



## ECFE Teachers

2024-2025

### Full-Time Insurance Benefit Cost

Full-Time employees (at least 1,120 hours per school year) shall be eligible for 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

### Part-Time Insurance Benefit Cost

\*\*Part-Time who are scheduled an average of at least 22.5 hours per week (720 hours per school year) will receive a pro-rata share of the District's contribution for health insurance.

	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

District contribution amounts stated above are based on the Work Agreement currently in place.



## ECFE Teachers

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

Offered to Full-Time employees only

Maximum Monthly Benefit:	\$5,000.00		
Maximum Annual Covered Salary:	\$90,000.00		

DISCLAIMER: This document is designed to be as current as possible; however, the information contained in this document is subject to change at any time. This information is meant solely as a convenience to employees of the Waconia Public Schools. This document does not create any contractual rights or entitlements.

District contribution amounts stated above are based on the Work Agreement currently in place.