

# EDUCATION MINNESOTA/EDINA

1/1/2019

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## HEALTH INSURANCE PLAN BENEFIT COSTS

PEIP - Advantage High	<u>TOTAL COST PER MONTH</u>	<u>DISTRIC PAYS PER MONTH</u>	<u>YOU PAY PER MONTH</u>	<u>HRA PLAN CONTRIBUTION</u>
<b>Full-Time Employees:</b>				
Single	\$728.20	\$649.00	\$79.20	\$0.00
Single +1	\$1,528.74	\$1,065.00	\$463.74	\$0.00
Family	\$2,044.28	\$1,409.00	\$635.28	\$0.00

PEIP - Advantage Value	<u>TOTAL COST PER MONTH</u>	<u>DISTRIC PAYS PER MONTH</u>	<u>YOU PAY PER MONTH</u>	<u>HRA PLAN CONTRIBUTION</u>
<b>Full-Time Employees:</b>				
Single	\$653.96	\$649.00	\$4.96	\$0.00
Single +1	\$1,372.36	\$1,065.00	\$307.36	\$0.00
Family	\$1,836.24	\$1,409.00	\$427.24	\$0.00

PEIP - Advantage HSA	<u>TOTAL COST PER MONTH</u>	<u>DISTRIC PAYS PER MONTH</u>	<u>YOU PAY PER MONTH</u>	<u>HRA PLAN CONTRIBUTION</u>
<b>Full-Time Employees:</b>				
Single	\$497.44	\$649.00	\$0.00**	\$151.56
Single +1	\$1,043.76	\$1,065.00	\$0.00**	\$21.24
Family	\$1,398.00	\$1,409.00	\$0.00**	\$11.00

\*\*In the event that you select a health insurance plan for which the monthly premium is less than the District contribution, the District will deposit into your HRA, the difference between the District contribution and the amount of the monthly premium.

If two full-time employees in this unit are married and covered under one family or single +1 policy and one spouse has waived coverage, the employee enrolled in the coverage will receive the following monthly contribution:

Single +1:	\$1,715.00
Family	\$2,056.00

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## DENTAL INSURANCE PLAN BENEFIT COSTS

	<u>TOTAL COST PER MONTH</u>	<u>DISTRIC PAYS PER MONTH</u>	<u>YOU PAY PER MONTH</u>
<b>Full-Time Employees:</b>			
<b>Single</b>	\$36.30	\$36.30	\$0.00
<b>Single +1</b>	\$70.05	\$61.00	\$9.05
<b>Family</b>	\$114.30	\$61.00	\$53.30

If two full-time employees in this unit are married and covered under one family or single +1 policy and one spouse has waived coverage, the employee enrolled in the coverage will receive the following monthly contribution:

<b>Single +1:</b>	\$116.67
<b>Family</b>	\$116.67

## GROUP LIFE INSURANCE PLAN BENEFIT

**Life Benefit Amount:** 1.5 times annual salary to a maximum of \$350,000

**AD&D Benefit Amount:** 3 times annual salary to a maximum of \$500,000

## LONG TERM DISABILITY INSURANCE PLAN BENEFIT

**Percentage of income insured:** 66 2/3% of monthly salary

**Maximum monthly benefit:** \$5,000.00

**Maximum annual covered salary:** \$90,000.00

\*Full- time teacher works 30 hours a week or more. Part-time teachers contracted to work atleast 20 hours per week but less than 30 hours a week are eligible for pro-rated insurance premium contribuons by the District.

COBRA partiant's costs would be the amount in the Total Cost Per Month column.

Retiree participant's cost would be the amount in the Total Cost Per Month column, minus any District contributions bargained into your Master Agreement. Please refer to your Agreement for further details.