



## Teachers

2024-2025

### Full-Time Insurance Benefit Cost

Each Full-Time teacher shall be required to purchase at least single coverage health insurance and is eligible for dental insurance. Any additional cost of the premium(s) shall be borne by the teacher and paid by payroll deduction. For teachers not on continuing contract, school district coverage becomes effective the first day of employment. Full-Time teachers, excluding ECFE, Title I and substitute teachers, 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

### Part-Time Insurance Benefit Cost

**\*\*Part-Time teachers under contract, excluding ECFE, Title I, and substitute teachers shall be eligible for health insurance as listed:**  
 0.50 to 0.70 FTE will receive 75% of the District contribution.  
 0.71 to 0.85 FTE will receive 85% of the District contribution.  
 0.86 to 0.99 FTE will receive 100% of the District contribution.

The balance of the premium cost shall be paid by the teacher through payroll deduction. A Part-Time teacher under contract employed less than one-half time shall not be eligible for a District contribution.

	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.



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### Dental Insurance Benefit Cost

\* Teachers working one-half time or more may elect to purchase dental insurance. Any amounts remaining after purchasing at least single health insurance will be paid as a salary addition.

	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 teachers only.

Life Benefit Amount:	\$ 50,000.00			
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### Long-Term Disability (LTD) Insurance Benefit (100% Employer Paid)

Offered to Full-Time teachers only.

Maximum Monthly Benefit:	\$5,200.00			
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.

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