

2017					
<u>\$3250 H.S.A</u>	<u>Single</u>	<u>Family</u>	<u>\$500 Ded</u>	<u>Single</u>	<u>Family</u>
Total Premium	\$613.50	\$1,501.00	Total Premium	\$757.00	\$1,891.50
Employer Contribution	\$520.00	\$520.00	Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$93.50	\$981.00	Employee Contribution	\$237.00	\$1,371.50
Deduction per Pay Check	\$46.75	\$490.50	Deduction per Pay Check	\$118.50	\$685.75

<u>Dental Dental</u>	<u>Single</u>	<u>Family</u>
Total Premium	\$41.55	\$107.50
Employer Contribution	\$41.55	\$41.55
Employee Contribution	\$0.00	\$65.95
Deduction per Pay Check	\$0.00	\$32.98

<u>Basic Life AD&D</u>	<u>Employee \$25,000</u>
Total Premium	\$4.35
Employer Contribution	\$4.35
Employee Contribution	\$0.00
Deduction per Pay Check	\$0.00

<u>LTD</u>	<u>Employee Salary</u>
Total Premium	varies
Employer Contribution	100%
Employee Contribution	0%
Deduction per Pay Check	\$0.00

<u>Supplemental Life AD&D</u>	<u>Employee</u>	<u>Spouse</u>	<u>Dependents</u>
Total Premium	Varies	Varies	Varies
Employer Contribution	0%	0%	0%
Employee Contribution	100%	100%	100%
Deduction per Pay Check	\$0.00	\$0.00	\$0.00

2018

\$6650 H.S.A	Single	Family	\$3375 H.S.A	Single	Family
Total Premium	\$526.50	\$1,262.50	Total Premium	\$653.00	\$1,601.50
Employer Contribution	\$520.00	\$520.00	Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$6.50	\$742.50	Employee Contribution	\$133.00	\$245.25
Deduction per Pay Check	\$118.50	\$685.50	Deduction per Pay Check	\$66.50	\$490.50

Dental Dental	Single	Family
Total Premium	\$41.55	\$107.50
Employer Contribution	\$41.55	\$41.55
Employee Contribution	\$0.00	\$65.95
Deduction per Pay Check	\$0.00	\$32.98

Basic Life AD&D	Employee \$25,000
Total Premium	\$4.88
Employer Contribution	\$4.88
Employee Contribution	\$0.00
Deduction per Pay Check	\$0.00

LTD	Employee Salary
Total Premium	varies
Employer Contribution	100%
Employee Contribution	0%
Deduction per Pay Check	\$0.00

Supplemental Life AD&D	Employee	Spouse	Dependents
Total Premium	Varies	Varies	Varies
Employer Contribution	0%	0%	0%
Employee Contribution	100%	100%	100%

Deduction per Pay Check	\$0.00		\$0.00	\$0.00
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Health Coverage Eligibility - Teacher Class ONLY, 20 hours or more per week, effective date of hire

\$6650 H.S.A	Single	Family
Total Premium	\$623.00	\$1,493.50
Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$103.00	\$973.50
Deduction per Pay Check	\$118.50	\$685.50

\$3375 H.S.A	Single	Family
Total Premium	\$772.50	\$1,894.50
Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$252.50	\$245.25
Deduction per Pay Check	\$126.25	\$490.50

HSA	Single	Family
Total Annual Contribution	\$3,500.00	\$7,000.00
Employer Contribution	\$0.00	\$0.00
Employee Contribution	\$3,500.00	\$7,000.00

Dental Coverage Eligibility - All Classes, 20 hours or more per week, effective date of hire

	Teachers		All Other Eligible Employees	
Dental Dental	Single	Family	Single	Family
Total Premium	\$41.55	\$107.50	\$41.55	\$107.50
Employer Contribution	\$41.55	\$41.55	\$0.00	\$0.00
Employee Contribution	\$0.00	\$65.95	\$41.55	\$107.50
Deduction per Pay Check	\$0.00	\$32.98	\$20.78	\$53.75

