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Welcome to Saint Paul Public Schools. At 30 days of employment, you will be eligible to participate in *Choices – the District benefit program*. Your benefit program is a “cafeteria” plan. As a full-time employees in the Saint Paul Principals’ Association bargaining unit, Saint Paul Public Schools will give you District Contribution dollars to use towards the purchase of benefits. The plan requires you to purchase a core set of benefits coverage which includes single HSA Smart Care medical, single dental, life insurance and long term disability. If the core benefits do not meet your needs you have the option to select additional benefits. Benefits need to be submitted online within 30 days from the date of hire.

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**District Contribution:**

The District Contribution dollars are based on single, single plus one or family medical coverage. Single medical coverage receives \$902.50, single+1 or family coverage receives \$1,361.50 per month.

**Medical Coverage:**

There are Six medical coverage options

- Co Pay Plan Open Access
- Co Pay Smart Care ACO
- Empower HRA National One Open Access
- Empower HRA National One Smart Care ACO
- Empower HSA National One Open Access
- Empower HSA National One Smart Care ACO

Coverage levels include single (HSA National One Smart Care ACO core), single plus one, or family. Costs per month are shown on the calculation sheet. A comparison sheet of the coverage options are available on line at [http://hr.spps.org/Empl\\_Benefits](http://hr.spps.org/Empl_Benefits)

**Dental:**

The current dental insurance carrier is HealthPartners Dental. Coverage levels include single (core) or family coverage.

**Life Insurance (core):**

Basic and additional life insurance coverage is provided by SPPS in the amount of \$150,000 coverage. The taxable value of coverage provided in excess of \$50,000 will be included as additional wages on employee’s W-2 and is determined based on the IRS Rate Table.

**Long Term Disability (LTD) (core):**

LTD insurance provides income protection if you become disabled due to injury or illness and cannot work for an extended period of time.

**Optional Insurance Benefits: (For detailed information please see the brochures in your new hire packet or on-line at [http://hr.spps.org/Empl\\_Benefits](http://hr.spps.org/Empl_Benefits).)**

- Optional Life for employee
- Optional Life for spouse
- Dependent(s) Life at a flat rate of \$10,000
- Aflac
- Accidental Death for employee
- Accidental Death for spouse
- Short Term Disability (STD)

**Health Savings Account: Empower HSA National One Medical Plan with HSA Account**

The Empower HSA Plan combines Health Partners medical coverage with a self-funded, pre-tax savings/investment account you can use to pay for your qualifying out-of-pocket health care expenses. If you enroll in the HSA medical plan and you wish to have a Health Savings Account, you must fill out an account authorization form and the annual election form to contribute to your account. Equal pre-tax deductions will be taken from each paycheck and deposited into your HSA account. This is an annual election made for the calendar year January to December each year.

**Flexible Spending Account: HealthPartners Empower Plan**

An optional program that offers tax-free payroll deductions for health insurance premiums as well as tax-free medical and dependent day care expense accounts. This is an annual election made for the calendar year January to December each year.

## **Other Benefits Available to members of the Saint Paul Principals' Association**

### **Holidays & Vacation**

For principals, vacations and holidays shall be as shown on the school year calendar:

Five (5) vacation days per year shall be available to each principal. In general, use on a school day for students will be discouraged. Principals may carry over into the following calendar year up to a maximum of twenty (20) days (160 hours) of vacation. Employees, who work less than the full fiscal year or less than full-time, shall earn vacation time on a pro-rated basis.

### **Married Couple:**

Full-time employees married to another full-time District employee can waive core benefits and retain flex dollars if they are covered as a dependent on their spouse's health and/or dental plan.

### **Sick Leave: 12 days per year**

Unused sick leave is carried to the next school year. You may use any and all accumulated sick days to care for an ill child under age 18. The maximum amount of sick leave that may be granted to care for household members other than a child under age 18 shall be five (5) days. Up to fifteen (15) days of accumulated sick leave may be used in a contract year to attend to adoption procedures or care of a newly adopted child. Up to 15 days of accrued sick leave may be used by the father for the birth of his child.

