St. Anthony New Brighton ISD 282 Benefits 2025-26 School Year

Non- Teachers

HEALTH INSURANCE: Health Partners Open Access

Group #: 41115

Health insurance effective on date of hire

Employee FTE		NationalON Per Pay Employee	IE High Ded Period Employer	Total Cost per Pay Period (EE and ER)	Total Cost per Month (EE and ER)	Annual Deductible	Annual VEBA/HRA District Contribution
75% to 100%	Single	\$90.65	\$318.47	\$409.11	\$818.22	\$1,500	\$550
	Family	\$268.53	\$940.17	\$1,208.70	\$2,417.40	3,000	1,100
70%	Single	186.18	222.93	409.11		1,500	550
	Family	550.58	658.12	1,208.70		3,000	1,100
60%	Single	218.03	191.08	409.11		1,500	550
	Family	644.60	564.10	1,208.70		3,000	1,100
50%	Single	249.88	159.23	409.11		1,500	550
	Family	738.62	470.09	1,208.70		3,000	1,100

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

DENTAL INSURANCE: Health Partners

Group #: 41115

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

Employee		Delta Dental Per Pay Period		
FTE		Employee	Employer	
75% to 100%	Single	\$2.13	\$18.58	
73% (0 100%	Family	9.93	44.48	
70%	Single	7.70	13.01	
7078	Family	23.27	31.14	
60%	Single	9.56	11.15	
00%	Family	27.72	26.69	
50%	Single	11.42	9.29	
50%	Family	32.17	22.24	

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

St. Anthony New Brighton ISD 282 Benefits 2025-26 School Year

Non- Teachers

HEALTH INSURANCE: Health Partners ACHIEVE

Group #: 41115

Health insurance effective on date of hire

Employee FTE		NationalON Per Pay Employee	0	Total Cost per Pay Period (EE and ER)	Total Cost per Month (EE and ER)	Annual Deductible	Annual VEBA/HRA District Contribution
75% to 100%	Single	\$78.38	\$306.19	\$384.57	\$769.13	1500	550
	Family	\$232.28	\$903.91	\$1,136.18	\$2,272.36	3000	1100
70%	Single	\$170.23	\$214.33	\$384.57		1500	550
	Family	\$503.45	\$632.73	\$1,136.18		3000	1100
60%	Single	\$200.85	\$183.71	\$384.57		1500	550
	Family	\$593.84	\$542.34	\$1,136.18		3000	1100
50%	Single	\$231.47	\$153.10	\$384.57		1500	550
	Family	\$684.23	\$451.95	\$1,136.18		3000	1100

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

DENTAL INSURANCE: Health Partners

Group #: 41115

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

Employee		Delta Dental Per Pay Period		
FTE		Employee	Employer	
75% to 100%	Single	\$2.13	\$18.58	
75% (0 100%	Family	\$9.93	\$44.48	
70%	Single	\$7.70	\$13.01	
70%	Family	\$23.27	\$31.14	
60%	Single	\$9.56	\$11.15	
00%	Family	\$27.72	\$26.69	
50%	Single	\$11.42	\$9.29	
50%	Family	\$32.17	\$22.24	

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