

INSURANCE INFORMATION - NEW HIRES

| 2020-2021 Health Ins Costs | Annual Premium | District Pays/Year | Employee Pays/Year | Employee with Eligible Spouse Pays | District Paid HRA/HSA | Annual Deductible | Annual Out of Pocket Max |
|----------------------------|----------------|--------------------|--------------------|------------------------------------|-----------------------|-------------------|--------------------------|
|----------------------------|----------------|--------------------|--------------------|------------------------------------|-----------------------|-------------------|--------------------------|

| | | | | | | | |
|--------------|----------|----------|----------|----------|--------------------------------|---------|--|
| 500 Single | \$10,664 | \$10,131 | \$533 | | \$500* (Only HRA Available) | \$500 | \$1,000 |
| 1,000 Family | \$29,703 | \$18,012 | \$11,691 | \$10,491 | | \$1,000 | \$1,000 per person/ \$2,000 per Family |

\$500/\$1,000 Plans - On a Single plan the deductible is \$500 and then 80/20 up to ab \$1,000 out of pocket max. On a Family plan the deductible is \$1,000 and then 80/20 up to a \$2,000 out of pocket max.

| | | | | | | | |
|-------------------|----------|----------|---------|---------|---------|---------|---------|
| HDHP 1,400 Single | \$9,513 | \$9,211 | \$303 | | \$1,200 | \$1,400 | \$1,400 |
| HDHP 2,800 Family | \$26,498 | \$17,246 | \$9,252 | \$8,052 | | \$2,800 | \$2,800 |

\$1,400/\$2,800 HDHP Plans - This deductible is \$1,400 per individual on a single plan. If the plan is a family plan, the family must pay the deductible of \$2,800. Note, individuals on the family plan could account for more than \$1,400 until the family \$2,800 deductible is met. On this plan, once the deductible is met whether single or family, all other expenses are paid at 100%.

| | | | | | | | |
|-------------------|----------|----------|---------|---------|---------|---------|--|
| HDHP 3,500 Single | \$8,013 | \$8,010 | \$3 | | \$2,100 | \$3,500 | \$3,500 |
| HDHP 7,000 Family | \$22,319 | \$16,261 | \$6,056 | \$4,856 | | \$7,000 | \$3,500 per person/ \$7,000 per Family |

\$3,500/\$7,000 HDHP Plans - This deductible is \$3,500 per person/\$7,000 per family. Under this plan, no individual whether on a single or family plan, will pay more than the \$3,500 deductible per person. If it's a family plan, the family will pay no more than the \$7,000 deductible. On this plan, once the deductible is met, whether single or family, all other expenses are paid at 100%.

| | | | | | | | |
|--------------------|----------|----------|---------|---------|---------|----------|---|
| HDHP 5,000 Single | \$7,102 | \$7,102 | \$0 | | \$3,000 | \$5,000 | \$5,000 |
| HDHP 10,000 Family | \$19,781 | \$16,388 | \$3,393 | \$2,193 | | \$10,000 | \$5,000 per person/ \$10,000 per Family |

\$5,000/\$10,000 HDHP Plans - This deductible is \$5,000 per person/\$10,000 per family. Under this plan, no individual whether on a single or family plan, will pay more than the \$5,000 deductible per person. If it's a family plan, the family will pay no more than the \$10,000 deductible. On this plan, once the deductible is met, whether single or family, all other expenses are paid at 100%.

| | | | | | | | |
|--------------------|----------|-----|----------|----------|--|----------|---|
| HDHP 6,750 Single | \$6,297 | \$0 | \$6,297 | | | \$6,750 | \$6,750 |
| HDHP 13,500 Family | \$17,540 | \$0 | \$17,540 | \$17,540 | | \$13,500 | \$6,750 per person/ \$13,500 per Family |

\$6,750/\$13,500 HDHP Plans - This deductible is \$6,750 per person/\$13,500 per family. Under this plan, no individual whether on a single or family plan, will pay more than the \$6,750 deductible per person. If it's a family plan, the family will pay no more than the \$13,500 deductible. On this plan, once the deductible is met, whether single or family, all other expenses are paid at 100%.

The renewal for all health insurance plans continues to be September 1st.

An employee who qualifies for health insurance through the Affordable Care Act (ACA) but does not qualify for district contribution towards health insurance plans due to hours/months worked may purchase a district insurance plan with no contribution from the school district.

| | Benefit Year Start Date | 4th Quarter Carry Over |
|----------------------|-------------------------|------------------------|
| \$500/\$1000 Plans | September 1st | Yes |
| \$1400/\$2800 Plans | September 1st | No |
| \$3500/\$7000 Plans | September 1st | Yes |
| \$5000/\$10000 Plans | September 1st | No |
| \$6750/\$13500 Plans | September 1st | No |

Insurance Booklet Information

The following insurance booklets can be found on the District's website at www.isd94.org under the [Staff Tab, Payroll Resources link](#):

Health Summary of Benefits:
<https://www.isd94.org/Page/1381>

Dental Summary of Benefits:
<https://www.isd94.org/Page/1324>

Life Insurance Certificates:
<https://www.isd94.org/Page/1322>

Long-Term Disability Insurance Certificates:
<https://www.isd94.org/Page/1323>

If you have questions, please contact:

Kate Laine
Cloquet Public Schools
Central Administration Office
302 14th Street, Cloquet, MN 55720
Email: klaine@isd94.org, or
Phone: 879-6721, ext. 6207