



Unaffiliated Directors and Managers

2023-2024

Full-Time Insurance Benefit Cost

Any District contribution not used towards monthly premium cost for the current health plan remains with the District.

	Monthly Premium	District Pays Per Month	Employee Pays Per Month	
Open Access \$20 Co-Pay Plan				
Single	\$820.72	\$764.63	\$56.09	
Single+1	\$1,910.00	\$1,728.91	\$181.09	
Family	\$2,315.85	\$2,105.38	\$210.47	
Open Access \$500 Deductible Plan				
Single	\$740.44	\$764.63	\$0.00	
Single+1	\$1,749.45	\$1,728.91	\$20.54	
Family	\$2,121.20	\$2,105.38	\$15.82	
Open Access \$1750 Deductible Plan				
Single	\$635.88	\$681.30*	\$0.00	
Single+1	\$1,479.83	\$1,645.58*	\$0.00	
Family	\$1,794.27	\$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 Director or Manager 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	\$820.72	**	**	
Single+1	\$1,910.00	**	**	
Family	\$2,315.85	**	**	
Open Access \$500 Deductible Plan				
Single	\$740.44	**	**	
Single+1	\$1,749.45	**	**	
Family	\$2,121.20	**	**	
Open Access \$1750 Deductible Plan				
Single	\$635.88	** *	**	
Single+1	\$1,479.83	** *	**	
Family	\$1,794.27	** *	**	

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

*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.



Unaffiliated Directors and Managers

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	\$40.50	\$37.50	3.00*
Single+1	\$82.00	\$76.00	6.00*
Family	\$149.00	\$138.00	11.00*

Part-Time Dental Insurance Benefit Cost

** A Part-Time Director or Manager 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	\$40.50	**	**
Single+1	\$82.00	**	**
Family	\$149.00	**	**

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 Unaffiliated Director or Manager shall receive a group term life policy in a pro-rated amount proportional to his/her employment.

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

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

Maximum Monthly Benefit:	\$8,500.00		
Maximum Annual Covered Salary:	\$153,000.00		

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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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