Plan Year

General Plan Information

The Madison Metropolitan School District benefits plan year is January 1 through December 31. This guide outlines the benefits available during this identified plan year.

Eligibility

Eligibility is outlined in the Employee Handbook. In general, employees who are a part of the following employee units are eligible for coverage if working 19 or more hours per week.

* Administrator
* Custodial
* Educational Assistant / Special Educational Assistant
* Food Service
* Non-Union Clerical
* Play and Learn
* Professional (NUP)
* Professional Instruction (PR-I)
* Security Assistant
* Supportive Educational Employee
* Teacher
* Trades

All other MMSD employees who are not eligible for benefits are eligible for health insurance if working an average of 30 hours per week between the timeframe of October 5 – October 4 of the following year. Employees in this category will be notified if eligible to enroll in health insurance.

Dependent Coverage

In addition to covering yourself, you can elect to cover your eligible dependents. Your eligible dependents include:

* Your spouse or domestic partner;
* Your children who are under the age of 26
* Your child of any age who is not self-supporting due to a mental and/or physical disability

Waive Option

You have the option of not participating in the insurance plans available to you. If you do not enroll in the health insurance plan offered, please indicate you are waiving coverage and your reason. If you waive the health insurance, you are still eligible to enroll in the other benefit options.

Making Changes To Your Benefits

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year; annual enrollment benefit choices are binding through December 31, 2018.

Qualifying life events allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Benefits Division within 30 calendar days of the event (60 days for the birth of a child, CHIP/ Medicaid eligibility or loss of eligibility) to avoid a lapse in coverage. The following include reasons you may change your benefits during the year.

* Marriage;
* Birth, adoption or placement of a child for adoption;
* Divorce or legal separation;
* Termination or commencement of your spouse’s coverage;
* Shift from part-time to full-time status (or vice versa) by you or your spouse;
* Death of spouse or dependent;
* When a dependent satisfies or ceases to satisfy eligibility requirements;
* Taking an unpaid leave of absence (you or your spouse);
* Eligibility (or loss of eligibility) for Children’s Health Insurance Plan (CHIP) or Medicaid; or
* Eligibility for a special enrollment or annual enrollment in Health Insurance Marketplace (“Exchange”) coverage (to avoid a period of duplicate coverage or no coverage).

Health Insurance

Carriers

You have the opportunity to enroll in health insurance through Dean Health Plan or Group Health Cooperative of South Central Wisconsin. These carriers provide you with a diverse range of networks and providers, yet have the exact same type of coverage (copays, etc.), but with slightly different employee premiums (what you pay per pay period for coverage).

\*Please note, each of the carriers can, and do, refer patient’s out-of-network for specific medical needs.

Plan Options

Within each of the carriers, you can enroll in the Health Maintenance Plan (HMO), Point-of-Service Plan (POS) or Preferred Provider Organization Plan (PPO). The PPO plan is only available to employees who do not live in South Central Wisconsin.

The POS and PPO plans provide greater access to non-network services when referrals are not available. The POS and PPO plans have higher employee premiums and deductible/coinsurance out of network coverage. You can find more detailed information about the plans and plan documents on the Human Resources website.

**Additional Benefits**

Listed below are some of the programs in place to help you utilize all of the benefits available through the health insurance plan.

* Complementary medicine provides cash incentives for specific wellness activities.
* Nurse Line provides highly trained registered nurses who can answer your medical questions and provide advice - without an appointment or cost.
* My Chart and mobile phone applications are provided so that you can access your benefit and claim information

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| --- |
| Plan Coverage Overview |
|  | **Dean Health Plan** | **Group Health Cooperative** |
| **HMO** | **POS and PPO** | **HMO** | **POS and PPO** |
| In-Network  | In-Network  | Out-of-Network | In-Network  | In-Network  | Out-of-Network |
| Deducible | N/A | N/A | $250 single$500 family | N/A | N/A | $250 single$500 family |
| Coinsurance | N/A | N/A | 20% after deductible | N/A | N/A | 20% coinsurance |
| Maximum Out-of-Network Out-of-Pocket | N/A | N/A | $1,250 single$2,500 family | N/A | N/A | $1,250 single$2,500 family |
| Office Visit | $20 | $20 | 20% after deductible | $20 | $20 | 20% after deductible |
| Preventive Care | 100% covered | 100% covered | 20% after deductible | 100% covered | 100% covered | 20% after deductible |
| Vision Exam | $20 | $20 | Not Covered | $20 | $20 | 20% after deductible |
| Chiropractor | $20 | $20 | 20% after deductible | $20 | $20 | 20% after deductible |
| Therapy (PT/OT/ST) | $20 | $20 | 20% after deductible | $20 | $20 | 20% after deductible |
| Hospital(In-Patient) | 100% covered | 100% covered | 20% after deductible | 100% covered | 100% covered | 20% after deductible |
| Hospital(Out-Patient) | 100% covered | 100% covered | 20% after deductible | 100% covered | 100% covered | 20% after deductible |
| Emergency Room | $50 | $50 | $50 | $50 | $50 | $50 |
| Urgent Care | $20 | $20 | $20 | $20 | $20 | $20 |
| Prescriptions | $6 / $15 / $30 | $6 / $15 / $30 | Not covered | $6 / $15 | $6 / $15 | Not covered |