### **Attendance Incentive Plan:**

This incentive plan allows you to "sell" unused sick days for extra flex dollars. To be eligible for the plan, you need to meet **both** of the following guidelines:

- You must have accumulated 30 or more sick leave days
- You must have used no more than five days during the previous school year

If you are eligible for this plan, you may get up to \$1,050.00 in flex dollars per year. These dollars must be used to buy benefits – they cannot be taken as cash. However, by "spending" these dollars first, before the District-provided flex dollars, you could potentially have extra flex dollars to spend on benefits or take as cash.

### **Professional Growth:**

**Allowances for Professional Memberships, Conventions, Workshops, or other Professional Meetings:** An amount not to exceed \$2,750.00 per year maximum shall be made available for allowable expenses for each member of the bargaining unit.

### **Tax Sheltered Annuities:**

#### **➤ Voluntary Retirement Accounts:**

Public employees are eligible on an optional basis to invest towards retirement (other than public pension) with pre-tax dollars withheld from your paycheck. Two types of accounts are allowed: Minnesota Deferred Compensation Plan (457) and Tax Sheltered Annuity Plan, 403(b). To participate, contact one of the three approved companies: MN Deferred Comp, 651-296-2761; Fidelity, 1-800-343-0860 (Plan # 51224); or VOYA Financial, 651-665-4300.

#### **➤ District Match Program:**

Employees hired after January 1, 1996 are eligible to receive up to \$1,750.00 per year of matching contributions to either a 403 (b) plan or 457 plan, so long as the employee remains in continuous active status. Employees hired on or after January 1, 2014 are eligible for \$1,950 per year employer match

Employee must set up an account with a TSA vendor and submit an application to begin deductions. **Enrollment is not automatic.**

### **Pension Plan:**

Licensed employees will be a member of the St. Paul Teachers' Retirement Association (phone: 651/642-2550). Employees will contribute 7.0% of your salary and the District will contribute an amount equal to 11.175% of your salary.

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*The intent of this summary is to highlight many of the benefits for members of Saint Paul Principals' Association at Saint Paul Public Schools. This is not intended to be an exhaustive list of all benefits. The negotiated contract shall govern all benefit provisions.*

## Benefit Calculation Sheet (What is my Cost?)

Principals

Select one benefit plan below and enter the Employee Pay and Remaining District Contribution amounts in the appropriate columns on the right.

### HealthPartners

Co-Pay Open Access	Monthly Premium	District Contribution	Employee Pay	Remaining District Contribution	Enter Employee Pay	Enter Remaining District Contribution
Single	\$751.00	\$902.50	\$0.00	\$151.50		
Single + 1	\$1,690.00	\$1,361.50	\$328.50	\$0.00		
Family	\$1,960.00	\$1,361.50	\$598.50	\$0.00		
Co-Pay Smart Care ACO						
Single	\$676.00	\$902.50	\$0.00	\$226.50		
Single + 1	\$1,521.00	\$1,361.50	\$159.50	\$0.00		
Family	\$1,764.00	\$1,361.50	\$402.50	\$0.00		

Flexible Spending Account Available for Co-Pay Plans

HRA NTL One Open Access	Monthly Premium	District Contribution	Employee Pay	Remaining District Contribution	Enter Employee Pay	Enter Remaining District Contribution
Single	\$606.33	\$860.83	\$0.00	\$254.50		
Single + 1	\$1,360.50	\$1,299.00	\$61.50	\$0.00		
Family	\$1,577.67	\$1,278.17	\$299.50	\$0.00		
HRA NTL One Smart Care ACO						
Single	\$546.33	\$860.83	\$0.00	\$314.50		
Single + 1	\$1,224.50	\$1,299.00	\$0.00	\$74.50		
Family	\$1,419.67	\$1,278.17	\$141.50	\$0.00		

