



Summary of Benefits
Non – Cafeteria - Full-time 32+ hours
Custodial & Operating Engineers – 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	\$670.00	\$81.00
Single + 1	\$1,690.00	\$1,245.00	\$445.00
Family	\$1,960.00	\$1,245.00	\$715.00
Co-Pay Smart Care ACO			
Single	\$676.00	\$670.00	\$6.00
Single + 1	\$1,521.00	\$1,245.00	\$276.00
Family	\$1,764.00	\$1,245.00	\$519.00

Flexible Spending Account allowed for Co-Pay Plans

Empower HRA NTL One Open Access	Monthly Premium	District Pay	Employee Pay
Single	\$648.00	\$648.00	\$0.00
Single + 1	\$1,423.00	\$1,245.00	\$178.00
Family	\$1,661.00	\$1,245.00	\$416.00
Empower HRA NTL One Smart Care ACO			
Single	\$588.00	\$588.00	\$0.00
Single + 1	\$1,287.00	\$1,245.00	\$42.00
Family	\$1,503.00	\$1,245.00	\$258.00

Flexible Spending Account allowed for HRA Plans

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	\$1,245.00	\$146.00
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	\$1,245.00	\$7.00

HSA Spending Account allowed for HSA Plans

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

Life Insurance:

A \$50,000 term policy is provided at no cost, after one full month of continuous regularly appointed service.

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.

Holidays: Nine paid holidays per year:

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

Sick Leave: Maximum 15 days per year*

Sick leave is accumulated at the rate of .0576 of a working hour, for each full hour on the payroll. Unused sick leave is carried to the next year.

Vacation:

Vacation hours are accumulated at the rates shown below for each full hour of work.

<u>Years of Service</u>	<u>Accrual Rate</u>
1 st through 4 th years	.0576
5 th through 9 th years	.0769
10 th through 15 th years	.0807
16 th through 23 rd years	.0961
24 th years and there after	.1153

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 July 1, 1996 are eligible to receive up to \$1,000.00 per year of matching contributions to either a 403 (b) plan or 457 plan, as long as the employee remains in continuous active status. Employees hired on or after January 1, 2014 are eligible for \$1,200 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. You will contribute 6.5% of your salary, and the district will contribute 7.5% of your salary.

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

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 #000000008582931	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)