



## Summary of Benefits Non Cafeteria-Full-time Bus Drivers – 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>			
Co-Pay Open Access	Monthly Premium	District Pay	Employee Pay
Single	\$751.00	\$650.00	<b>\$101.00</b>
Single + 1	\$1,690.00	\$1,235.00	<b>\$455.00</b>
Family	\$1,960.00	\$1,235.00	<b>\$725.00</b>
Co-Pay Smart Care ACO			
Single	\$676.00	\$650.00	<b>\$26.00</b>
Single + 1	\$1,521.00	\$1,235.00	<b>\$286.00</b>
Family	\$1,764.00	\$1,235.00	<b>\$529.00</b>

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	<b>\$0.00</b>
Single + 1	\$1,423.00	\$1,235.00	<b>\$188.00</b>
Family	\$1,661.00	\$1,235.00	<b>\$426.00</b>
Empower HRA NTL One Smart Care ACO			
Single	\$588.00	\$588.00	<b>\$0.00</b>
Single + 1	\$1,287.00	\$1,235.00	<b>\$52.00</b>
Family	\$1,503.00	\$1,235.00	<b>\$268.00</b>

Flexible Spending Account allowed for HRA Plans

Empower HSA NTL One Open Access	Monthly Premium	District Pay	Employee Pay
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	\$1,235.00	<b>\$156.00</b>
Empower HSA NTL One Smart Care ACO			
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	\$1,235.00	<b>\$17.00</b>

HSA Spending Account allowed for HSA Plans

Dental	Monthly Premium	District Pay	Employee Pay
Single	\$32.78	\$32.78	<b>\$0.00</b>
Family	\$106.55	\$50.00	<b>\$56.55</b>

Vision	Monthly Premium	District Pay	Employee Pay
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 of the Bus Drivers 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 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, excluding overtime. 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	14 days
5 <sup>th</sup> through 9 <sup>th</sup> years	19 days
10 <sup>th</sup> through 15 <sup>th</sup> years	22 days
16 <sup>th</sup> through 23 <sup>rd</sup> years	27 days
24 <sup>th</sup> year and there after	29 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 Financial, 651-665-4300.
- District Match Program:  
Employees hired after January 1, 1996 are eligible to receive up to \$1,300.00 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 after January 1, 2014 are eligible for up to \$1,500.00. 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 Part-Time Bus Drivers 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).
- Summer deposit is for July, August and September benefits collected over the 12 checks from January to June.
- Summer deposit is in addition to the regular benefit deductions taken.
- Summer deposit is collected on all 10 month employees.

### PAYCHECK EXAMPLE

<b>Saint Paul Public Schools #625</b> 360 Colborne Street St. Paul, MN 55102		Pay Group: L10-Lag 10 Month Pay Begin Date: 03/31/2018 Pay End Date: 04/13/2018	Business Unit: STDBU Advice #: 000000008452237 Advice Date: 04/27/2018									
Your Name Address City State Zip		Employee ID: Department: CED497ECF-Community Ed - Location: Homecroft Early Learning Ctr Job Title: EA1 - ECFE Grade: 002 Step: 07 Pay Rate: Hourly	<b>TAX DATA:</b> Federal: Married MN State: Married Marital Status: Married Allowances: 4 Addl. Percent: 4 Addl. Amount:									
<b>HOURS AND EARNINGS</b>			<b>TAXES</b>									
<b>Description</b>	<b>Rate</b>	<b>Current Hours</b>	<b>Earnings</b>	<b>Hours</b>	<b>YTD Earnings</b>	<b>Description</b>	<b>Current</b>	<b>YTD</b>				
Non-Duty Break	16.670000	36.63	610.62	72.35	1,197.14	Fed Withholding	0.00	0.00				
Regular Pay	16.670000	31.00	516.77	400.50	6,583.97	Fed MED/EE	14.70	117.61				
Holiday Pay			0.00	18.60	305.40	Fed OASDI/EE	62.85	502.88				
Personal Leave (Sick Bank)			0.00	4.00	65.68	MN Withholding	0.00	0.00				
Sick Leave Pay			0.00	59.75	981.10							
<b>TOTAL:</b>		<b>67.63</b>	<b>1,127.39</b>	<b>555.20</b>	<b>9,133.29</b>	<b>TOTAL:</b>	<b>77.55</b>	<b>620.49</b>				
<b>BEFORE-TAX DEDUCTIONS</b>			<b>AFTER-TAX DEDUCTIONS</b>			<b>EMPLOYER PAID BENEFITS</b>						
<b>Description</b>	<b>Current</b>	<b>YTD</b>	<b>Description</b>	<b>Current</b>	<b>YTD</b>	<b>Description</b>	<b>Current</b>	<b>YTD</b>				
PERA Coordinated Pension Plan	73.28	593.66	Short-Term Disability	2.75	24.75	PERA Coordinated Pension Plan	84.55	684.97				
Dental Insurance	31.73	285.57	Optional Life - Child(ren)	0.65	5.85	Medical Insurance	266.00	2,394.00				
Vision Coverage	10.60	95.40	SPFT Full Share Dues 54,59	14.09	114.18	Dental Insurance	20.00	180.00				
Health Savings Account	57.14	514.26	Insurance Summer Deposits	1.14	10.26	Basic Life Premium	0.28	2.52				
Medical Insurance	0.00	0.00				Additional Life	2.52	22.68				
Insurance Summer Deposits	14.12	127.08				Long-Term Disability	2.59	22.99				
						Insurance Summer Deposits	97.14	874.18				
<b>TOTAL:</b>	<b>186.87</b>	<b>1,615.97</b>	<b>TOTAL:</b>	<b>18.63</b>	<b>155.04</b>	<b>TOTAL:</b>						
<b>TOTAL GROSS</b>			<b>FED TAXABLE GROSS</b>			<b>TOTAL TAXES</b>			<b>TOTAL DEDUCTIONS</b>			<b>NET PAY</b>
Current	1,127.39		940.52		77.55		205.50		844.34		844.34	
YTD	9,133.29		7,517.32		620.49		1,771.01		6,741.79		6,741.79	
<b>YEAR-TO-DATE</b>	<b>VACATION</b>	<b>SICK LEAVE</b>	<b>COMPL LEAVE</b>	<b>NET PAY DISTRIBUTION</b>								
Start Balance	0.0	43.60	0.0	<b>Account Type</b>				<b>Deposit Amount</b>				
+ Earned	0.0	29.95	0.0	Advice #000000008452237				Checking				844.34
+ Bought	0.0	0.0	0.0									
- Taken	0.0	57.50	0.0									
- Sold	0.0	0.0	0.0									
+ Adjustments	0.0	0.0	0.0									
<b>End Balance</b>	<b>0.0</b>	<b>16.05</b>	<b>0.0</b>	<b>TOTAL:</b>				<b>844.34</b>				

Benefits paid by the District

Benefits paid by employee are either before or after tax

Summer Deposits are collected January to June to pay for July and August Benefits

MESSAGE:

### How do I calculate my costs on my paycheck?

1. Add your **before** and **after** tax benefit deductions together
    - \$0.00 Medical Insurance
    - + \$31.73 Dental Insurance
    - + 10.60 Vision Insurance
    - + \$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)
    - + \$0.65 Optional Life - Children
    - + \$2.75 Short Term Disability
- = \$45.73 Total before and after tax deductions paid by Employee**

Rates shown on example paycheck are an example only. Refer to your Benefit Summary for specific rates