

St. Anthony New Brighton ISD 282 Benefits 2023-24 School Year

Non - Teachers

HEALTH INSURANCE: HEALTH PARTNERS

<http://www.healthpartners.com//portal/1100.html>

Group #: 5134

Membership Line: 952-883-5000

****Health insurance effective on date of hire****

Employee FTE		NationalONE High Ded Per Pay Period		Total Cost per Pay Period (EE and ER)	Total Cost per Month (EE and ER)	Annual Deductible	Annual VEBA/HRA District Contribution
		Employee	Employer				
75% to 100%	Single	\$70.82	\$285.38	\$356.20	\$ 712.39	\$1,500	\$550
	Family	213.30	839.07	1,052.37	\$ 2,104.73	3,000	1,100
70%	Single	156.43	199.77	356.20		1,500	550
	Family	465.02	587.35	1,052.37		3,000	1,100
60%	Single	184.97	171.23	356.20		1,500	550
	Family	548.92	503.44	1,052.37		3,000	1,100
50%	Single	213.51	142.69	356.20		1,500	550
	Family	632.83	419.54	1,052.37		3,000	1,100

***Note: Staff below 50% are not eligible for health insurance**

DENTAL INSURANCE: DELTA DENTAL

<http://www.deltadentalmn.org/portal>

Group #: 4009

Customer Service: 1-800-553-9536

****Dental coverage effective on the first of the month after 30 days of continuous employment****

Employee FTE		Delta Dental Per Pay Period	
		Employee	Employer
75% to 100%	Single	\$0.00	\$16.44
	Family	4.32	38.87
70%	Single	4.93	11.51
	Family	15.98	27.21
60%	Single	6.58	9.86
	Family	19.87	23.32
50%	Single	8.22	8.22
	Family	23.76	19.44

***Note: Staff below 50% are not eligible for dental insurance**