

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

## 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 |                                       |                                  |                   |                                       |
| 73% to 100%  | Single | <b>\$70.82</b>                      | \$285.38 | \$356.20                              | <b>\$ 712.39</b>                 | \$1,500           | \$550                                 |
|              | Family | <b>213.30</b>                       | 839.07   | 1,052.37                              | <b>\$ 2,104.73</b>               | 3,000             | 1,100                                 |
| 70%          | Single | <b>156.43</b>                       | 199.77   | 356.20                                |                                  | 1,500             | 550                                   |
|              | Family | <b>465.02</b>                       | 587.35   | 1,052.37                              |                                  | 3,000             | 1,100                                 |
| 60%          | Single | <b>184.97</b>                       | 171.23   | 356.20                                |                                  | 1,500             | 550                                   |
|              | Family | <b>548.92</b>                       | 503.44   | 1,052.37                              |                                  | 3,000             | 1,100                                 |
| 50%          | Single | <b>213.51</b>                       | 142.69   | 356.20                                |                                  | 1,500             | 550                                   |
|              | Family | <b>632.83</b>                       | 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 |
| 73% to 100%  | Single | <b>\$0.35</b>               | \$16.09  |
|              | Family | <b>2.72</b>                 | 40.47    |
| 70%          | Single | <b>6.93</b>                 | 9.51     |
|              | Family | <b>14.86</b>                | 28.33    |
| 60%          | Single | <b>8.29</b>                 | 8.15     |
|              | Family | <b>18.91</b>                | 24.28    |
| 50%          | Single | <b>9.65</b>                 | 6.79     |
|              | Family | <b>22.95</b>                | 20.24    |

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