



Employee Costs effective July 1, 2021

Please click on your bargaining unit below to view rates for the upcoming year:

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Health/Vision Insurance Rates ACA ELIGIBILITY

HealthPartners		Network: Open Access		Effective July 1, 2021	
Health Plans		Coplay Plan		ACA Plan	
Office Visit Copay		\$35		-	
Individual Deductible		\$400		\$6,400	
Single Monthly Premium		\$795.89		\$497.94	
Family Monthly Premium		\$2,075.94		\$1,281.08	
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS
ACA ELIGIBILITY					
SINGLE	\$392.94	\$402.95	\$302.21	\$105.00	\$78.75
FAMILY	\$392.94	\$1,683.00	\$1,262.25	\$888.14	\$666.11

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions

Health/Vision Insurance Rates CLERICAL

HealthPartners		Network: Open Access				Effective July 1, 2021		
Health Plans		Coplay Plan		ACA Plan		HSA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$2,900		
Single Monthly Premium		\$807.21		\$509.26		\$626.99		
Family Monthly Premium		\$2,100.23		\$1,305.37		\$1,619.44		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	HSA DISTRICT CONTRIBUTION
CLERICAL-10 Mo, Full-Time (Hired before 8/7/92)			^		^			^
SINGLE	\$688.00	\$119.21	\$89.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,615.00	\$485.23	\$363.92	\$0.00	\$0.00	\$4.44	\$3.33	\$0.00
CLERICAL-10 Mo, Full-Time (Hired after 8/7/92)			^		^			^
SINGLE	\$688.00	\$119.21	\$89.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,356.60	\$743.63	\$557.72	\$0.00	\$0.00	\$262.84	\$197.13	\$0.00
CLERICAL-11 Mo, Full-Time (Hired before 8/7/92)			^		^			^
SINGLE	\$688.00	\$119.21	\$89.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,615.00	\$485.23	\$363.92	\$0.00	\$0.00	\$4.44	\$3.33	\$0.00
CLERICAL-11 Mo, Full-Time (Hired after 8/7/92)			^		^			^
SINGLE	\$688.00	\$119.21	\$89.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,485.80	\$614.43	\$460.82	\$0.00	\$0.00	\$133.64	\$100.23	\$0.00
CLERICAL-12 Mo, Full-Time			*		*			*
SINGLE	\$688.00	\$119.21	\$59.61	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,615.00	\$485.23	\$242.62	\$0.00	\$0.00	\$4.44	\$2.22	\$0.00

PAYROLL DEDUCTIONS: ^ October-May = 16 payroll deductions

PAYROLL DEDUCTIONS: * July-June = 24 payroll deductions

Health/Vision Insurance Rates EDUCATION ASSISTANTS_LPNs

HealthPartners		Network: Open Access				Effective July 1, 2021		
Health Plans		Copay Plan		ACA Plan		HSA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$2,900		
Single Monthly Premium		\$807.21		\$509.26		\$626.99		
Family Monthly Premium		\$2,100.23		\$1,305.37		\$1,619.44		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	HSA DISTRICT CONTRIBUTION
EDUCATION ASSISTANT/LPNs Hired before 7/1/90)								
SINGLE	\$603.00	\$204.21	\$153.16	\$0.00	\$0.00	\$23.99	\$17.99	\$0.00
FAMILY	\$1,288.00	\$812.23	\$609.17	\$17.37	\$13.03	\$331.44	\$248.58	\$0.00
EDUCATION ASSISTANT/LPNs (Hired after 7/1/90)								
SINGLE	\$603.00	\$204.21	\$153.16	\$0.00	\$0.00	\$23.99	\$17.99	\$0.00
FAMILY	\$603.00	\$1,497.23	\$1,122.92	\$702.37	\$526.78	\$1,016.44	\$762.33	\$0.00

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions

Health/Vision Insurance Rates LOCAL 70

HealthPartners		Network: Open Access				Effective July 1, 2021		
Health Plans		Copoly Plan		ACA Plan		HSA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$2,900		
Single Monthly Premium		\$807.21		\$509.26		\$626.99		
Family Monthly Premium		\$2,100.23		\$1,305.37		\$1,619.44		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	HSA DISTRICT CONTRIBUTION
DRIVER/CUSTODIAN-12 Mo, Full-Time			*		*			*
SINGLE	\$688.00	\$119.21	\$59.61	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,615.00	\$485.23	\$242.62	\$0.00	\$0.00	\$4.44	\$2.22	\$0.00
DRIVER-STUDENT CONTACT DAY			^		^			^
SINGLE	\$688.00	\$119.21	\$89.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$688.00	\$1,412.23	\$1,059.17	\$617.37	\$463.03	\$931.44	\$698.58	\$0.00

PAYROLL DEDUCTIONS: * July-June = 24 payroll deductions

PAYROLL DEDUCTIONS: ^ October-May = 16 payroll deductions

Health/Vision Insurance Rates NON-UNITS

HealthPartners		Network: Open Access				Effective July 1, 2021		
Health Plans		Copoly Plan		ACA Plan		HSA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$2,900		
Single Monthly Premium		\$807.21		\$509.26		\$626.99		
Family Monthly Premium		\$2,100.23		\$1,305.37		\$1,619.44		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	HSA DISTRICT CONTRIBUTION
NON-UNITS- 1 (≥1872 Annual hrs)			*		*			*
SINGLE	\$688.00	\$119.21	\$59.61	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,615.00	\$485.23	\$242.62	\$0.00	\$0.00	\$4.44	\$2.22	\$0.00
NON-UNITS-NURSES			^		^			^
SINGLE	\$688.00	\$119.21	\$89.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,352.00	\$748.23	\$561.17	\$0.00	\$0.00	\$267.44	\$200.58	\$0.00
NON-UNITS- 2 (≥1520 Annual hrs)			^		^			^
SINGLE	\$688.00	\$119.21	\$89.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$688.00	\$1,412.23	\$1,059.17	\$617.37	\$463.03	\$931.44	\$698.58	\$0.00

