

## St. Anthony New Brighton ISD 282 Benefits 2022-23 School Year

### Non - Teachers

#### HEALTH INSURANCE: HEALTH PARTNERS

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

Group #: 5134

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

Membership Line: 952-883-5000

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	<b>\$56.17</b>	\$270.73	\$326.90	\$ <b>653.79</b>	\$1,500	\$550
	Family	<b>170.02</b>	795.78	965.80	\$ <b>1,931.60</b>	3,000	1,100
70%	Single	<b>137.38</b>	189.51	326.90		1,500	550
	Family	<b>408.75</b>	557.05	965.80		3,000	1,100
60%	Single	<b>164.46</b>	162.44	326.90		1,500	550
	Family	<b>488.33</b>	477.47	965.80		3,000	1,100
50%	Single	<b>191.53</b>	135.37	326.90		1,500	550
	Family	<b>567.91</b>	397.89	965.80		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

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

Customer Service: 1-800-553-9536

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

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