Basic Life AD&D Coverage Eligibility - All Classes, 20 hours or more per week, effective date of hire

Basic Life AD&D	Employee \$25,000
Total Premium	\$5.55
Employer Contribution	\$5.55
Employee Contribution	\$0.00
Deduction per Pay Check	\$0.00

LTD Coverage Eligibility - All Classes, 20 hours or more per week, effective date of hire

LTD	Employee Salary
Total Premium	varies
Employer Contribution	100%
Employee Contribution	0%
Deduction per Pay Check	\$0.00

Supplemental Life AD&D Coverage Eligibility - All Classes, 20 hours or more per week, effective date of hire

Supplemental Life AD&D	Employee	Spouse	Dependents
Total Premium	Varies	Varies	Varies
Employer Contribution	0%	0%	0%
Employee Contribution	100%	100%	100%
Deduction per Pay Check	Varies	Varies	Varies

Vision Coverage Eligibility - All Classes, 20 hours or more per week, effective date of hire

Vision	Single	Single + 1	Family
Total Premium	\$6.33	\$11.88	\$18.26
Employer Contribution	\$0.00	\$0.00	\$0.00
Employee Contribution	\$6.33	\$11.88	\$18.26
Deduction per Pay Check	\$3.17	\$5.94	\$9.13

2020 ER Contributions

BCBS - \$6650.100% HSA PrevRx Aware/SelectRx/FlexRx	Single	Family
Total Premium	\$669.50	\$1,605.50
Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$149.50	\$1,085.50
Deduction per Pay Check	\$118.50	\$685.50

BCBS - \$3375.100% HSA PrevRx Aware/SelectRx/FlexRx	Single	Family
Total Premium	\$830.50	\$2,036.50
Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$310.50	\$245.25
Deduction per Pay Check	\$155.25	\$490.50

Further - HSA	Single	Family
Total Annual Contribution	\$3,550.00	\$7,100.00
Employer Contribution	\$0.00	\$0.00
Employee Contribution	\$3,500.00	\$7,000.00

Delta Dental - \$1000 PPO + Premier Comprehensive Standard Dental	Teachers		All Other Eligible Employees	
	Single	Family	Single	Family
Total Premium	\$41.55	\$107.50	\$41.55	\$107.50
Employer Contribution	\$41.55	\$41.55	\$0.00	\$0.00
Employee Contribution	\$0.00	\$65.95	\$41.55	\$107.50
Deduction per Pay Check	\$0.00	\$32.98	\$20.78	\$53.75

Met Life - Basic Life AD&D	Employee \$25,000
Total Premium	\$5.55
Employer Contribution	\$5.55
Employee Contribution	\$0.00
Deduction per Pay Check	\$0.00

Met Life - STD	Employee Salary
Total Premium	varies
Employer Contribution	100%
Employee Contribution	0%
Deduction per Pay Check	\$0.00

Met Life - LTD	Employee Salary
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Total Premium	varies
Employer Contribution	100%
Employee Contribution	0%
Deduction per Pay Check	\$0.00

Met Life - Supplemental Life AD&D	<u>Employee</u>	<u>Spouse</u>	<u>Dependents</u>
Total Premium	Varies	Varies	Varies
Employer Contribution	0%	0%	0%
Employee Contribution	100%	100%	100%
Deduction per Pay Check	Varies	Varies	Varies

BCBS - Value Enhanced Vision Eye Wear Only	<u>Single</u>	<u>Single + 1</u>	<u>Family</u>
Total Premium	\$6.33	\$11.88	\$18.26
Employer Contribution	\$0.00	\$0.00	\$0.00
Employee Contribution	\$6.33	\$11.88	\$18.26
Deduction per Pay Check	\$3.17	\$5.94	\$9.13

2021 ER Contributions

BCBS - \$6650.100% HSA PrevRx Aware/SelectRx/FlexRx	Single	Family
Total Premium	\$669.50	\$1,605.50
Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$149.50	\$1,085.50
Deduction per Pay Check	\$118.50	\$685.50

