

2024 SUMMARY OF INSURANCES  
AVAILABLE THROUGH ISD #534 STEWARTVILLE

To be eligible to participate in the school district's insurance plans, you must work 30 hours per week. For district contribution towards insurance premiums, please review your insurance benefits in the Master Agreement or Wage and Benefit Agreements. If the district contribution does not pay the entire premium, the additional cost will be made by a payroll deduction. Coverage for new employees will begin 30 days after the first of the month following the month of which employment begins. Enrollment must be completed within 30 days of your hire date.

**Blue Cross/Blue Shield Health Plan:** There are 2 different health plans to choose from:

	<u>Single</u>	<u>Family</u>
Plan #1: \$1,000/\$2,000 Deductible 80/20 CMM	\$1,111.45	\$3,312.55
Plan #2: VEBA \$2600/\$5200 Deductible	\$1,027.25	\$3,061.59
Plan #3: VEBA \$5000/\$10000 Deductible	\$839.93	\$2,503.31
Plan #4: VEBA \$7500/\$15000 Deductible	\$764.43	\$2,278.30

**Madison Life Insurance:** The district shall provide a group term life insurance plan according to the following schedule:

- \$250,000 Policy** – Supt
- \$100,000 Policy** – Administrators
- \$75,000 Policy** - Teachers
- \$50,000 Policy** – Support Staff

Employees have the option of purchasing a \$5,000 policy for their spouse and/or dependents. The premium for this policy is \$1.75/month.

The district shall provide a long term disability insurance plan according to the following schedule:

- Group #1:** Maximum benefit of 2/3 of current salary – Superintendent
- Group #2:** Maximum benefit of 2/3 of a maximum salary of \$75,000  
Special Education Coordinator, Com Ed Director, Curriculum Director, Teachers, Activities Director, School Nurse
- Group #3:** Maximum benefit of 2/3 of a maximum salary of \$50,000  
District Staff, Non-Union Mgmt, Administrative Assistants, Maintenance Engineers, Facilities Director, Tech Director

**Dental Reimbursement Plan:** All eligible employees must participate in the Dental Reimbursement Plan. Dental expenses will be reimbursed according to the following schedule:

\$0-\$500 in allowable claims	100% reimbursement
\$501-\$1250 in allowable claims	80% reimbursement
\$1251-\$2250 in allowable claims	50% reimbursement

Employees are responsible for filing their own claims for reimbursement and for making payment to the dental clinic. Reimbursement for claims cannot be made directly to the dental clinic.

There are 4 levels of coverage to choose from:

Employee: \$40.00    Employee + 1: \$87.00    Employee + 2: \$112.00    Family: \$148.00