Flexible Spending Account Available for HRA Plans

HSA NTL One Open Access	Monthly Premium	District Contribution	Employee Pay	Remaining District Contribution	Enter Employee Pay	Enter Remaining District Contribution
Single	\$534.00	\$902.50	\$0.00	\$368.50		
Single + 1	\$1,199.00	\$1,361.50	\$0.00	\$162.50		
Family	\$1,391.00	\$1,361.50	\$29.50	\$0.00		
HSA NTL One Smart Care ACO						
Single (Core Coverage)	\$481.00	\$902.50	\$0.00	\$421.50		
Single + 1	\$1,080.00	\$1,361.50	\$0.00	\$281.50		
Family	\$1,252.00	\$1,361.50	\$0.00	\$109.50		

Health Savings Account or Flexible Spending Account Available for HSA Medical Plans

<b>Medical Total</b>		
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Carry Totals Forward to Next Page



# Benefit Calculation Sheet Continued



<b>Medical Totals From Previous Page</b>	\$	\$
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Dental HealthPartners	Monthly Premium	District Contribution	Employee Pay	Remaining District Contribution	Enter Employee Pay	Enter Remaining District Contribution
Single <b>(Core)</b>	\$32.78	\$0.00	<b>\$32.78</b>	<b>\$0.00</b>		<b>\$0.00</b>
Single + 1	\$106.55	\$0.00	<b>\$106.55</b>	<b>\$0.00</b>		<b>\$0.00</b>
Family	\$106.55	\$0.00	<b>\$106.55</b>	<b>\$0.00</b>		<b>\$0.00</b>

Vision EyeMed	Monthly Premium	District Contribution	Employee Pay	Remaining District Contribution	Enter Employee Pay	Enter Remaining District Contribution
Single	\$7.60	\$0.00	<b>\$7.60</b>	<b>\$0.00</b>		<b>\$0.00</b>
Single + 1	\$14.43	\$0.00	<b>\$14.43</b>	<b>\$0.00</b>		<b>\$0.00</b>
Family	\$21.20	\$0.00	<b>\$21.20</b>	<b>\$0.00</b>		<b>\$0.00</b>

<b>Life Insurance (Core)</b>	\$8.40	\$0.00	<b>\$11.50</b>	<b>\$0.00</b>	<b>\$11.50</b>	<b>\$0.00</b>
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<b>Dental, Vision and Life Totals</b>		
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## Voluntary Life Insurance

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<b>Voluntary Life - Employee</b>	Based on Amount of Coverage				<b>\$0.00</b>
<b>Voluntary Life - Spouse</b>	Based on Amount of Coverage				<b>\$0.00</b>
<b>Voluntary Life - Child</b>	\$1.30	\$0.00	<b>\$1.30</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>AD/D - Employee</b>	Based on Amount of Coverage				<b>\$0.00</b>
<b>AD/D - Spouse</b>	Up to 50% of Employee Coverage				<b>\$0.00</b>

<b>Voluntary Life Totals</b>		
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## Disability Insurance

<b>Short Term Disability (employee)</b>	Based on Amount of Coverage				<b>\$0.00</b>
<b>Long Term Disability (Core)</b>	Based on Annual Income - Approximate			<b>\$29.00</b>	<b>\$0.00</b>
<b>Aflac</b>	See Brochures for Pricing				<b>\$0.00</b>

<b>Disability Totals</b>		
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## Total of Benefits

Add all Benefits together

<b>Medical Total</b>	\$	\$
<b>Dental, Vision and Life Totals</b>	\$	\$
<b>Voluntary Life Totals</b>	\$	\$
<b>Disability Totals</b>	\$	\$

<b>Totals</b>	\$	\$
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Subtract the amount of Remaining District Contribution from Employee Pay. This is the monthly cost of Benefits. If the Remaining District Contribution is greater than the Employee Pay the amount is added to your earnings on your pay check

<b>My Benefit Cost</b>	\$	
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**Paycheck Benefit Deduction Overview Cafeteria Plan Employees**

- Benefits are deducted twice a month (excluding July, August and September for 10 month employees)
- 10 Month Employees – Summer Premiums (Insurance Summer Deposits) are collected over the 12 paychecks from January to June in addition to the regular benefits deductions.
- Summer premiums are collected on all 10 month employees.

