

2025 INSURANCE PREMIUM SCHEDULE

Teachers

HEALTH INSURANCE - Blue Cross Blue Shield of MN

Effective January 1, 2025 through December 31, 2025

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

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$858.13	\$858.13	\$858.13	\$858.13	\$858.13	\$858.13
Board Contribution:	<u>\$649.26</u>	<u>\$454.48</u>	<u>\$405.79</u>	<u>\$389.56</u>	<u>\$357.09</u>	<u>\$324.63</u>
SINGLE Employee Cost per Month:	\$208.87	\$403.65	\$452.34	\$468.57	\$501.04	\$533.50
Full Premium:	\$2,610.59	\$2,610.59	\$2,610.59	\$2,610.59	\$2,610.59	\$2,610.59
Board Contribution:	<u>\$1,974.40</u>	<u>\$1,382.08</u>	<u>\$1,234.00</u>	<u>\$1,184.64</u>	<u>\$1,085.92</u>	<u>\$987.20</u>
FAMIL' Employee Cost per Month:	\$636.19	\$1,228.51	\$1,376.59	\$1,425.95	\$1,524.67	\$1,623.39

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:	\$851.68	\$851.68	\$851.68	\$851.68	\$851.68	\$851.68
Board Contribution:	\$649.26	\$454.48	\$405.79	\$389.56	\$357.09	\$324.63
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:	\$565.93	\$371.15	\$322.46	\$306.23	\$273.76	\$241.30
SINGLE Employee Cost per Month:	\$285.75	\$480.53	\$529.22	\$545.45	\$577.92	\$610.38
Full Premium:	\$2,589.39	\$2,589.39	\$2,589.39	\$2,589.39	\$2,589.39	\$2,589.39
Board Contribution:	\$1,974.40	\$1,382.08	\$1,234.00	\$1,184.64	\$1,085.92	\$987.20
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	\$1,807.73	\$1,215.41	\$1,067.33	\$1,017.97	\$919.25	\$820.53
FAMIL' Employee Cost per Month:	\$781.66	\$1,373.98	\$1,522.06	\$1,571.42	\$1,670.14	\$1,768.86

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. \$646.26 - \$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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DENTAL - Delta Dental - Rates Effective January 1, 2025 through December 31, 2025

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$41.97	\$41.97	\$41.97	\$41.97	\$41.97	\$41.97
<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:	\$13.77	\$22.23	\$24.35	\$25.05	\$26.46	\$27.87
Full Premium:	\$123.71	\$123.71	\$123.71	\$123.71	\$123.71	\$123.71
<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:	\$59.37	\$78.67	\$83.50	\$85.11	\$88.32	\$91.54

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