

**School District of Black River Falls**  
**Teacher Benefits**  
**2022-2023**

**Health Insurance (Current Health Insurance provider is Security Health Plan)**

Current Full Monthly Premium: Family = \$1,936.77/month (Premier Plan) or \$2,000.15/month (Explore Plan); Single = \$856.98/month (Premier Plan) or \$885.02/month (Explore Plan)

Full Time Position –

Benefit: (Based on 80% of Premier Plan monthly premium) District pays \$1,549.42/month for family coverage or \$685.58/month for single coverage.

Deductions (deducted from employee's paycheck-pre-tax, based on 24 pay periods):

- Family Coverage = (Premier Plan) \$193.68 per paycheck or \$387.36 per month or (Explore Plan) \$225.37 per paycheck or \$450.74 per month
- Single Coverage = (Premier Plan) \$85.70 per paycheck or \$171.40 per month or (Explore Plan) \$99.72 per paycheck or \$199.44 per month

Part Time Position – District pays 80% for single; Contract % of 80% (Premier Plan Base) for family

**Health Reimbursement Account (HRA)**

Funded by the District for employee's that participate in the District's health insurance plan. Its purpose is to help cover deductible or other medical costs. A \$1,500 (family plan) or \$750 (single plan) deposit is made on September 1st of each year to the employee's **HRA account at Mid America**. (See more information below).

**Definitions:**

**Premium** – the full cost of the insurance coverage that is paid to the insurance company

**Benefit** – the amount of the insurance premium that is paid by the school district for the employee

**Deduction** – the amount of the insurance premium that is paid by the employee through a payroll deduction

**Deductible** – the amount of medical expenses that are the employee’s responsibility in a calendar year (July-June). Typically, after the deductible is met, the insurance plan will cover the costs. Some things like annual wellness exams are considered preventative. In this case, the deductible does not apply to these preventative exams and the insurance plan would pick up the costs.

**Health Reimbursement Account (HRA)** – An amount that the District provides for the employee in to a trust account that can be used for medical expenses either now or in the future. It is the employee’s choice whether or not to file a claim to their HRA for reimbursement of medical expenses they’ve paid. The account is the employee’s, not the District’s, and stays with the employee. Amounts in the HRA rollover from year to year and are credited with interest earnings. Reimbursement claims are filed by the employee through Mid America.

**Dental Insurance- Current Dental Insurance Provider is Delta Dental**

**Current Rates – Family -\$117.75/month; Single \$45.25/month**

Full Time Position – District pays 53% for family, 50% for single coverage

Deduction (Based on 24 pay periods):

Family Coverage – \$27.67 per paycheck, or \$55.34 per month

Single Coverage - \$11.30 per paycheck, or \$22.60 per month

Part Time Position – District pay 50% for single, % of employment (of 53%) for family

**Long-term disability Insurance (LTD)**

**Current LTD Insurance provider is National Insurance**

District pays 100% for employee coverage

**Short-term disability Insurance (STD)**

**Current STD Insurance provider is National Insurance**

Deduction Only: Employee pays premium – totally voluntary

**Life Insurance**

**Current Life Insurance provider is Minnesota Mutual**

Through Department of Employee Trust Fund

Deduction Only: Employee pays premium – totally voluntary

**Sick Days**

10 per year. 2 can be used for personal leave. Can accumulate up to 100 days. If only 1 personal day is used during the year, an employee can carryover the other day, for a max of 3 personal days available for the following school year.

## **Holidays**

3 per year. Labor Day, Thanksgiving, and Memorial Day

## **Other Opportunities:**

**Flex Plan** – The provider that the District uses for this is EBC. This provides staff with an opportunity to lower taxable income by reducing income with eligible medical expenses through payroll deductions.

**403(b) – TSA Plan** – The District has several approved providers that employees can use to reduce taxable income through salary reduction and deposit in to a TSA. Funds invested through a TSA provider grow tax deferred.

**Trust Advantage** – Home, Auto, Renters, Umbrella Insurance are available. Premiums can be deducted through payroll.

**Forms and more info. On benefits can be found at [https://www.brf.org/for\\_staff/humanresources](https://www.brf.org/for_staff/humanresources)**

MEDICAL CLAIMS (DOCTOR, CLINIC, HOSPITAL, THERAPY, DURABLE GOODS)  
FOR ONE PERSON, STARTING JULY 1<sup>ST</sup>

# Medical Claims

\$1 to \$1,000

- Member's responsibility – amounts will accumulate to deductible.
- Member can submit claims to Mid-America for HRA reimbursement. District contributes \$750 single/\$1,500 family per year. Roll-over amounts are available as well.

\$1,001 to  
\$3,000

- Security Health Plan submits claim to EBC, which is the HRA administrator for the District.
- EBC will pay provider directly.
- Unused funds will not roll over.

\$3,001 +

- Security Health Plan pays provider.
- For the rest of the plan year, doctor, clinic and hospital expenses will be paid in full.

Medical & RX claims accumulate towards the deductible together

FREEDOM TO MOVE FORWARD



PRESCRIPTION DRUG CLAIMS AT THE PHARMACY  
FOR ONE PERSON, STARTING JULY 1<sup>ST</sup>

# Pharmacy

\$1 to \$1,000

- Member's responsibility & member will make payment at pharmacy. Amounts accumulate to deductible.
- Member can submit claims to Mid-America for HRA reimbursement. District contributes \$750 single/\$1,500 family per year. Roll-over amounts are available as well.

\$1,001 to  
\$3,000

- Member will make payment at pharmacy.
- Security Health Plan will send claim to EBC.
- EBC will reimburse the member by check or auto-deposit (see attached for instructions).
- Unused funds will not roll over.

\$3,001 +

- Member is responsible for copays of \$10 / \$30 / \$60 / 25%.
- Once Member has incurred \$1,000 of copays, Security Health Plan will pay 100% of prescription costs.

**Remember to show your ID Card at the Pharmacy EACH time – even if you haven't met your deductible yet!**

Medical & RX claims accumulate towards the deductible together

FREEDOM TO MOVE FORWARD



		7/1/2022-6/30/2023	
Health Insurance Carrier		Security Health Plan	
Insurance Type		HMO	HMO
Provider Network		<b>Premier</b> (Mayo and Marshfield Only)	<b>Explore/Zelis*</b> (Mayo, Gunderson, Etc.)
Deductible			
	In-Network	\$4,000/\$8,000	\$4,000/\$8,000
	Out of Network	No Coverage	No Coverage
Co-Insurance			
	In-Network	100% after deductible	100% after deductible
	Out of Network	No Coverage	No Coverage
Maximum Out-of Pocket			
	In-Network	\$5,000/\$10,000	\$5,000/\$10,000
	Out of Network	No Coverage	No Coverage
Prescription Drugs		Deductible, then \$10/\$30/\$60/25% spec	Deductible, then \$10/\$30/\$60/25% spec
Total Monthly Premium			
	Single	\$856.98	\$885.02
	Family	\$1,936.77	\$2,000.15

\*Employee pays the difference in premium between Premier and Explore/Zelis when choosing Explore/Zelis

		22-23	
Teacher Share of Monthly Premium		Premier	Explore/Zelis
	Single	\$171.40	\$199.44
	Family	\$387.36	\$450.74
All Other Staff Share of Mo. Premium		Premier	Explore/Zelis
	Single	\$85.70	\$113.74
	Family	\$193.68	\$257.06

\*Part-time staff eligible for insurance should contact Marti for their proration of family insurance