

Welcome to Saint Paul Public Schools. After 30 days of active employment, you will be eligible to participate in Choices, a flexible benefits or “cafeteria,” plan. If you are a full-time employee in the teacher bargaining unit, Saint Paul Public Schools will give you \$785.00 per month if you elect single medical coverage and \$1,060.00 per month if you elect single +1 or family medical coverage (referred to as flex dollars) to use towards purchasing benefits for you and your family. The plan requires you to purchase the core set of benefits outlined below. **For help selecting a medical plan, use our on-line calculator at [http://hr.spps.org/Empl\\_Benefits.html](http://hr.spps.org/Empl_Benefits.html)**

Core Coverage (Required)	Cost Per Month	Flex Dollars –Single- \$785/Mo Single +1 or Family- \$1,060/Mo
HealthPartners EMPOWER HSA National One – Single Coverage	\$ 453.00	\$453.00
Delta Dental Plan – Single coverage	\$ 35.00	\$ 35.00
Life Insurance - \$50,000 Coverage	\$ 7.26	\$ 7.26
Long Term Disability Insurance	Approx. \$ 14.00	\$ 14.00

**\$ 275.74 \* Remaining Flex Dollars if elect Single Coverage**

**\$550.74 \* Remaining Flex Dollars to use toward Single + 1 or Family coverage**

- \* Remaining Flex Dollars may vary depending upon Long-Term Disability Insurance Amount.
- \* If the core benefits (above) do not meet all of your needs, you may purchase higher levels of coverage, for an additional cost per month, in any of the benefit areas outlined below:

Optional Coverage	Additional Cost Per Month			
	Single	Single + 1	Family	
EMPOWER HSA National One	\$ 0	\$ 567	\$ 731	\$ _____
EMPOWER HRA National One	\$ 161	\$891	\$1,116	\$ _____
Distinctions II	\$ 251	\$ 1,131	\$1,384	\$ _____
Delta Dental			\$ 78	\$ _____
Optional Life – Employee Spouse Child(ren)- 14 days to 6 months 6 months to 21 yrs old (25 full-time student)	Based on amount of coverage			\$ _____
	Based on amount of coverage			\$ _____
	Flat Rate (\$1,000)			\$ _____
	Flat Rate (\$10,000)			\$ _____
Accidental Death & Dismemberment-- Employee Spouse	Based on amount of coverage Up to 50% of EE's coverage			\$ _____ \$ _____
Short –Term Disability – Employee only	Based on amount of coverage (Max. 66 2/3% of current salary)			\$ _____
Empower Flexible Spending Accounts (Pre-tax funds)	Health Care Expense(Max \$5,000max)			\$ _____
Health Savings Account (pre-tax funds)	Dependent Care Expense (\$5,000 max) Wells Fargo Account			\$ _____

\*\* If your benefits deductions (core + optional) cost less than your flex dollars, you will receive the remaining cash, after taxes, in your paychecks through 2011. If your benefit deductions cost more than your flex dollars, deductions will be taken from your paychecks in increments throughout 2011.

*Other benefits listed on back of page –*

## Other Benefits Available to Teachers at Saint Paul Public Schools

### Summer Deposit and Summer Flex Credits:

Payroll deductions from January to June are increased by the pro-rated amount of premiums due (*summer deposit*) for three months of summer coverage. The pro-rated amount of flex dollars for two months of summer coverage are added to your paychecks between January and June (*summer flex credits*). If you end your employment prior to the summer months, you are refunded your *summer deposit* and the *summer flex credits* are due back to the District.

### Part-time teachers will receive flex dollars in the following amounts:

Percentage of Full-Time Contract	Flex Amount Per Month for Single	Flex Amount Per Month for Single + 1 or Family
90%	\$ 706.50	\$ 954.00
80%	\$ 628.00	\$ 848.00
70%	\$ 549.50	\$ 742.00
60%	\$ 471.00	\$ 636.00
50%	\$ 392.50	\$ 530.00

**Part-time teachers are required to either purchase or waive all core benefits. You cannot participate in optional benefits if you waive the core benefits. If you waive coverage, you do not receive flex dollars.**

### 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.

### Married Couple:

Full-time teachers 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.

### 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.

### 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.

### 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.

### 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)). You may join at any time after your employment date. To participate, contact one of the three approved companies: MN Deferred Comp, 651-296-2761; Fidelity, 1-800-343-0860 (Plan #51224); or ING, 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 certain 403 (b) plans or 457 plans, so long as the employee remains in continuous active status. Employees must initiate an application – enrollment is not automatic.

### Pension Plan:

All teachers are members of the St. Paul Teachers’ Retirement Association (651) 642-2550. You will contribute 5.75% of your salary and the District will contribute an amount equal to 8.59% of your salary.

---

The intent of this summary is to highlight many of the benefits for the Federation of Teachers 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.