BCBS - \$3375.100% HSA PrevRx Aware/SelectRx/FlexRx	Single	Family
Total Premium	\$830.50	\$2,036.50
Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$310.50	\$245.25
Deduction per Pay Check	\$155.25	\$490.50

Further - HSA	Single	Family
Total Annual Contribution	\$3,600.00	\$7,200.00
Employer Contribution	\$0.00	\$0.00
Employee Contribution	\$3,600.00	\$7,200.00

Delta Dental - \$1000 PPO + Premier Comprehensive Standard Dental	Teachers		All Other Eligible Employees	
	Single	Family	Single	Family
Total Premium	\$41.55	\$107.50	\$41.55	\$107.50
Employer Contribution	\$41.55	\$41.55	\$0.00	\$0.00
Employee Contribution	\$0.00	\$65.95	\$41.55	\$107.50
Deduction per Pay Check	\$0.00	\$32.98	\$20.78	\$53.75

Met Life - Basic Life AD&D	Employee \$25,000
Total Premium	\$5.75
Employer Contribution	\$5.75
Employee Contribution	\$0.00
Deduction per Pay Check	\$0.00

Met Life - STD	Employee Salary
Total Premium	varies
Employer Contribution	100%
Employee Contribution	0%
Deduction per Pay Check	\$0.00

Met Life - LTD	Employee Salary
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Total Premium	varies
Employer Contribution	100%
Employee Contribution	0%
Deduction per Pay Check	\$0.00

Met Life - Supplemental Life AD&D	<u>Employee</u>	<u>Spouse</u>	<u>Dependents</u>
Total Premium	Varies	Varies	Varies
Employer Contribution	0%	0%	0%
Employee Contribution	100%	100%	100%
Deduction per Pay Check	Varies	Varies	Varies

BCBS - Value Enhanced Vision Eye Wear Only	Single	Single + 1	Family
Total Premium	\$6.33	\$11.88	\$18.26
Employer Contribution	\$0.00	\$0.00	\$0.00
Employee Contribution	\$6.33	\$11.88	\$18.26
Deduction per Pay Check	\$3.17	\$5.94	\$9.13

Crosslake Community Charter School Eligibility & ER Contribution

2022

Hours of Eligibility	20
Waiting Period	Date of Hire
Rehire	Date of Rehire
Payroll	24
Deductions	24

Administrator & Licensed FT Exempt Staff

Medica - \$6650.100% HSA Passport	Single	Family
Total Premium	\$669.50	\$1,605.50
Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$149.50	\$1,085.50
Deduction per Pay Check	\$74.75	\$542.75

Administrator & Licensed FT Exempt Staff

Medica - \$3375.100% HSA Passport	Single	Family
Total Premium	\$830.50	\$2,036.50
Employer Contribution	\$520.00	\$520.00
Employee Contribution	\$310.50	\$1,516.50
Deduction per Pay Check	\$155.25	\$758.25

Administrator & Licensed FT Exempt Staff

Further - HSA	Single	Family
2022 IRS Annual Max Contribution	\$3,650.00	\$7,300.00
Employer Contribution	\$0.00	\$0.00
Employee Contribution	\$3,650.00	\$7,300.00

Delta Dental - \$1000 PPO + Premier Comprehensive Standard Dental	Administrator & Licensed FT Exempt Staff		Non-Exempt FT Hourly Staff, Non-Licensed FT Exempt and Hourly Contracted (more than 176 days) Staff	
	Single	Family	Single	Family
Total Premium	\$41.55	\$107.50	\$41.55	\$107.50
Employer Contribution	\$41.55	\$41.55	\$0.00	\$0.00
Employee Contribution	\$0.00	\$65.95	\$41.55	\$107.50
Deduction per Pay Check	\$0.00	\$32.98	\$20.78	\$53.75