PAYROLL DEDUCTIONS: * July-June = 24 payroll deductions

PAYROLL DEDUCTIONS: ^ October-May = 16 payroll deductions

Health/Vision Insurance Rates NUTRITION SERVICES

HealthPartners		Network: Open Access				Effective July 1, 2021		
Health Plans		Coplay Plan		ACA Plan		Nutrition Services VEBA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$1,350		
Single Monthly Premium		\$807.21		\$509.26		\$807.21		
Family Monthly Premium		\$2,100.23		\$1,305.37		\$2,100.23		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	VEBA DISTRICT CONTRIBUTION
<u>NUTRITION SERVICES (hired before 3/1/93)</u>								
SINGLE	\$636.00	\$171.21	\$128.41	\$0.00	\$0.00	\$171.21	\$128.41	\$63.19
FAMILY	\$1,413.00	\$687.23	\$515.42	\$0.00	\$0.00	\$687.23	\$515.42	\$175.09
<u>NUTRITION SERVICES (hired after 3/1/93)</u>								
SINGLE	\$566.00	\$241.21	\$180.91	\$0.00	\$0.00	\$241.21	\$180.91	\$63.19
FAMILY	\$1,258.00	\$842.23	\$631.67	\$47.37	\$35.53	\$842.23	\$631.67	\$175.09

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions

Health/Vision Insurance Rates PARAEDUCATORS

HealthPartners		Network: Open Access				Effective July 1, 2021		
Health Plans		Copoly Plan		ACA Plan		HSA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$2,900		
Single Monthly Premium		\$807.21		\$509.26		\$626.99		
Family Monthly Premium		\$2,100.23		\$1,305.37		\$1,619.44		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	HSA DISTRICT CONTRIBUTION
PARA EDUCATORS (hired before 8/31/98)								
SINGLE	\$688.00	\$119.21	\$89.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,615.00	\$485.23	\$363.92	\$0.00	\$0.00	\$4.44	\$3.33	\$0.00
PARA EDUCATORS (hired after 8/31/98)								
SINGLE	\$688.00	\$119.21	\$89.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$688.00	\$1,412.23	\$1,059.17	\$617.37	\$463.03	\$931.44	\$698.58	\$0.00

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions

Health/Vision Insurance Rates PRINCIPALS

HealthPartners		Network: Open Access				Effective July 1, 2021		
Health Plans		Copoly Plan		ACA Plan		HSA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$2,900		
Single Monthly Premium		\$807.21		\$509.26		\$626.99		
Family Monthly Premium		\$2,100.23		\$1,305.37		\$1,619.44		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	HSA DISTRICT CONTRIBUTION
PRINCIPALS								
SINGLE	\$688.00	\$119.21	\$59.61	\$0.00	\$0.00	\$0.00	\$0.00	\$61.01
FAMILY	\$1,615.00	\$485.23	\$242.62	\$0.00	\$0.00	\$4.44	\$2.22	\$0.00

PAYROLL DEDUCTIONS: July-June = 24 payroll deductions

Health/Vision Insurance Rates TEACHERS

HealthPartners		Network: Open Access				Effective July 1, 2021		
Health Plans		Copoly Plan		ACA Plan		Teacher VEBA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$2,200		
Single Monthly Premium		\$807.21		\$509.26		\$844.65		
Family Monthly Premium		\$2,100.23		\$1,305.37		\$2,095.65		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	VEBA DISTRICT CONTRIBUTION
TEACHERS								
SINGLE (.5 FTE and above)	\$688.00	\$119.21	\$59.61	\$0.00	\$0.00	\$156.65	\$78.33	\$146.67
FAMILY (.75 FTE and above)	\$1,615.00	\$485.23	\$242.62	\$0.00	\$0.00	\$480.65	\$240.33	\$293.33
FAMILY (.70 FTE to .74 FTE)	\$1,130.50	\$969.73	\$484.87	\$174.87	\$87.43	\$965.15	\$482.58	\$293.33
FAMILY (.65 FTE to .69 FTE)	\$1,049.75	\$1,050.48	\$525.24	\$255.62	\$127.81	\$1,045.90	\$522.95	\$293.33
FAMILY (.6 FTE to .64 FTE)	\$969.00	\$1,131.23	\$565.62	\$336.37	\$168.19	\$1,126.65	\$563.33	\$293.33
FAMILY (.55 FTE to .59 FTE)	\$888.25	\$1,211.98	\$605.99	\$417.12	\$208.56	\$1,207.40	\$603.70	\$293.33
FAMILY (.5 FTE to .54 FTE)	\$807.50	\$1,292.73	\$646.37	\$497.87	\$248.94	\$1,288.15	\$644.08	\$293.33

PAYROLL DEDUCTIONS: August-May = 24 payroll deductions