



Unaffiliated Technology

2020-2021

Full-Time Insurance Benefit Cost

Full-Time employees 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
Open Access \$20 Co-Pay Plan				
Single	\$726.94	\$767.13	\$0.00	\$40.19
Single+1	\$1,691.76	\$1,185.91	\$505.85	\$0.00
Family	\$2,051.24	\$1,476.88	\$574.36	\$0.00
Open Access \$500 Deductible Plan				
Single	\$665.84	\$767.13	\$0.00	\$101.29
Single+1	\$1,549.56	\$1,185.91	\$363.65	\$0.00
Family	\$1,878.83	\$1,476.88	\$401.95	\$0.00
Open Access \$1750 Deductible Plan				
Single	\$563.22	\$683.80*	\$0.00	\$120.58
Single+1	\$1,310.74	\$1,102.58*	\$208.16	\$0.00
Family	\$1,589.26	\$1,393.55 *	\$195.71	\$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

** Part-Time employees who qualify for health & hospitalization under the group plan shall receive a District contribution in a pro-rated amount proportional to his/her employment:

	Monthly Premium	District Pays Per Month	Employee Pays Per Month	Contribution that can be applied toward Dental Insurance
Open Access \$20 Co-Pay Plan				
Single	\$726.94	**	**	\$0.00
Single+1	\$1,691.76	**	**	\$0.00
Family	\$2,051.24	**	**	\$0.00
Open Access \$500 Deductible Plan				
Single	\$665.84	**	**	\$0.00
Single+1	\$1,549.56	**	**	\$0.00
Family	\$1,878.83	**	**	\$0.00
Open Access \$1750 Deductible Plan				
Single	\$563.22	** *	**	\$0.00
Single+1	\$1,310.74	** *	**	\$0.00
Family	\$1,589.26	** *	**	\$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.

The district contribution amounts begin July 1, 2020. Please refer to your Terms and Conditions of Employment.



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Dental Insurance Benefit Cost

* Employees working 20 or more hours per week are eligible to participate in the District's dental insurance program. Employees may use any dollar amounts not applied toward health insurance coverage for payment of their dental insurance premiums. 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	\$32.55	*	*	
Single+1	\$66.15	*	*	
Family	\$120.75	*	*	

Group Life Insurance Benefit (100% Employer Paid)

Offered to Full-Time employees only.

Life Benefit Amount:	\$50,000.00			

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

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

Maximum Monthly Benefit:	\$3,611.00			
Maximum Annual Covered Salary:	\$65,000.00			

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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