BCBS - Value Enhanced Vision Eye Wear Only	Single	Single + 1	Family
Total Premium	\$6.33	\$11.88	\$18.26
Employer Contribution	\$0.00	\$0.00	\$0.00
Employee Contribution	\$6.33	\$11.88	\$18.26
Deduction per Pay Check	\$3.17	\$5.94	\$9.13

Met Life - Basic Life AD&D (.214 / .016)	Employee \$25,000
Total Premium	\$5.75
Employer Contribution	\$5.75

Met Life - STD (.372/\$10)	Employee Salary
Total Premium	varies
Employer Contribution	100%

Met Life - LTD (.268/\$100)	Employee Salary
Total Premium	varies
Employer Contribution	100%

Met Life - Supplemental Life AD&D	Employee	Spouse	Dependents
Total Premium	Varies	Varies	Varies
Employer Contribution	0%	0%	0%
Employee Contribution	100%	100%	100%
Deduction per Pay Check	Varies	Varies	Varies

Crosslake Community Charter School Eligibility & ER Contribution 2023

Hours of Eligibility	20
Waiting Period	Date of Hire
Rehire	Date of Rehire
Payroll	24
Deductions	24
Cash In Lieu	No
FSA/DCFSA	No
HSA Administrator	Further
Payroll Vender	DIECI School Finance
Worker's Comp Carrier	Employer Preferred Ins Co.

	Administrator & Licensed FT Exempt Staff		Non-Licensed FT Exempt & FT Hourly Staff	
	Single	Family	Single	Family
Medica - \$6650.100% HSA Passport				
Total Premium	\$710.38	\$1,703.53	\$710.38	\$1,703.53
Employer Contribution	\$710.38	\$710.38	\$710.38	\$710.38
Employee Contribution	\$0.00	\$993.15	\$0.00	\$993.15
Deduction per Pay Check	\$0.00	\$496.58	\$0.00	\$496.58

	Administrator & Licensed FT Exempt Staff		Non-Licensed FT Exempt & FT Hourly Staff	
	Single	Family	Single	Family
Medica - \$3375.100% HSA Passport				
Total Premium	\$855.59	\$2,051.75	\$855.59	\$2,051.75
Employer Contribution	\$710.38	\$710.38	\$710.38	\$710.38
Employee Contribution	\$145.21	\$1,341.37	\$145.21	\$1,341.37
Deduction per Pay Check	\$72.61	\$670.69	\$72.61	\$670.69

	Administrator & Licensed FT Exempt Staff		Non-Licensed FT Exempt & FT Hourly Staff	
	Single	Family	Single	Family
Further - HSA				
2023 IRS Annual Max Contribution	\$3,850.00	\$7,750.00	\$3,850.00	\$7,750.00
Employer Contribution	\$0.00	\$0.00	\$0.00	\$0.00
Employee Contribution	\$3,650.00	\$7,300.00	\$3,850.00	\$7,750.00

	Administrator & Licensed FT Exempt Staff		Non-Exempt FT Hourly Staff, Non-Licensed FT Exempt and Hourly Contracted (more than 176 days) Staff	
	Single	Family	Single	Family
MetLife - \$1250 PDP Plus Dental Plan				
Total Premium	\$39.50	\$102.50	\$39.50	\$102.50
Employer Contribution	\$39.50	\$39.50	\$39.50	\$39.50
Employee Contribution	\$0.00	\$63.00	\$0.00	\$63.00
Deduction per Pay Check	\$0.00	\$31.50	\$0.00	\$31.50

BCBS - Value Enhanced Vision Eye Wear Only	Single	Single + 1	Family
Total Premium	\$6.33	\$11.88	\$18.26
Employer Contribution	\$0.00	\$0.00	\$0.00
Employee Contribution	\$6.33	\$11.88	\$18.26
Deduction per Pay Check	\$3.17	\$5.94	\$9.13

Met Life - Basic Life AD&D (.214 / .016)	Employee \$25,000
Total Premium	\$5.75
Employer Contribution	\$5.75

