



**Summary of Benefits  
Non Cafeteria - Full-time 32 Plus Hours  
Classified Confidential– 2019**

(Information as of 01/01/2019)

Welcome to Saint Paul Public Schools. Employees will be eligible for single and dependent insurance coverage on the first day of the month following, 30 days of continuous regularly appointed service. 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:

<b>HealthPartners</b>			
<b>Co-Pay Open Access</b>	<b>Monthly Premium</b>	<b>District Pay</b>	<b>Employee Pay</b>
Single	\$751.00	\$670.00	<b>\$81.00</b>
Single + 1	\$1,690.00	\$1,285.00	<b>\$405.00</b>
Family	\$1,960.00	\$1,285.00	<b>\$675.00</b>
<b>Co-Pay Smart Care ACO</b>			
Single	\$676.00	\$670.00	<b>\$6.00</b>
Single + 1	\$1,521.00	\$1,285.00	<b>\$236.00</b>
Family	\$1,764.00	\$1,285.00	<b>\$479.00</b>

Flexible Spending Account allowed for Co-Pay Plans

<b>Empower HRA NTL One Open Access</b>	<b>Monthly Premium</b>	<b>District Pay</b>	<b>Employee Pay</b>
Single	\$648.00	\$648.00	<b>\$0.00</b>
Single + 1	\$1,423.00	\$1,285.00	<b>\$138.00</b>
Family	\$1,661.00	\$1,285.00	<b>\$376.00</b>
<b>Empower HRA NTL One Smart Care ACO</b>			
Single	\$588.00	\$588.00	<b>\$0.00</b>
Single + 1	\$1,287.00	\$1,285.00	<b>\$2.00</b>
Family	\$1,503.00	\$1,285.00	<b>\$218.00</b>

Flexible Spending Account allowed for HRA Plans

<b>Empower HSA NTL One Open Access</b>	<b>Monthly Premium</b>	<b>District Pay</b>	<b>Employee Pay</b>
Single	\$534.00	\$534.00	<b>\$0.00</b>
Single + 1	\$1,199.00	\$1,199.00	<b>\$0.00</b>
Family	\$1,391.00	\$1,285.00	<b>\$106.00</b>
<b>Empower HSA NTL One Smart Care ACO</b>			
Single	\$481.00	\$481.00	<b>\$0.00</b>
Single + 1	\$1,080.00	\$1,080.00	<b>\$0.00</b>
Family	\$1,252.00	\$1,252.00	<b>\$0.00</b>

HSA Spending Account allowed for HSA Plans

<b>Dental</b>	<b>Monthly Premium</b>	<b>District Pay</b>	<b>Employee Pay</b>
Single	\$32.78	\$32.78	<b>\$0.00</b>
Family	\$106.55	\$40.00	<b>\$66.55</b>

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

**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](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.

**Long-Term Disability:**

The District will pay the monthly premium for the long-term disability coverage for all qualified members group. This plan will provide monthly income up to 60% of pre-disability pay if you are disabled for more than 90 days.

**Holidays:** Nine paid holidays per year:

New Year’s 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:**

<u>Years of Service</u>	<u>Days of Vacation</u>
1 <sup>st</sup> through 4 <sup>th</sup> years	15 days
5 <sup>th</sup> through 9 <sup>th</sup> years	21 days
10 <sup>th</sup> through 15 <sup>th</sup> years	22 days
16 <sup>th</sup> through 23 <sup>rd</sup> years	26 days
Beginning of 24 <sup>th</sup> year and there after	30 days

**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, 651-665-4300.
- District Match Program:  
Employees hired after July 1, 1994 are eligible to receive up to \$1,200.00 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 \$1,400 per year employer match. District part-time employees working half time or more will be eligible for up to one half (50%) of the available District 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.

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*The intent of this summary is to high light many of the benefits for Full-Time Classified Confidential Employees at Saint Paul Public Schools. This is not intended to be an exhaustive list of all benefits.  
The negotiated contract shall govern all benefits provisions.*

## 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 #: 000000008582931  
Advice Date: 03/01/2019

Employee Name Address	Employee ID:	TAX DATA:	Federal	MN State
	Department: SPE579XXX-Special Ed - American Indian	Marital Status:	Single	Single, or Married but ic
	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	Current Earnings	YTD 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			
<b>TOTAL:</b>		<b>70.00</b>	<b>1,467.50</b>	<b>317.00</b>	<b>6,625.25</b>	<b>TOTAL:</b>	<b>154.29</b>	<b>610.08</b>

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
<b>TOTAL:</b>	<b>746.56</b>	<b>3,686.51</b>	<b>TOTAL:</b>	<b>36.72</b>	<b>183.60</b>	<b>*TAXABLE</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

	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		
<b>End Balance</b>	<b>0.0</b>	<b>20.58</b>	<b>0.0</b>	<b>0.0</b>	<b>TOTAL:</b>	<b>529.93</b>

### 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)