



**Summary of Benefits
Non Cafeteria - Full-time 60 + hours
Educational Assistants– 2019**

(Information as of 01/01/2019)

Welcome to Saint Paul Public Schools. At 30 days of active employment, you will be eligible for single and dependent insurance coverage. If you wish to enroll in any of the insurance plans offered through your bargaining unit, you need to enroll online within 30 days of your hire date. Otherwise you will need to wait until the next open enrollment period or upon a qualified status change. Your share of premiums for single and dependent coverage is listed below:

HealthPartners			
Co-Pay Open Access	Monthly Premium	District Pay	Employee Pay
Single	\$751.00	\$635.00	\$116.00
Single + 1	\$1,690.00	\$1,295.00	\$395.00
Family	\$1,960.00	\$1,295.00	\$665.00
Co-Pay Smart Care ACO			
Single	\$676.00	\$635.00	\$41.00
Single + 1	\$1,521.00	\$1,295.00	\$226.00
Family	\$1,764.00	\$1,295.00	\$469.00
Empower HRA NTL One Open Access	Monthly Premium	District Pay	Employee Pay
Single	\$648.00	\$635.00	\$13.00
Single + 1	\$1,423.00	\$1,295.00	\$128.00
Family	\$1,661.00	\$1,295.00	\$366.00
Empower HRA NTL One Smart Care ACO			
Single	\$588.00	\$588.00	\$0.00
Single + 1	\$1,287.00	\$1,287.00	\$0.00
Family	\$1,503.00	\$1,295.00	\$208.00
Empower HSA NTL One Open Access	Monthly Premium	District Pay	Employee Pay
Single	\$534.00	\$534.00	\$0.00
Single + 1	\$1,199.00	\$1,199.00	\$0.00
Family	\$1,391.00	\$1,295.00	\$95.00
Empower HSA NTL One Smart Care ACO			
Single	\$481.00	\$481.00	\$0.00
Single + 1	\$1,080.00	\$1,080.00	\$0.00
Family	\$1,252.00	\$1,252.00	\$0.00
Dental	Monthly Premium	District Pay	Employee Pay
Single	\$32.78	\$32.78	\$0.00
Family	\$106.55	\$40.00	\$66.55
Vision	Monthly Premium	District Pay	Employee Pay
Single	\$7.60	\$0.00	\$7.60
Single + 1	\$14.43	\$0.00	\$14.43
Family	\$21.20	\$0.00	\$21.20

Paycheck Benefit Deduction Overview Non 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 benefit 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: 02/02/2019
Pay End Date: 02/15/2019

Business Unit: STDBU
Advice #: 00000008582931
Advice Date: 03/01/2019

Employee Name Address	Employee ID:	SPE579XXX-Special Ed - American Indian	TAX DATA:	Federal	MN State
	Department:		Marital Status:	Single	Single, or Married but le
	Location:	American Indian Magnet	Allowances:	0	0
	Job Title:	TA2938 - Inclusion EBD/LD/DCD	Add. Percent:		
	Grade:	003 Step: 05	Add. Amount:		
	Pay Rate:	00 Hourly			

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Bus Premium Pay			32.50		126.75	Fed Withholding	55.56	206.53
Longevity Pay			10.50		47.55	Fed MED/EE	12.56	52.48
Regular Pay	20.350000	60.00	1,221.00	237.00	4,822.95	Fed OASDI/EE	53.71	224.40
Bus Duty	20.350000	10.00	203.50	38.00	773.30	MN Withholding	32.46	126.67
Holiday Bus			0.00	1.00	20.35			
Holiday Pay			0.00	6.00	122.10			
Non-Duty Break			0.00	32.00	651.20			
Sick Leave Pay			0.00	3.00	61.05			
TOTAL:		70.00	1,467.50	317.00	6,625.25	TOTAL:	154.29	610.08

Benefits paid by the District

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
PERA Coordinated Pension Plan	95.39	430.66	Short-Term Disability	7.48	37.40	PERA Coordinated Pension Plan	110.06	496.90
Medical Insurance	367.50	1,837.50	Union Dues For Teachers Assn	25.50	127.50	Medical Insurance	612.50	3,062.50
Dental Insurance	33.28	166.40	Insurance Summer Deposits	3.74	18.70	Dental Insurance	20.00	100.00
VOYA EE Deduction	50.00	250.00				Basic Life Premium	0.28	1.40
Insurance Summer Deposits	200.39	1,001.95				Additional Life	2.52	12.60
							50.00	250.00
							317.65	1,588.25
TOTAL:	746.56	3,686.51	TOTAL:	36.72	183.60	*TAXABLE		

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

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,467.50	720.94	154.29	783.28	529.93
YTD	6,625.25	2,938.74	610.08	3,870.11	2,145.06

YEAR-TO-DATE	VACATION	SICK LEAVE	COMP LEAVE	NDB LEAVE	NET PAY DISTRIBUTION	
					Account Type	Deposit Amount
Start Balance	0.0	5.00	0.0	0.0		
+ Earned	0.0	15.58	0.0	0.0	Advice #00000008582931	529.93
+ Bought	0.0	0.0	0.0	0.0	Checking	
- Taken	0.0	0.0	0.0	0.0		
- Sold	0.0	0.0	0.0	0.0		
+ Adjustments	0.0	0.0	0.0	0.0		
End Balance	0.0	20.58	0.0	0.0	TOTAL:	529.93

MESSAGE:

How do I calculate my costs on my paycheck?

1. Add your **before** and **after** tax benefit deductions together
 - \$367.50 Medical Insurance
 - + \$33.28 Dental Insurance
 - + 0.00 Vision Insurance (not shown above)
 - + \$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 Optional Life - Children (not shown above)
 - + \$7.48 Short Term Disability
- = \$408.26 Total of before and after tax deductions paid by Employee**

Rates shown on the example paycheck are an *example only*.
Refer to your Benefit Summary for specific rates based on your Bargaining Unit (union)