Met Life - STD (.372/\$10)	Employee Salary
Total Premium	varies
Employer Contribution	100%

Met Life - LTD (.268/\$100)	Employee Salary
Total Premium	varies
Employer Contribution	100%

Met Life - Supplemental Life AD&D	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Child(ren)
Total Premium/\$1000	\$ 0.085	\$ 0.112	\$ 0.120	\$ 0.163	\$ 0.247	\$ 0.379	\$ 0.577	\$ 0.820	\$ 1.477	\$ 2.457	\$ 0.291
Employee Contribution	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Class Name	Class Description
Administrator Staff (.5 FT and Over)	Seat-Based Staff and Online Directors
Licensed Exempt Staff (.5 FT and Over)	Teachers
Licensed Part Time Exempt Staff (.1 FT up to .5 FT)	Teachers
Non Licensed Exempt Staff, Hourly Stadd Contracted for More than 176 Days	HR/Business Manager, Technology Coordinator, Food Service Coordinator, Custodian, Executive Assistant/DAC Coordinator, Seat-Based Administrative Assistant, Online Administrative Assistant, Online Admissions Coordinator/State Reporting Coordinator, Online Student Records/Attendance Coordinator
Non Exempt Hourly Staff (20+ Hours)	Paras, Food Service
Non Exempt Hourly Staff PT (<20 Hours)	Paras, Food Service

Crosslake Community Charter School Eligibility & ER Contribution 2024

Hours of Eligibility	20
Waiting Period	Date of Hire
Rehire	Date of Rehire
Payroll	24
Deductions	24
Cash In Lieu	No
FSA/DCFSA	Medical/DCFSA - WEX
HSA Administrator	WEX
Payroll Vender	Creative Finance (KDV)
First Pay date of the year	
Worker's Comp Carrier	Employer Preferred Ins Co.

BCBS - \$6650.0% HSa Aware PrevRx	Single	Family
Total Premium	\$717.64	\$1,720.93
Employer Contribution	\$717.64	\$717.64
Employee Contribution	\$0.00	\$1,003.29
Deduction per Pay Check	\$0.00	\$501.65

BCBS - \$3375.0% HSA Aware PrevRx	Single	Family
Total Premium	\$890.75	\$2,136.06
Employer Contribution	\$717.64	\$717.64
Employee Contribution	\$173.11	\$1,418.42
Deduction per Pay Check	\$86.56	\$709.21

DIECI - HSA	Single	Family
2024 IRS Annual Max Contribution	\$4,150.00	\$8,300.00
Employer Contribution	\$0.00	\$0.00
Employee Contribution	\$4,150.00	\$8,300.00

MetLife - \$1250 PDP Plus Dental Plan	Single	Family
Total Premium	\$41.48	\$107.63
Employer Contribution	\$41.48	\$41.48
Employee Contribution	\$0.00	\$66.15
Deduction per Pay Check	\$0.00	\$33.08

BCBS - Value Enhanced Vision Eye Wear Only	Single	Single + 1	Family
Total Premium	\$5.85	\$10.96	\$16.85
Employer Contribution	\$0.00	\$0.00	\$0.00
Employee Contribution	\$5.85	\$10.96	\$16.85
Deduction per Pay Check	\$2.93	\$5.48	\$8.43

Met Life - STD	Employee Salary
Premium / \$10	\$ 0.423
Employer Contribution	100%

Met Life - LTD	Employee Salary
Premium / \$100	\$0.266
Employer Contribution	100%

Met Life - Basic Life AD&D (.214 / .016)	Employee \$25,000
Total Premium	\$5.75
Employer Contribution	\$5.75

