</b>	<b>\$285.75</b>	<b>\$545.45</b>
Single Cost Per Check with Year Round Deductions		\$142.88	\$272.73
Single Cost Per Check with 16 Pay Periods Deductions		\$214.31	\$409.09
	Total Premium:	\$2,589.39	\$2,589.39
	Board Contribution:	\$1,974.40	\$1,184.64
	HRA Funding	<u>\$166.67</u>	<u>\$166.67</u>
****	Net District Contribution	\$1,807.73	\$1,017.97
<b>FAMILY</b>	<b>Employee Share:</b>	<b>\$781.66</b>	<b>\$1,571.42</b>
Family Cost Per Check with Year Round Deductions		<b>\$390.83</b>	<b>\$785.71</b>
Family Cost Per Check with 16 Pay Periods Deductions		<b>\$586.25</b>	<b>\$1,178.57</b>

**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 \$649.26. The \$83.33 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$649.26 - \$83.33 = \$565.93 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 \$1,974.40. The \$166.67 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$1,974.40 - \$166.67 = \$1,807.73 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, 2025 through December 31, 2025**

<b>A: 6-8 hrs/dy 30-40 hrs/wk</b>	<b>B: 4-&lt;6 hrs/dy 20-&lt;30 hrs/wk</b>
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**COST PER MONTH:**

<b>SINGLE</b>	<b>Employee Share:</b>	<b>\$13.77</b>	<b>\$25.05</b>
	Board Contribution:	\$28.20	\$16.92
	Total Premium:	\$41.97	\$41.97
Single Cost Per Check with Year Round Deductions		\$6.89	\$12.53
Single Cost Per Check with 16 Pay Periods Deductions		\$10.33	\$18.79
<b>FAMILY</b>	<b>Employee Share:</b>	<b>\$59.37</b>	<b>\$85.11</b>
	Board Contribution:	\$64.34	\$38.60
	Total Premium:	\$123.71	\$123.71
Family Cost Per Check with Year Round Deductions		\$29.69	\$42.55
Family Cost Per Check with 16 Pay Periods Deductions		\$44.53	\$63.83

**VISION COVERAGE**

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

\*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.