

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

### T e a c h e r s

#### 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 |                                       |                                  |                   |                                       |
| 73% 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 |
| 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**