Met Life - Supplemental Life AD&D	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Child(ren)
Total Premium/\$1000	\$ 0.085	\$ 0.108	\$ 0.120	\$ 0.163	\$ 0.247	\$ 0.379	\$ 0.577	\$ 0.820	\$ 1.477	\$ 2.457	\$ 0.291
Employee Contribution	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Class Name	Class Description
Administrator Staff (.5 FT and Over)	Seat-Based Staff and Online Directors
Licensed Exempt Staff (.5 FT and Over)	Teachers
Licensed Part Time Exempt Staff (.1 FT up to .5 FT)	Teachers
Non Licensed Exempt Staff, Hourly Stadd Contracted for More than 176 Days	HR/Business Manager, Technology Coordinator, Food Service Coordinator, Custodian, Executive Assistant/DAC Coordinator, Seat-Based Administrative Assistant, Online Administrative Assistant, Online Admissions Coordinator/State Reporting Coordinator, Online Student Records/Attendance Coordinator
Non Exempt Hourly Staff (20+ Hours)	Paras, Food Service
Non Exempt Hourly Staff PT (<20 Hours)	Paras, Food Service

Crosslake Community Charter School Eligibility & ER Contribution 2025		
Hours of Eligibility	20	
Waiting Period	Date of Hire	
Rehire	Date of Rehire	
Payroll	24	
Deductions	24	
Cash In Lieu	No	
FSA/DCFSA	Medical/DCFSA - WEX	DCFSA 2.5 month grace period
HSA Administrator	WEX	
Payroll Vender	Creative Finance (KDV)	
First Pay date of 2025	1/5/2025 Ded start 1/20/2025	
Worker's Comp Carrier	Employer Preferred Ins Co.	
MN PFML	MetLife	

BCBS - \$6650.0% HSa Aware PrevRx	Single	Family
Total Premium	\$747.75	\$1,793.15
Employer Contribution	\$747.75	\$747.75
Employee Contribution	\$0.00	\$1,045.40
Deduction per Pay Check	\$0.00	\$522.70

BCBS - \$3375.0% HSA Aware PrevRx	Single	Family
Total Premium	\$918.53	\$2,202.67
Employer Contribution	\$747.75	\$747.75
Employee Contribution	\$170.78	\$1,454.92
Deduction per Pay Check	\$85.39	\$727.46

DIECI - HSA	Single	Family
2024 IRS Annual Max Contribution	\$4,300.00	\$8,550.00
Employer Contribution	\$0.00	\$0.00
Employee Contribution	\$4,150.00	\$8,300.00

MetLife - \$2000 PDP Plus Dental Plan=	Single	Family
Total Premium	\$50.02	\$129.79
Employer Contribution	\$50.02	\$50.02
Employee Contribution	\$0.00	\$79.77
Deduction per Pay Check	\$0.00	\$39.89

BCBS - Value Enhanced Vision Eye Wear Only	Single	Single + 1	Family
Total Premium	\$5.85	\$10.96	\$16.85
Employer Contribution	\$0.00	\$0.00	\$0.00
Employee Contribution	\$5.85	\$10.96	\$16.85
Deduction per Pay Check	\$2.93	\$5.48	\$8.43

Met Life - STD	Employee Salary	
Premium / \$10	\$	0.423
Employer Contribution		100%

Met Life - LTD	Employee Salary	
Premium / \$100		\$0.266
Employer Contribution		100%

Met Life - Basic Life AD&D (.214 / .016)	Employee \$25,000	
Total Premium		\$5.75
Employer Contribution		\$5.75

Met Life - Supplemental Life AD&D	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Child(ren)
Total Premium/\$1000	\$ 0.085	\$ 0.108	\$ 0.120	\$ 0.163	\$ 0.247	\$ 0.379	\$ 0.577	\$ 0.820	\$ 1.477	\$ 2.457	\$ 0.291
Employee Contribution	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Class Name	Class Description
Administrator Staff (.5 FT and Over)	Seat-Based Staff and Online Directors
Licensed Exempt Staff (.5 FT and Over)	Teachers
Licensed Part Time Exempt Staff (.1 FT up to .5 FT)	Teachers
Non Licensed Exempt Staff, Hourly Stadd Contracted for More than 176 Days	HR/Business Manager, Technology Coordinator, Food Service Coordinator, Custodian, Executive Assistant/DAC Coordinator, Seat-Based Administrative Assistant, Online Administrative Assistant, Online Admissions Coordinator/State Reporting Coordinator, Online Student Records/Attendance Coordinator
Non Exempt Hourly Staff (20+ Hours)	Paras, Food Service
Non Exempt Hourly Staff PT (<20 Hours)	Paras, Food Service

