

**INDEPENDENT SCHOOL DISTRICT NO. 709
MONTHLY ACTIVE EMPLOYEE RATES**

EFFECTIVE 07/01/20—06/30/21

HEALTH INSURANCE PEIP ADVANTAGE	SINGLE COVERAGE				FAMILY COVERAGE				TWO EMPLOYEE COVERAGE			
	PLAN COST	DISTRICT PAYMENT	EMPLOYEE PAYMENT	DISTRICT HRA PAYMENT	PLAN COST	DISTRICT PAYMENT	EMPLOYEE PAYMENT	DISTRICT HRA PAYMENT	PLAN COST	DISTRICT PAYMENT	EMPLOYEE PAYMENT	DISTRICT HRA PAYMENT (Per Family)
	\$ 845.08	\$ 845.08	\$ -	\$ 2,612.50	\$ 2,256.08	\$ 1,692.06	\$ 564.02	\$ 5,225.00	\$ 2,256.08	\$ 2,256.08	\$ -	\$ 5,225.00

EFFECTIVE 01/01/20—12/31/20

LIFE INSURANCE (Plan Type)	BENEFIT AMOUNT	PLAN COST	DISTRICT PAYMENT	EMPLOYEE PAYMENT
DIRECTORS				
Basic	\$ 100,000	\$ 14.50	\$ 14.50	\$ -
PRINCIPALS				
Basic	\$ 75,000	\$ 10.88	\$ 10.88	\$ -
Supplemental	\$ 75,000	\$ 12.38	\$ -	\$ 12.38

DENTAL INSURANCE (Plan Type)	PLAN COST	DISTRICT PAYMENT	EMPLOYEE PAYMENT
Basic Single Coverage	\$ 22.74	\$ 22.74	\$ -
Basic Family Coverage	\$ 74.74	\$ 22.74	\$ 52.00
Premier Single Coverage	\$ 39.74	\$ 22.74	\$ 17.00

LIFE INSURANCE (Plan Type)	BENEFIT AMOUNT	PLAN COST	DISTRICT PAYMENT	EMPLOYEE PAYMENT
DDWIAA, ED. MN CLERICAL, EEA, FOOD SERVICE, MAINT., NON-CERT. BUSINESS, PARAS., TEACHERS				
Basic	\$ 50,000	\$ 7.25	\$ 7.25	\$ -
Supplemental	\$ 10,000	\$ 1.65		\$ 1.65
	\$ 20,000	\$ 3.30		\$ 3.30
	\$ 30,000	\$ 4.95		\$ 4.95
	\$ 40,000	\$ 6.60		\$ 6.60
	\$ 50,000	\$ 8.25		\$ 8.25
	\$ 60,000	\$ 9.90		\$ 9.90
	\$ 70,000	\$ 11.55		\$ 11.55
	\$ 80,000	\$ 13.20		\$ 13.20
	\$ 90,000	\$ 14.85		\$ 14.85
	\$ 100,000	\$ 16.50		\$ 16.50
ALL UNITS				
Dep. Spouse	\$ 5,000	\$ 1.00	\$ -	\$ 1.00
Dep. Child	\$ 2,500	(See Spouse)	\$ -	(See Spouse)

LTD INSURANCE
DDWIAA , Directors. Ed. MN Clerical, EEA Clerical, EEA Administrative, Food Service, Maintenance, Non-Bargaining, Non-Cert. Business, Paraprofessionals, Principals, Teachers, Superintendent
District paid premium is based on .190 of every \$100 of regular wages earned. (May elect to pay the tax on the premium.)

Premiums for life insurance over \$50,000 is taxable.

Supplemental life insurance is subject to a reduction schedule as follows:

At age 65, reduces to 65%

At age 70, reduces to 45%

26 PAY CYCLE EMPLOYEES—BI-WEEKLY DEDUCTIONS/CONTRIBUTIONS

- Family Health Insurance—\$282.01
- Family Dental Insurance—\$26.00
- Premier Dental Insurance—\$8.50
- HRA Family Contribution—\$217.71
- HRA Single Contribution—\$108.85

(Total yearly premiums/contributions are spread over 24 pay periods.)

LESS THAN 26 PAY CYCLE EMPLOYEES—BI-WEEKLY DEDUCTIONS/CONTRIBUTIONS

- Family Health Insurance—\$376.01
- Family Dental Insurance—\$34.67
- Premier Dental Insurance—\$11.33
- HRA Family Contribution—\$290.28
- HRA Single Contribution—\$145.14

(Total yearly premiums/contributions are spread over 18 pay periods for employees who start the school year. Employees who start after the school year, premiums will be spread over the number of remaining pay periods in school year.)