Saint Paul Public Schools #625  
360 Colborne Street  
St. Paul, MN 55102

Pay Group: L10-Lag 10 Month  
Pay Begin Date: 05/25/2019  
Pay End Date: 06/07/2019

Business Unit: STDBU  
Advice #: 00000008632248  
Advice Date: 06/21/2019

Your Name Address	Employee ID:		<b>TAX DATA:</b>	<b>Federal</b>	<b>MN State</b>
	Department:	GEN449XXX-General Classroom Staff	Marital Status:	Married	Married
	Location:	Bruce F Vento Elementary	Allowances:	1	1
	Job Title:	Tchr - English Second Language	Addl. Percent:		
	Grade:	010 Step: 20	Addl. Amount:		
	Pay Rate:	Annual			

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	YTD Hours	Earnings	Description	Current	YTD
District Contribution Credits			530.00		1,443.00	Fed Withholding	194.73	2,595.98
District Contribution Summer			275.00		3,714.00	Fed MED/EE	51.47	676.86
Regular Pay		80.00	4,144.00		1,857.00	Fed OASDI/EE	220.07	2,894.15
Sick Leave Pay			0.00	990.50	51,307.90	MN Withholding	103.27	1,380.40
				40.50	2,564.10			
<b>TOTAL:</b>					<b>63,772.00</b>	<b>TOTAL:</b>	<b>569.54</b>	<b>7,547.39</b>

District Contribution is what the employee receives towards Benefits based on their bargaining unit (union)

Benefits paid by the District

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
St. Paul TRA Coordinated Plan	310.80	4,040.40	Long-Term Disability	10.88	130.56	St. Paul TRA Coordinated Plan	463.09	6,020.17
Medical Insurance	845.00	10,140.00	SPPF Dues Full Share TCHR	45.48	591.24	VOYA ER Match - FT/PT	0.00	1,000.00
Dental Insurance	53.28	639.36	Deduction for 26 Pay Plan	381.45	5,041.00			
Vision Coverage	7.22	86.64	Insurance Summer Deposits	5.44	65.28			
Medical Flexible Spending Acct	57.14	742.84						
Basic Life Premium	0.28	3.36						
Additional Life	2.52	30.24						
VOYA EE Deduction	700.00	9,100.00						
Insurance Summer Deposits	454.15	5,449.80						
<b>TOTAL:</b>								

Benefits paid by employee are either before or after tax

Insurance Summer Deposits (Premiums) are collected January to June to pay for July, August and September Benefits

**How do I calculate my costs?**

1. Add your District Contribution under Hours and Earnings together  
\$530.00 District Contribution Credits  
**= \$530.00 Bi-weekly District Contribution**
2. Add your before and after tax benefit deductions  
 \$845.00 Medical Insurance  
 \$53.28 Dental Insurance  
 \$0.28 Basic Life Premium  
 \$2.52 Additional Life  
 7.22 Vision  
 \$10.88 Long Term Disability  
 \$0.00 Optional Life – Employee (not shown above)  
 \$0.00 Optional Life – Spouse (not shown above)  
 \$0.00 AD/D – Optional (not shown above)  
 \$0.00 AD/D – Spouse (not shown above)  
 \$0.00 Dependent Life (not shown above)  
 \$0.00 Short Term Disability (not shown above)  
**= \$919.18 Total before and after tax deductions**

3. Subtract the District Contribution (step 1) from the Total of before and after tax deductions (step2).

**\$919.18 Total of before and after tax deductions**  
**- \$530.00 Total Bi-weekly District Contribution**  
**= \$389.18 Difference**

If the total of before and after tax deductions are greater than the total Bi-weekly District Contribution. The difference is your cost per check. (example above)

If the total of Bi-weekly District Contribution are greater than the total of before and after tax deductions. The difference is an excess of District Contribution that you keep as earnings (taxed accordingly)

Dollar amounts depicted in the example are not specific to your bargaining unit