Crosslake Community Charter School Eligibility & ER Contribution 2026		
Hours of Eligibility	20	
Waiting Period	Date of Hire	
Rehire	Date of Rehire	
Payroll	24	
Deductions	24	
Cash In Lieu	No	
FSA/DCFSA	Medical/DCFSA - WEX	DCFSA 2.5 month grace period
HSA Administrator	WEX	
Payroll Vender	Creative Planning	
First Pay date of 2026	01/05/2026	
Worker's Comp Carrier	Employer Preferred Ins Co.	
MN PFML	MetLife	

BCBS		
T26485P-A** \$6500.0% HSa PrevRx	Single	Family
Total Premium	\$784.64	\$1,881.62
Employer Contribution		
Employee Contribution	\$784.64	\$1,881.62
Deduction per Pay Check	\$392.32	\$940.81

T2620P-A \$3400.0 % HSA PrevRx		
Single	Family	
Total Premium	\$974.06	\$2,335.85
Employer Contribution		
Employee Contribution	\$974.06	\$2,335.85
Deduction per Pay Check	\$487.03	\$1,167.93

WEX - HSA	Single	Family
2024 IRS Annual Max Contribution	\$4,400.00	\$8,750.00
Employer Contribution	\$0.00	\$0.00
Employee Contribution	\$4,400.00	\$8,750.00

MetLife - \$2000 PDP Plus Dental Plan	Single	Family
Total Premium	\$50.02	\$134.98
Employer Contribution		
Employee Contribution	\$50.02	\$134.98
Deduction per Pay Check	\$25.01	\$67.49

BCBS - Value Enhanced Vision Eye Wear Only	Single	Single + 1	Family
Total Premium	\$5.85	\$10.96	\$16.85
Employer Contribution	\$0.00	\$0.00	\$0.00
Employee Contribution	\$5.85	\$10.96	\$16.85
Deduction per Pay Check	\$2.93	\$5.48	\$8.43

Met Life - STD	Employee Salary	
Premium / \$10	\$	0.199
Employer Contribution		100%

Met Life - LTD	Employee Salary	
Premium / \$100		\$0.266
Employer Contribution		100%

Met Life - Basic Life AD&D (.214 / .016)	Employee \$25,000	
Total Premium		\$5.75
Employer Contribution		\$5.75

Met Life - Supplemental Life AD&D	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Child(ren)
Total Premium/\$1000	\$ 0.085	\$ 0.108	\$ 0.120	\$ 0.163	\$ 0.247	\$ 0.379	\$ 0.577	\$ 0.820	\$ 1.477	\$ 2.457	\$ 0.291
Employee Contribution	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Class Name	Class Description
Administrator Staff (.5 FT and Over)	Seat-Based, Online, Executive Directors
Licensed Exempt Staff (.5 FT and Over)	Teachers
Licensed Part Time Exempt Staff (.1 FT up to .49 FT)	Teachers
Non Licensed Exempt Staff, Hourly Staff Contracted for More than 175 Days	HR/Business Manager, Technology Coordinator, Food Service Coordinator, Custodian, Executive Assistant, DAC Coordinator, Seat-Based Administrative Assistant, Online Administrative Assistant, Online Admissions Coordinator/State Reporting Coordinator, Online Student Records/Attendance Coordinator
Non Exempt Hourly Staff (20+ Hours)	Paras, Food Service
Non Exempt Hourly Staff PT (<20 Hours)	Paras, Food Service