



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 employee in the SPSO 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.

District Contribution:

The District Contribution dollars are based on single, single plus one or family medical coverage. Single medical coverage receives \$878.00, single+1 or family coverage receives \$1,173 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

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 \$50,000 coverage.

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.)

- Optional Life for employee
- Dependent(s) Life at a flat rate of \$10,000
- Accidental Death for employee
- Aflac
- Optional Life for spouse
- 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 Supervisors Organization

Holidays:

You will receive nine paid holidays per year:

New Year's Day	Memorial Day	Thanksgiving Day
Martin Luther King Day	Fourth of July	Day After Thanksgiving
Presidents' Day	Labor Day	Christmas Day

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: Maximum 15 days per year

You accumulate sick leave at the rate of .0576 of a working hour, for each full hour on the payroll, excluding overtime. Unused sick leave is carried to the next year.

Vacation:

At the beginning of each calendar year, each full-time employee shall be granted vacation according to the following schedule:.

of Service	of Vacation
Year through completion of 4 years	YS
4 years through completion of 8 years	YS
8 years and thereafter	YS

The head of the department may permit an employee to carry over one hundred-sixty (160) hours of vacation into the following "vacation year." Employees that work less than full-time shall be granted vacation on a pro rata basis.

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 \$1,500 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 \$1,700 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:

You will be a member of the Public Employees Retirement Association (PERA), phone 651/296-7460. Members will contribute 6.5% of salary, and the District will contribute 7.5% of said salary.

*The intent of this summary is to highlight many of the benefits for members of Saint Paul Supervisors' Organization 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?)

St Paul Supervisors

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	\$878.00	\$0.00	\$127.00		
Single + 1	\$1,690.00	\$1,173.00	\$517.00	\$0.00		
Family	\$1,960.00	\$1,173.00	\$787.00	\$0.00		
Co-Pay Smart Care ACO						
Single	\$676.00	\$878.00	\$0.00	\$202.00		
Single + 1	\$1,521.00	\$1,173.00	\$348.00	\$0.00		
Family	\$1,764.00	\$1,173.00	\$591.00	\$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	\$836.33	\$0.00	\$30.00		
Single + 1	\$1,360.50	\$1,110.50	\$250.00	\$0.00		
Family	\$1,577.67	\$1,089.67	\$488.00	\$0.00		
HRA NTL One Smart Care ACO						
Single	\$546.33	\$836.33	\$0.00	\$290.00		
Single + 1	\$1,224.50	\$1,110.50	\$114.00	\$0.00		
Family	\$1,419.67	\$1,089.67	\$330.00	\$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	\$878.00	\$0.00	\$344.00		
Single + 1	\$1,199.00	\$1,173.00	\$26.00	\$0.00		
Family	\$1,391.00	\$1,173.00	\$218.00	\$0.00		
HSA NTL One Smart Care ACO						
Single (Core Coverage)	\$481.00	\$878.00	\$0.00	\$397.00		
Single + 1	\$1,080.00	\$1,173.00	\$0.00	\$93.00		
Family	\$1,252.00	\$1,173.00	\$79.00	\$0.00		

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

Medical Total		
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Carry Totals Forward to Next Page



Benefit Calculation Sheet Continued



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

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

Life Insurance (Core)	\$5.60	\$0.00	\$5.60	\$0.00	\$5.60	\$0.00
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Dental, Vision and Life Totals		
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Voluntary Life Insurance

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

Voluntary Life Totals		
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Disability Insurance

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

Disability Totals		
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Total of Benefits

Add all Benefits together

Medical Total	\$	\$
Dental, Vision and Life Totals	\$	\$
Voluntary Life Totals	\$	\$
Disability Totals	\$	\$

Totals	\$	\$
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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. *Please review the Paycheck Benefit Deduction Overview below to understand how your benefits are deducted on your check.*

My Benefit Cost		
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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:	Department: GEN449XXX-General Classroom Staff Location: Bruce F Vento Elementary Job Title: Tchr - English Second Language Grade: 010 Step: 20 Pay Rate: Annual	TAX DATA:	Federal	MN State
	Marital Status:		Married	Married	
	Allowances:		1	1	
	Addl. Percent:				
	Addl. Amount:				

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			
TOTAL:					63,772.00	TOTAL:	569.54	7,547.39

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						
TOTAL:								

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