

Custodian Health Insurance Breakdown by Hours Worked

Rates are effective October 1, 2019 through September 30, 2020

High Deductible Health Plan with a Health Savings Account-AWARE NETWORK			HSA Premium - Single				HSA Premium - Family			
	Hours /Week	FTE	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
	20	0.5000	525.50	310.50	215.00	2,580.00	1,523.00	716.00	807.00	9,684.00
	35-40	1.0000	525.50	525.50	0.00	0.00	1,523.00	1,432.00	91.00	1,092.00
			Health Savings Account - Single				Health Savings Account - Family			
	Hours /Week	FTE	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	20	0.5000	310.50	310.50	0.00	0.00	716.00	716.00	0.00	0.00
	35-40	1.0000	621.00	525.50	95.50	1,146.00	1,432.00	1,432.00	0.00	0.00
			HSA Out of Pocket - Single				HSA Out of Pocket - Family			
	Hours /Week	FTE	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
20	0.5000	3,375.00	0.00	3,375.00	5,955.00	6,750.00	0.00	6,750.00	16,434.00	
35-40	1.0000	3,375.00	1,146.00	2,229.00	2,229.00	6,750.00	0.00	6,750.00	7,842.00	

High Deductible Health Plan with a Health Savings Account-ACCESS NETWORK-LIMITED			HSA Premium - Single				HSA Premium - Family			
	Hours /Week	FTE	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
	20	0.5000	490.00	310.50	179.50	2,154.00	1,413.50	716.00	697.50	8,370.00
	35-40	1.0000	490.00	490.00	0.00	0.00	1,413.50	1,413.50	0.00	0.00
			Health Savings Account - Single				Health Savings Account - Family			
	Hours /Week	FTE	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	20	0.5000	310.50	310.50	0.00	0.00	716.00	716.00	0.00	0.00
	35-40	1.0000	621.00	490.00	131.00	1,572.00	1,432.00	1,413.50	18.50	222.00
			HSA Out of Pocket - Single				HSA Out of Pocket - Family			
	Hours /Week	FTE	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
20	0.5000	3,375.00	0.00	3,375.00	5,529.00	6,750.00	0.00	6,750.00	15,120.00	
35-40	1.0000	3,375.00	1,572.00	1,803.00	1,803.00	6,750.00	222.00	6,528.00	6,528.00	

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High Deductible Health Plan with a VEBA Savings Account AWARE NETWORK			VEBA Premium - Single				VEBA Premium - Family			
	Hours /Week	FTE	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
	20	0.5000	582.00	266.75	315.25	3,783.00	1,688.00	628.50	1,059.50	12,714.00
	35-40	1.0000	582.00	533.50	48.50	582.00	1,688.00	1,257.00	431.00	5,172.00
			VEBA Savings Account - Single				VEBA Savings Account - Family			
	Hours /Week	FTE	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	20	0.5000	310.50	266.75	43.75	525.00	716.00	628.50	87.50	1,050.00
	35-40	1.0000	621.00	533.50	87.50	1,050.00	1,432.00	1,257.00	175.00	2,100.00
			VEBA Out of Pocket - Single				VEBA Out of Pocket - Family			
	Hours /Week	FTE	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
	20	0.5000	1,850.00	525.00	1,325.00	5,108.00	3,700.00	1,050.00	2,650.00	15,364.00
	35-40	1.0000	1,850.00	1,050.00	800.00	1,382.00	3,700.00	2,100.00	1,600.00	6,772.00

High Deductible Health Plan with a VEBA Savings Account ACCESS NETWORK - LIMITED			VEBA Premium - Single				VEBA Premium - Family			
	Hours /Week	FTE	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
	20	0.5000	542.00	266.75	275.25	3,303.00	1,564.50	628.50	936.00	11,232.00
	35-40	1.0000	542.00	533.50	8.50	102.00	1,564.50	1,257.00	307.50	3,690.00
			VEBA Savings Account - Single				VEBA Savings Account - Family			
	Hours /Week	FTE	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	20	0.5000	310.50	266.75	43.75	525.00	716.00	628.50	87.50	1,050.00
	35-40	1.0000	621.00	533.50	87.50	1,050.00	1,432.00	1,257.00	175.00	2,100.00
			VEBA Out of Pocket - Single				VEBA Out of Pocket - Family			
	Hours /Week	FTE	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
	20	0.5000	1,850.00	525.00	1,325.00	4,628.00	3,700.00	1,050.00	2,650.00	13,882.00
	35-40	1.0000	1,850.00	1,050.00	800.00	902.00	3,700.00	2,100.00	1,600.00	5,290.00

