



## Community Education - Supervisors and Coordinators

2024-2025

### Full-Time Insurance Benefit Cost

Full-Time employees who qualify for health & hospitalization under the group plan shall receive a District contribution of:

|   | Monthly Premium | District Pays Per Month | Employee Pays Per Month | Contribution that can be applied toward Dental Insurance |
|---|-----------------|-------------------------|-------------------------|--|
| <b>Open Access \$20 Co-Pay Plan</b>       |                 |                         |                         |  |
| Single                                    | \$924.26        | \$767.13                | \$157.13                | \$0.00   |
| Single+1                                  | \$2,150.95      | \$1,185.91              | \$965.04                | \$0.00   |
| Family                                    | \$2,608.00      | \$1,476.88              | \$1,131.12              | \$0.00   |
| <b>Open Access \$500 Deductible Plan</b>  |                 |                         |                         |  |
| Single                                    | \$804.65        | \$767.13                | \$37.52                 | \$0.00   |
| Single+1                                  | \$1,872.59      | \$1,185.91              | \$686.68                | \$0.00   |
| Family                                    | \$2,270.50      | \$1,476.88              | \$793.62                | \$0.00   |
| <b>Open Access \$1750 Deductible Plan</b> |                 |                         |                         |  |
| Single                                    | \$681.43        | \$683.80*               | \$0.00                  | \$2.37   |
| Single+1                                  | \$1,585.84      | \$1,102.58*             | \$483.26                | \$0.00   |
| Family                                    | \$1,922.81      | \$1,393.55 *            | \$529.26                | \$0.00   |

\*In addition, the School District will contribute \$83.33 per month (\$1,000 per year) into a VEBA Trust on behalf of the employee when enrolled in the \$1,750 Deductible CMM Plan.

### Part-Time Insurance Benefit Cost

\*\* Part-Time employees who qualify for health & hospitalization under the group plan shall receive a District contribution in a pro-rated amount proportional to his/her employment:

|   | Monthly Premium | District Pays Per Month | Employee Pays Per Month | Contribution that can be applied toward Dental Insurance |
|---|-----------------|-------------------------|-------------------------|--|
| <b>Open Access \$20 Co-Pay Plan</b>       |                 |                         |                         |  |
| Single                                    | \$924.26        | **                      | **                      | \$0.00   |
| Single+1                                  | \$2,150.95      | **                      | **                      | \$0.00   |
| Family                                    | \$2,608.00      | **                      | **                      | \$0.00   |
| <b>Open Access \$500 Deductible Plan</b>  |                 |                         |                         |  |
| Single                                    | \$804.65        | **                      | **                      | \$0.00   |
| Single+1                                  | \$1,872.59      | **                      | **                      | \$0.00   |
| Family                                    | \$2,270.50      | **                      | **                      | \$0.00   |
| <b>Open Access \$1750 Deductible Plan</b> |                 |                         |                         |  |
| Single                                    | \$681.43        | ** *                    | **                      | \$0.00   |
| Single+1                                  | \$1,585.84      | ** *                    | **                      | \$0.00   |
| Family                                    | \$1,922.81      | ** *                    | **                      | \$0.00   |

\*In addition, the School District will contribute \$83.33 per month (\$1,000 per year) into a VEBA Trust on behalf of the employee when enrolled in the \$1,750 Deductible CMM Plan.

District contribution amounts stated above are based on the Terms and Conditions of Employment currently in place.



## Community Education - Supervisors and Coordinators

### Dental Insurance Benefit Cost

\* Employees working 20 or more hours per week are eligible to participate in the District's dental insurance program. Employees may use any dollar amounts not applied toward health insurance coverage for payment of their dental insurance premiums. Any amount not used by the employee for insurance coverage is not refundable to the individual but remains with the District.

|          | Monthly Premium | District Pays Per Month | Employee Pays Per Month |
|----------|-----------------|-------------------------|-------------------------|
| Single   | \$42.50         | *                       | *                       |
| Single+1 | \$86.10         | *                       | *                       |
| Family   | \$156.50        | *                       | *                       |

### Group Life Insurance Benefit (100% Employer Paid)

Offered to Full-Time employees only

|                      |             |
|----------------------|-------------|
| Life Benefit Amount: | \$50,000.00 |
|----------------------|-------------|

### Long-Term Disability (LTD) Insurance Benefit (100% Employer Paid)

Offered to Full-Time employees only

|                                |             |
|--------------------------------|-------------|
| Maximum Monthly Benefit:       | \$4,167.00  |
| Maximum Annual Covered Salary: | \$75,000.00 |

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District contribution amounts stated above are based on the Terms and Conditions of Employment currently in place.