



Principals

2024-2025

Full-Time Insurance Benefit Cost

	Monthly Premium	District Pays Per Month	Employee Pays Per Month
Open Access \$20 Co-Pay Plan			
Single	\$924.26	\$764.63	\$159.63
Single+1	\$2,150.95	\$1,728.91	\$422.04
Family	\$2,608.00	\$2,105.38	\$502.62
Open Access \$500 Deductible Plan			
Single	\$804.65	\$764.63	\$40.02
Single+1	\$1,872.59	\$1,728.91	\$143.68
Family	\$2,270.50	\$2,105.38	\$165.12
Open Access \$1750 Deductible Plan			
Single	\$681.43	\$681.30*	\$0.13
Single+1	\$1,585.84	\$1,645.58*	\$0.00
Family	\$1,922.81	\$2,022.05*	\$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

** A Part-Time Principal shall receive a district contribution towards health/hospitalization insurance in a pro-rated amount proportional to his/her employment.

	Monthly Premium	District Pays Per Month	Employee Pays Per Month
Open Access \$20 Co-Pay Plan			
Single	\$924.26	**	**
Single+1	\$2,150.95	**	**
Family	\$2,608.00	**	**
Open Access \$500 Deductible Plan			
Single	\$804.65	**	**
Single+1	\$1,872.59	**	**
Family	\$2,270.50	**	**
Open Access \$1750 Deductible Plan			
Single	\$681.43	** *	**
Single+1	\$1,585.84	** *	**
Family	\$1,922.81	** *	**

*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 Work Agreement currently in place.



Principals

Full-Time Dental Insurance Benefit Cost

* 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	\$37.50	5.00*	
Single+1	\$86.10	\$76.00	10.10*	
Family	\$156.50	\$138.00	26.50*	

Part-Time Dental Insurance Benefit Cost

** A Part-Time Principal shall receive a district contribution towards dental insurance in a pro-rated amount proportional to his/her employment. 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)

The District shall provide a \$190,000 group term life insurance for Full-Time employees. A Part-Time Principal shall receive a group term life policy in a pro-rated amount proportional to his/her employment.

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

Offered to Full-Time and Part-Time employees only.

Maximum Monthly Benefit:	\$8,800.00			
Maximum Annual Covered Salary:	\$153,000.00			

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