

2025 INSURANCE PREMIUM RATE SCHEDULE

Administration; Community Services Coordinators; Confidential; Custodians; Head Custodians; Child Nutrition; Maintenance/Grnds/Electrical Coordinators; Nurses; COTA/Speech Language; Office Employees; Other Staff Principals; Superintendent; Technology; Educational Assistants *

HEALTH INSURANCE - BCBS of MN - Rates Effective January 1, 2025 through December 31, 2025

Option 1 HEALTH INSURANCE: \$1500/\$3000 CMM Plan

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 5-<6 hrs/dy 25-<30 hrs/wk	C: 4-<5 hrs/dy 20-<25 hrs/wk
SINGLE	Employee Share:	\$208.87	\$468.57	\$533.50
	Board Contribution:	\$649.26	\$389.56	\$324.63
	Total Premium:	\$858.13	\$858.13	\$858.13
Single Cost Per Check with Year Round Deduct		\$104.44	\$234.29	\$266.75
Single Cost Per Check with 16 Pay Perids Deduct		\$156.65	\$351.43	\$400.13
FAMILY	Employee Share:	\$636.19	\$1,425.95	\$1,623.39
	Board Contribution:	\$1,974.40	\$1,184.64	\$987.20
	Total Premium:	\$2,610.59	\$2,610.59	\$2,610.59
Family Cost Per Check with Year Round Deduct		\$318.10	\$712.98	\$811.70
Family Cost Per Check with 16 Pay Periods Ded		\$477.14	\$1,069.46	\$1,217.54

Option 2 HEALTH INSURANCE: Health Reimbursement Account

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 5-<6 hrs/dy 25-<30 hrs/wk	C: 4-<5 hrs/dy 20-<25 hrs/wk
***	Total Premium:	\$851.68	\$851.68	\$851.68
	Board Contribution:	\$649.26	\$389.56	\$324.63
	HRA Funding	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>
	Net District Contribution	\$565.93	\$306.23	\$241.30
	SINGLE	Employee Share:	\$285.75	\$545.45
Single Cost Per Check with Year Round Deduct		\$142.88	\$272.73	\$305.19
Single Cost Per Check with 16 Pay Periods Dedu		\$214.31	\$409.09	\$457.79
****	Total Premium:	\$2,589.39	\$2,589.39	\$2,589.39
	Board Contribution:	\$1,974.40	\$1,184.64	\$987.20
	HRA Funding	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>
	Net District Contribution	\$1,807.73	\$1,017.97	\$820.53
	FAMILY	Employee Share:	\$781.66	\$1,571.42
Family Cost Per Check with Year Round Deduct		\$390.83	\$785.71	\$884.43
Family Cost Per Check with 16 Pay Perids Dedu		\$586.25	\$1,178.57	\$1,326.65

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 \$649.26. The \$83.33/mo. 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** = \$2,000.00/12 = \$166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$1,974.40. The \$166.67/mo. that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$1,974.40 - \$166.67 = \$1,807.73 to be paid by the District towards the monthly premium.

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 Head Custodians; Child Nutrition; Maintenance/Grnds/Electrical Coordinators; Nurses;
 COTA/Speech Language; Office Employees; Other Staff; Principals; Superintendent; Technology;
 Educational Assistants ***

DENTAL INSURANCE: Delta Dental - Rates Effective January 1, 2025 through December 31, 2025

A: 6-8 hrs/dy 30-40 hrs/wk	B: 5-<6 hrs/dy 25-<30 hrs/wk	C: 4-<5 hrs/dy 20-<25 hrs/wk
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COST PER MONTH:

SINGLE	Employee Share:	\$13.77	\$25.05	\$27.87
	Board Contribution:	\$28.20	\$16.92	\$14.10
	Total Premium:	\$41.97	\$41.97	\$41.97
Single Cost Per Check with Year Round Deducti		\$6.89	\$12.53	\$13.94
Single Cost Per Check with 16 Pay Perids Dedu		\$10.33	\$18.79	\$20.90

FAMILY	Employee Share:	\$59.37	\$85.11	\$91.54
	Board Contribution:	\$64.34	\$38.60	\$32.17
	Total Premium:	\$123.71	\$123.71	\$123.71
Family Cost Per Check with Year Round Deducti		\$29.69	\$42.55	\$45.77
Family Cost Per Check with 16 Pay Perids Dedu		\$44.53	\$63.83	\$68.66

VISION COVERAGE

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

*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.