St. Anthony New Brighton ISD 282 Benefits 2024-25 School Year

Non-Teachers

HEALTH INSURANCE: HEALTH PARTNERS Open Access

Group #: 5134

^{**}Health insurance effective on date of hire**

Employee FTE			IE High Ded Period Employer	Total Cost per Pay Period (EE and ER)	Mont	al Cost per th (EE and ER)	Annual Deductible	Annual VEBA/HRA District Contribution
75% to 100%	Single	\$72.05	\$299.87	\$371.92	\$	743.84	\$1,500	\$550
	Family	213.59	885.23	1,098.82	\$	2,197.64	3,000	1,100
70%	Single	162.01	209.91	371.92			1,500	550
	Family	479.16	619.66	1,098.82			3,000	1,100
60%	Single	192.00	179.92	371.92			1,500	550
	Family	567.68	531.14	1,098.82			3,000	1,100
50%	Single	221.99	149.94	371.92			1,500	550
	Family	656.21	442.62	1,098.82			3,000	1,100

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

St. Anthony New Brighton ISD 282 Benefits 2024-25 School Year

Non- Teachers

HEALTH INSURANCE: HEALTH PARTNERS ACHIEVE

Group #: 5134

^{**}Health insurance effective on date of hire**

Employee FTE			IE High Ded Period Employer	Total Cost per Pay Period (EE and ER)	Total Cost Month (EE and E		Annual Deductible	Annual VEBA/HRA District Contribution
75% to 100%	Single	\$60.90	\$288.71	\$349.61	\$ 699	9.21	\$1,500	\$550
	Family	180.63	852.26	1,032.89	\$ 2,065	5.78	3,000	1,100
70%	Single	147.51	202.10	349.61			1,500	550
	Family	436.31	596.58	1,032.89			3,000	1,100
60%	Single	176.38	173.23	349.61			1,500	550
	Family	521.53	511.36	1,032.89			3,000	1,100
50%	Single	205.25	144.36	349.61			1,500	550
	Family	606.76	426.13	1,032.89			3,000	1,100

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

DENTAL INSURANCE: Health Partners Open Access Network

Group #: 4009

^{**}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% to 100%	Family	\$9.93	\$44.48	
70%	Single	\$7.70	\$13.01	
7076	Family	\$23.27	\$31.14	
60%	Single	\$9.56	\$11.15	
0076	Family	\$27.72	\$26.69	
50%	Single	\$11.42	\$9.29	
30%	Family	\$32.17	\$22.24	

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