

Medical: Full Year Staff



HealthPartners	Full Year Staff \$4,000/\$8,000 HRA HSA
<u>In-Network Only</u>	You Pay
Preventive Care	0%
Deductible and Out-of-Pocket Max ¹	\$4,000 per person \$8,000 per family
Non-Preventive Care Prescription Drugs	Deductible, then 0%
District HSA Contribution	\$1,000 per person \$2,000 per family
Your Maximum Exposure	\$2,000 per person \$4,000 per family
District HRA Contribution (If needed - see page 10)	\$1,000 per person \$2,000 per family



It is important for you to know that if you use an Out-of-Network provider, your coverage may be different.

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

¹ Plan Year Out-of-Pocket Maximum includes deductibles

Full Year Staff Health Insurance MONTHLY Premiums

Coverage Tier	Full Premium	Wellness Met		Wellness NOT met	
		District Contribution	Employee Contribution	District Contribution	Employee Contribution
Single	\$815.87	\$734.28	\$81.59	\$693.49	\$122.38
Family	\$1851.88	\$1,666.69	\$185.19	\$1,574.10	\$277.78

If you successfully completed the health and wellbeing program during the 2022-2023 school year you will receive the full premium contribution for this renewal term.

You can find wellness program information for the upcoming year on page 6.

*New Employees will automatically receive the full contribution.

Medical: School-Year Support Staff



HealthPartners	School Year Support Staff \$6,250/\$12,500 HSA
In-Network Only	You Pay
Preventive Care	0%
Deductible and Out-of-Pocket Max ¹	\$6,250 per person \$12,500 per family
Non-Preventive Care Prescription Drugs	Deductible, then 0%
<i>Your Maximum Exposure</i>	\$6,250 per person \$12,500 per family



It is important for you to know that if you use an Out-of-Network provider, your coverage may be different.

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

¹ Plan Year Out-of-Pocket Maximum includes deductibles

Support Staff Health Insurance MONTHLY Premiums

Coverage Tier	Full Premium	Wellness Met		Wellness NOT met	
		District Contribution	Employee Contribution	District Contribution	Employee Contribution
Single	\$691.43	\$345.72	\$345.72	\$311.14	\$380.29
Family	\$1,569.43	\$345.72	\$1,223.71	\$311.14	\$1,258.29

If you successfully completed the health and wellbeing program during the 2022-2023 school year you will receive the full premium contribution for this renewal term.

You can find wellness program information for the upcoming year on page 6.

*New Employees will automatically receive the full contribution.