

CHASKA STUDENT SUPPORT ASSOCIATION

Level 2 - (1466-1790 Hours Per Year)

2018-2019

DISTRICT BENEFITS & EMPLOYEE PREMIUMS

If you are a full-time employee and elect to participate in the District health plan, the District will provide you with a credit of **\$363.75 per month (\$4,365 per year)**, which you may use to offset the cost of your health coverage. An employee electing more expensive coverage than the District contribution will pay the additional premium cost by payroll deduction.

HEALTH INSURANCE PLAN

Open Access

		<u>Total Cost</u> <u>Per Month</u>	<u>District Pays</u> <u>Per Month</u>	<u>You Pay</u> <u>Per Month</u>
\$40 Co-Pay Plan				
	Single	\$ 684.09	\$ 363.75	\$ 320.34
	Single + 1	\$ 1,368.18	\$ 363.75	\$ 1,004.43
	Family	\$ 1,699.10	\$ 363.75	\$ 1,335.35
\$1,500 Deductible Plan				
	Single	\$ 537.92	\$ 363.75	\$ 174.17
	Single + 1	\$ 1,075.84	\$ 363.75	\$ 712.09
	Family	\$ 1,336.06	\$ 363.75	\$ 972.31
\$2,700 Deductible Plan				
	Single	\$ 503.62	\$ 363.75	\$ 139.87
	Single + 1	\$ 1,007.24	\$ 363.75	\$ 643.49
	Family	\$ 1,250.87	\$ 363.75	\$ 887.12

Achieve Network

		<u>Total Cost</u> <u>Per Month</u>	<u>District Pays</u> <u>Per Month</u>	<u>You Pay</u> <u>Per Month</u>
\$40 Co-Pay Plan				
	Single	\$ 649.19	\$ 363.75	\$ 285.44
	Single + 1	\$ 1,298.37	\$ 363.75	\$ 934.62
	Family	\$ 1,612.42	\$ 363.75	\$ 1,248.67
\$1,500 Deductible Plan				
	Single	\$ 510.48	\$ 363.75	\$ 146.73
	Single + 1	\$ 1,020.95	\$ 363.75	\$ 657.20
	Family	\$ 1,267.90	\$ 363.75	\$ 904.15
\$2,700 Deductible Plan				
	Single	\$ 477.93	\$ 363.75	\$ 114.18
	Single + 1	\$ 955.85	\$ 363.75	\$ 592.10
	Family	\$ 1,187.05	\$ 363.75	\$ 823.30

DENTAL INSURANCE PLAN

If you are a full-time employee and elect to participate in the District dental plan, the District will provide you with a credit of **\$0.83 per month (\$10 per year)**. You may use this credit to offset the cost of your dental premium. An employee electing more expensive coverage than the District contribution will pay the additional premium cost by payroll deduction.

	<u>Total Cost</u> <u>Per Month</u>	<u>District Pays</u> <u>Per Month</u>	<u>You Pay</u> <u>Per Month</u>
Single	\$ 38.24	\$ 0.83	\$ 37.41
Single + 1	\$ 76.47	\$ 0.83	\$ 75.64
Family	\$ 125.63	\$ 0.83	\$ 124.80

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DISTRICT BENEFITS & EMPLOYEE PREMIUMS

GROUP LIFE AND AD&D PLAN

Benefit Amount...	\$25,000
(Your Group Life premium is paid in full by the District.)	
AD&D (optional)	\$0.35 per month

LONG TERM DISABILITY PLAN

Base Percentage of Income Insured...	50% of monthly base salary
Buy-up Percentage of Income Insured...	60% of monthly base salary
(Your Base premium is paid in full by the District.)	

RETIREMENT BENEFIT

Public Employees Retirement Association (PERA)

District Contribution	7.50%
Employee Contribution	6.50%

Deferred Comp (403b/457 account)

Annual District Match	(4-10 yrs)	\$ 455
	(11-20 yrs)	\$ 825
	(21+ yrs)	\$ 1,000
Employee Contribution		Per Employee Contribution