

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 an employee in the Teachers bargaining unit, Saint Paul Public Schools will give you flex dollars, prorated by your FTE, to use towards the purchase of benefits. The plan requires you to purchase a core set of benefits coverage which includes single HSA medical, single dental, life insurance and long term disability which is outlined on the cost guide on page 3.

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.

#### Flex Dollars (District Contribution):

The flex dollar amount is based on single or family medical coverage selected and is prorated based on the FTE of the employee. Full–time Single medical coverage receives \$785.00, single+1 or family coverage receives \$1,060.00 per month.

Full-time teachers (FTE .96 and greater) are required to purchase the core set of benefit coverage. Part-time teachers (FTE .5 to .95) are required to either purchase or waive all core benefits. You cannot participate in optional benefits or receive flex dollars if you waive the core coverage.

# **Medical Coverage:**

There are three medical coverage options

- HealthPartners Distinctions II
- Empower HRA National One, or
- Empower HSA National One

Coverage levels include single (HSA core), single plus one, or family. Costs per month are shown on the cost guide on page 3. A comparison sheet of the coverage options are available on line at <a href="http://hr.spps.org/Empl\_Benefits">http://hr.spps.org/Empl\_Benefits</a>

#### **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 <a href="http://hr.spps.org/Empl\_Benefits">http://hr.spps.org/Empl\_Benefits</a>.)

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

- 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 Teachers bargaining unit.

# **Holidays:**

Teachers shall be granted time off without loss of pay for those legal holidays named on the school calendar and shall be on duty on those legal holidays on which the Board is authorized to conduct schools and is shown on the calendar.

# **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: 12 days per year

Unused sick leave is carried to the next school year. You may use any and all accumulated sick days to care for an ill child under age 18. The maximum amount of sick leave that may be granted to care for household members other than a child under age 18 shall be fifteen (15) days. Up to thirty (30) days of accumulated sick leave may be used in a contract year to attend to adoption procedures or care of a newly adopted child. Up to 30 days of accrued sick leave may be used by the father for the birth of his child.

# **Attendance Incentive Plan:**

This incentive plan allows you to "sell" unused sick days for extra flex dollars. To be eligible for the plan, you need to meet both of the following guidelines:

- You must have accumulated 30 or more sick leave days
- You must have used no more than five days during the previous school year

If you are eligible for this plan, you may get up to \$600.00 in flex dollars per year. These dollars must be used to buy benefits – they cannot be taken as cash. However, by "spending" these dollars first, before the District-provided flex dollars, you could potentially have extra flex dollars to spend on benefits or take as cash.

#### Vacation:

Teachers whose annual contracted service is **twelve (12) calendar months** shall receive twenty (20) days (160 hours) paid vacation each year of which no more than ten (10) days (80 hours) may be carried over to the following year.

#### **Professional Liability:**

The District provides professional liability insurance for teachers. The policy limits are \$50,000 per individual, and \$300,000 per occurrence.

#### **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 1,000 per year of matching contributions to either a 403 (b) plan or 457 plan, so long as the employee remains in continuous active status. Part-time employees working half time or more will be eligible for up to one half (50% or \$500) of the available District match. Employee must initiate an application – **enrollment is not automatic.** 

#### **Pension Plan:**

You will be a member of the Saint Paul Teachers' Retirement Association, phone 651/642-2550. Members will contribute 6.50 % of their salaries, and the District will contribute an amount equal to 9.34% of the said salaries.

# **Cost Guide for Teachers**

This page is <u>only</u> an employee cost guide to assist in determining your benefits cost. All coverage elections must be entered online through <u>Benefits Enrollment</u>. Please refer to the Benefits Online Enrollment Guide for navigation and further information.

As a full-time employee, enrollment in core benefits is required in order to receive any employer contributions. The plan requires you to purchase the core set of benefits outlined below.

Single Core Coverage required	Cost Per Month	
HSA National One Plan – Single Coverage	\$473.00	]
HealthPartners Dental Plan – Single Coverage	\$29.13	
Life Insurance - \$50,000 Coverage	\$5.60	
Long Term Disability Insurance (Approximate)	\$45.00	
Total Cost of Coverage	522.73	
Flex Dollars - Single (District Contribution)	\$785.00	
Total Flex dollars minus Cost of Coverage	262.27	Approximat

If you want coverage beyond the core benefits, you can purchase additional levels of coverage based on the amounts shown below.

		Cost Per Month				
	Optional Benefits Coverage	Single	Single +1	Family	Selection	Cost
А	Empower HSA	\$473.00	\$1,065.00	\$1,235.00		\$
	Empower HRA	\$570.00	\$1,248.00	\$1,457.00		
	Distinctions II	\$635.00	\$1,429.00	\$1,658.00		
В	HealthPartners Dental	\$29.13	\$94.67	\$94.67		5
С	Life Insurance (core coverage)	\$50,000 coverage				\$ 5.60
D	Optional Life – Employee	Based on amount of coverage				\$
E	Optional Life - Spouse	-	Based on amour	nt of coverage	:	\$
F	Optional Life – Dependent	Birth to Age 26 – Flat Rate \$10,000				\$
G	Accidental Death – Employee	Based on amount of coverage			[:	\$
Η	Accidental Death – Spouse	Up to 50% of employee's coverage			:	\$
Ι	Short Term Disability (employee)	Based on amount of coverage				\$
J	Long Term Disability (core coverage)	Based on A	Annual Income -	Approximate		\$ 45.00
K	Total App	pproximate Benefit Coverage Cost A through J			\$	
		Single	Single +1	Family		
Т	Flex Dollars (District Contribution)	\$785.00	\$1,060.00	\$1,060.00	\$	

#### Subtract the Total Benefit Cost (row K) from your Flex Dollars (row L)

If the cost of coverage is less than the amount of flex dollars, the remaining flex dollars are considered earnings and will be taxed accordingly. If the cost of coverage is greater than the amount of flex dollars the amount will be deducted from your pay check.

#### **Spending Accounts (Optional)**

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	Flexible Spending Accounts	Health Care Maximum \$2,500/year	\$
	Flexible Spending Accounts	Dependent Care Maximum \$5,000/year	\$
	Health Savings Account	Single Maximum \$3,350/year Single +1 or Family Maximum \$6,650/year	\$
			Ψ

\$

Annual Amount

This is a cost guide only, you must submit your <u>Benefits Enrollment</u> online within 30 days from the date of hire.