## 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 Pul 360 Colborne S St. Paul, MN 5		1	Pay	Group: Begin Date End Date:	L10-Lag 02/02/201 02/15/201	19			Business Unit: Advice #: Advice Date:	STDBU 00000008582931 03/01/2019		
				_					TAX DATA:	Federal		MN State
Employee Name Employee ID: Department: SPE579XXX-Special Ed - American Indian									Marital Status: Allowances:	Single	Single; or	Married but le
Address	entanie		Location:						Addi. Percent:	0		0
Address Job Title: TA2938 - Inclusion EBD/LD/DCD									Addl. Amount:			
			Grade: Pay Rate:	003	Step: 05 00 Hourly				ruur, ruur, un.			
HOURS AND EARNINGS									TAXES			
Description		R	Rate H		Earnings	Hours	- 110	Earnings	Description	C	Current	
Bus Premium I	Pay				32.50			126.75	Fed Withholdng		55.56	206.53
Longevity Pay					10.50				Fed MED/EE		12.56	52.48
Regular Pay 20.35000				1,221.00	237.00 38.00			Fed OASDI/EE		53.71	224.40	
		20.3500	20.350000 1		0.00 203.50			773.30	MN Withholdng		32.46	126.67
Holiday Bus					0.00			20.35		_		
Holiday Pay Non-Duty Break					0.00		651.2			Benefit	s paid by	v the
Sick Leave Pay					0.00			651.20 61.05		District		
Sick Leave ray					0.00	3.00		01.00		2100110		
TOTAL:				70.00	1,467.50	317.00		6,625.25	TOTAL:		154.29	610.08
	BEFORE-TAX		AFTER-TAX DEDUCTIONS				EMPLOYER PAID BENEFITS					
					Description		Current YTD		Description Current		Current	YTD
	ated Pension Plan				erm Disability		7.48	37.40	PERA Coordinated	Pension Plan	110.06	496.90
Medical Insurance		367.			Jues For Teachers		25.50	127.50	Medical Insurance		612.50	3,062.50
Dental Insurance VOYA EE Deduction		33.			e Summer Depos	ats	3.74	18.70	Dental Insurance Basic Life Premiur		20.00	100.00
				2.22		T			Additional Life	n	0.28	1.40
Insurance Summer Deposits 200.39			1,001.5	95							50.00	250.00
						Insurance	Summe	er Deposit	s (Premiums)	are	317.65	1,588.25
Benefits paid by employee are either before or collected January to June								to June to	pay for July	,		
after tax							nd Sente	mber Ber	nefits			
						i iugust u	na septe		lentes			
TOTAL:		746.	56 3 686	51 TOTAL			36.72	183.60	*TAXABLE			
TOTAL												
TOTAL GROSS Current 1,467.50				FED TAXABLE GROSS 720.94			TOTAL TAXES 154.29			TOTAL DEDUCTIONS 783.28		NET PAY 529.93
YTD 6,625.25				2,938.74			610.08			3,870.11		2,145.06
YEAR-TO- DATE	VACATION	SICK	COMP	NDB LEAVE				NET PA	Y DISTRIBUTION			
Start Balance	0.0	5.00	0.0	0.0			1	Account Type			Depo	sit Amount
+ Earned	0.0 15.58 0.0 0.0 Advice #00000								529.93			
+ Bought	0.0	0.0	0.0	0.0				a				
- 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								

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)