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		HYBRID Premium - Single				HYBRID Premium - Family				
		Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	
HYBRID High Deductible Health Plan with a VEBA/ Health Savings Account AWARE NETWORK	Hours /Week	FTE								
	20	0.5000	525.50	266.75	258.75	3,105.00	1,523.00	628.50	894.50	10,734.00
	35-40	1.0000	525.50	525.50	0.00	0.00	1,523.00	1,257.00	266.00	3,192.00
			VEBA/HSA Savings Account - Single				VEBA/HSA Savings Account - Family			
	Hours /Week	FTE	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	20	0.5000	310.50	266.75	43.75	525.00	716.00	628.50	87.50	1,050.00
	35-40	1.0000	621.00	525.50	95.50	1,146.00	1,432.00	1,257.00	175.00	2,100.00
			HSA Out of Pocket - Single				HSA Out of Pocket - Family			
	Hours /Week	FTE	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
	20	0.5000	3,375.00	525.00	2,850.00	5,955.00	6,750.00	1,050.00	5,700.00	16,434.00
35-40	1.0000	3,375.00	1,146.00	2,229.00	2,229.00	6,750.00	2,100.00	4,650.00	7,842.00	
		HYBRID Premium - Single				HYBRID Premium - Family				
		Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	
HYBRID High Deductible Health Plan with a VEBA/ Health Savings Account ACCESS NETWORK - LIMITED	Hours /Week	FTE								
	20	0.5000	490.00	266.75	223.25	2,679.00	1,413.50	628.50	785.00	9,420.00
	35-40	1.0000	490.00	490.00	0.00	0.00	1,413.50	1,257.00	156.50	1,878.00
			VEBA/HSA Savings Account - Single				VEBA/HSA Savings Account - Family			
	Hours /Week	FTE	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	20	0.5000	310.50	266.75	43.75	525.00	716.00	628.50	87.50	1,050.00
	35-40	1.0000	621.00	490.00	131.00	1,572.00	1,432.00	1,257.00	175.00	2,100.00
			HSA Out of Pocket - Single				HSA Out of Pocket - Family			
	Hours /Week	FTE	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
	20	0.5000	3,375.00	525.00	2,850.00	5,529.00	6,750.00	1,050.00	5,700.00	15,120.00
35-40	1.0000	3,375.00	1,572.00	1,803.00	1,803.00	6,750.00	2,100.00	4,650.00	6,528.00	

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Hours /Week		FTE		MVP Premium - Single				MVP Premium - Family			
				Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
20	0.5000	420.00	310.50	109.50	1,314.00	1,217.50	716.00	501.50	6,018.00		
35-40	1.0000	420.00	420.00	0.00	0.00	1,217.50	1,217.50	0.00	0.00		
Hours /Week		FTE		Health Savings Account - Single				Health Savings Account - Family			
				Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
20	0.5000	310.50	310.50	0.00	0.00	716.00	716.00	0.00	0.00		
35-40	1.0000	621.00	420.00	201.00	2,412.00	1,432.00	1,217.50	214.50	2,574.00		
Hours /Week		FTE		MVP Out of Pocket - Single				MVP Out of Pocket - Family			
				Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
20	0.5000	6,350.00	0.00	6,350.00	7,664.00	12,700.00	0.00	12,700.00	18,718.00		
35-40	1.0000	6,350.00	2,412.00	3,938.00	3,938.00	12,700.00	2,574.00	10,126.00	10,126.00		

All medical plans are provided by Blue Cross Blue Shield of MN www.bluecrossmn.com