

BEA/Certified Employee 2024-2025 Insurance Options and Rates

Effective July 1, 2024

MN Healthcare Consortium (MHC and NWSC) Medica Passport 0%-0

THIS PLAN IS FROZEN AND NO LONGER ALLOWS NEW ENROLLEES

Family Coverage:	Single Coverage:
\$38,016.72 Annual Premium -\$11,150.00 District Contribution <hr/> \$ 26,866.72 Employee's Share \$ 2,238.89 Monthly \$ 1,119.44 Pay Period	\$14,276.64 Annual Premium -\$6,125.00 District Contribution <hr/> \$8,151.64 Employee's Share \$ 679.31 Monthly \$ 339.65 Pay Period

MN Healthcare Consortium (MHC and NWSC) Medica Passport 500-25-20%

Family Coverage:	Single Coverage:
\$ 33,607.20 Annual Premium -\$11,150.00 District Contribution <hr/> \$ 22,457.20 Employee's Share \$ 1,871.43 Monthly \$ 935.71 Pay Period	\$12,622.32 Annual Premium -\$6,125.00 District Contribution <hr/> \$ 6,497.32 Employee's Share \$ 541.45 Monthly \$ 270.72 Pay Period

MN Healthcare Consortium (MHC and NWSC) Medica Passport 1000-40/75-20%

Family Coverage:	Single Coverage:
\$ 32,561.28 Annual Premium -\$11,150.00 District Contribution <hr/> \$ 21,411.28 Employee's Share \$ 1,784.27 Monthly \$ 892.13 Pay Period	\$12,229.68 Annual Premium -\$6,125.00 District Contribution <hr/> \$ 6,104.68 Employee's Share \$ 508.73 Monthly \$ 254.40 Pay Period

MN Healthcare Consortium (MHC and NWSC) Medica Passport 4000-0% HSA

****EMPLOYEE FUNDS HEALTH SAVINGS ACCOUNT (HSA) ****

Family Coverage:	Single Coverage:
\$ 26,877.36 Annual Premium -\$11,150.00 District Contribution <hr/> \$ 15,727.36 Employee's Share \$ 1,310.61 Monthly \$ 655.30 Pay Period	\$10,097.28 Annual Premium -\$6,125.00 District Contribution <hr/> \$ 3,972.28 Employee's Share \$ 331.03 Monthly \$ 165.51 Pay Period

If enrolled in this HSA plan, then District shall contribute **\$70 per month
 (\$840 total) to the employees individual H.S.A*

FY25 H.S.A Deductibles- \$4,000 Single / \$8,000 Family

*Embedded deductible- no one person would pay more than \$4,000

H.S.A Contribution Limits for 2024- \$4,150 Single / \$8,300

*Once age 55+ members can contribute an additional \$1,000

11/12 Month Employee 2024-2025 Insurance Options and Rates

Effective July 1, 2024

MN Healthcare Consortium (MHC and NWSC) Medica Passport 0%-0

THIS PLAN IS FROZEN AND NO LONGER ALLOWS NEW ENROLLEES

Family Coverage:	Single Coverage:
\$38,016.72 Annual Premium -\$11,400.00 District Contribution <hr style="width: 100%;"/> \$ 26,616.72 Employee's Share \$ 2,218.06 Monthly \$ 1,109.03 Pay Period	\$14,276.64 Annual Premium -\$6,375.00 District Contribution <hr style="width: 100%;"/> \$7,901.64 Employee's Share \$ 658.47 Monthly \$ 329.23 Pay Period

MN Healthcare Consortium (MHC and NWSC) Medica Passport 500-25-20%

Family Coverage:	Single Coverage:
\$ 33,607.20 Annual Premium -\$11,400.00 District Contribution <hr style="width: 100%;"/> \$ 22,207.20 Employee's Share \$ 1,850.60 Monthly \$ 925.30 Pay Period	\$ 12,622.32 Annual Premium -\$6,375.00 District Contribution <hr style="width: 100%;"/> \$ 6,247.32 Employee's Share \$ 520.61 Monthly \$ 260.30 Pay Period

MN Healthcare Consortium (MHC and NWSC) Medica Passport 1000-40/75-20%

Family Coverage:	Single Coverage:
\$ 32,561.28 Annual Premium -\$11,400.00 District Contribution <hr style="width: 100%;"/> \$ 21,161.28 Employee's Share \$ 1,763.44 Monthly \$ 881.72 Pay Period	\$ 12,229.68 Annual Premium -\$6,375.00 District Contribution <hr style="width: 100%;"/> \$ 5,854.68 Employee's Share \$ 487.89 Monthly \$ 243.94 Pay Period

MN Healthcare Consortium (MHC and NWSC) Medica Passport 4000-0% HSA

****EMPLOYEE FUNDS HEALTH SAVINGS ACCOUNT (HSA) ****

Family Coverage:	Single Coverage:
\$ 26,877.36 Annual Premium -\$11,400.00 District Contribution <hr style="width: 100%;"/> \$ 15,477.36 Employee's Share \$ 1,160.48 Monthly \$ 580.24 Pay Period	\$ 10,097.28 Annual Premium -\$6,375.00 District Contribution <hr style="width: 100%;"/> \$ 3,722.28 Employee's Share \$ 310.19 Monthly \$ 155.09 Pay Period

If enrolled in this HSA plan, then District shall contribute **\$70 per month
 (\$840 total) to the employees individual H.S.A*

FY25 H.S.A Deductibles- \$4,000 Single / \$8,000 Family
 *Embedded deductible- no one person would pay more than \$4,000

H.S.A Contribution Limits for 2024- \$4,150 Single / \$8,300
 *Once age 55+ members can contribute an additional \$1,000