

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

Teachers

HEALTH INSURANCE: Health Partners Open Access

Group #: 41115

****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	\$90.65	\$318.47	\$409.11	\$818.22	1500	550
	Family	\$268.53	\$940.17	\$1,208.70	\$2,417.40	3000	1100
70%	Single	\$186.18	\$222.93	\$409.11		1500	550
	Family	\$550.58	\$658.12	\$1,208.70		3000	1100
60%	Single	\$218.03	\$191.08	\$409.11		1500	550
	Family	\$644.60	\$564.10	\$1,208.70		3000	1100
50%	Single	\$249.88	\$159.23	\$409.11		1500	550
	Family	\$738.62	\$470.09	\$1,208.70		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 FTE		Delta Dental Per Pay Period	
		Employee	Employer
73% to 100%	Single	\$2.48	\$18.23
	Family	8.33	46.08
70%	Single	11.20	9.51
	Family	22.15	32.26
60%	Single	12.56	8.15
	Family	26.76	27.65
50%	Single	13.92	6.79
	Family	31.37	23.04

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

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Teachers

HEALTH INSURANCE: Health Partners ACHIEVE

Group #: 41115

****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	\$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 FTE		Delta Dental Per Pay Period	
		Employee	Employer
73% to 100%	Single	\$2.48	\$18.23
	Family	\$8.33	\$46.08
70%	Single	\$11.20	\$9.51
	Family	\$22.15	\$32.26
60%	Single	\$12.56	\$8.15
	Family	\$26.76	\$27.65
50%	Single	\$13.92	\$6.79
	Family	\$31.37	\$23.04

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