Health Insurance Premiums

**Health Insurance Premium Percentage**

The health insurance premium is based on the plan you are enrolled in, the coverage tier (single vs family) and your payroll frequency. There is a sliding scale for the employee units (1.25%, 3% or 5%). If you are paid monthly, premiums are withheld from each monthly check. If you are paid bi-weekly, premiums are withheld from the first two checks in each month (some months there may be three checks, yet premiums will only be taken from two).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit** | **Contribution Group** | **Participant In Wellness Assessment** | **Non-Participant** **in Wellness Assessment** |  | **Unit** | **Contribution Group** | **Participate In Wellness Assessment** | **Non-Participant** **in Wellness Assessment** |  | **Unit** | **Contribution Group** | **Participate In Wellness Assessment** | **Non-Participant** **in Wellness Assessment** |
| Administrator | Group 4 | 10% | 10% |  | Non Union Clerical | Group 2 | 3% | 10% |  | Substitute (ACA eligible) | Group 2 | 3% | 10% |
| Educational Assistant (EA and SEA) | Group 1 | 1.25% | 8.25% |  | Non Union Professional | Group 3 | 5% | 12% |  | Supportive Educational Employee (SEE) | Group 2 | 3% | 10% |
| Custodial | Group 2 | 3% | 10% |  | Play/Learn | Group 1 | 1.25% | 8.25% |  | Teacher (and Addendums) | Group 2 | 3% | 10% |
| Food Service | Group 1 | 1.25% | 8.25% |  | Professional - Instructional | Group 3 | 5% | 12% |  | Trades | Group 2 | 3% | 10% |
| MSCR (ACA eligible) | Group 2 | 3% | 10% |  | School Security | Group 1 | 1.25% | 8.25% |  |  |  |  |  |

**Health Insurance Monthly Premiums (January 1, 2018 – June 30, 2018)**

|  |  |  |
| --- | --- | --- |
|  | **Dean** | **GHC** |
| **HMO** | **POS** | **HMO** | **POS** |
| Participate In Wellness Assessment | Opt Out of Wellness Assessment | Participate In Wellness Assessment | Opt Out of Wellness Assessment | Participate In Wellness Assessment | Opt Out of Wellness Assessment | Participate In Wellness Assessment | Opt Out of Wellness Assessment |
| **Full Monthly Premium** |
|   | Single  | $641.75 | $676.48 | $516.24 | $645.31 |
|   | Family | $1,687.80 | $1,779.15 | $1,378.36 | $1,722.95 |
| **Group 1 Employee Contribution** | **Employee Monthly Contribution - 10 Months of Pay** |
| Single | $9.63 | $63.53 | $10.15 | $66.97 | $7.74 | $51.11 | $9.68 | $63.89 |
| Family | $25.32 | $167.09 | $26.69 | $176.14 | $20.68 | $136.46 | $25.84 | $170.57 |
| **Employee Monthly Contribution - 12 Months of Pay** |
| Single | $8.02 | $52.94 | $8.46 | $55.81 | $6.45 | $42.59 | $8.07 | $53.24 |
| Family | $21.10 | $139.24 | $22.24 | $146.78 | $17.23 | $113.71 | $21.54 | $142.14 |
| **Group 2 Employee Contribution** | **Employee Monthly Contribution - 10 Months of Pay** |
| Single | $23.10 | $77.01 | $24.35 | $81.18 | $18.58 | $61.95 | $23.23 | $77.44 |
| Family | $60.76 | $202.54 | $64.05 | $213.50 | $49.62 | $165.40 | $62.03 | $206.75 |
| **Employee Monthly Contribution - 12 Months of Pay** |
| Single | $19.25 | $64.18 | $20.29 | $67.65 | $15.49 | $51.62 | $19.36 | $64.53 |
| Family | $50.63 | $168.78 | $53.37 | $177.92 | $41.35 | $137.84 | $51.69 | $172.30 |
| **Group 3 Employee Contribution** | **Employee Monthly Contribution - 10 Months of Pay** |
| Single | $38.51 | R92.41 | $40.59 | $97.41 | $30.97 | $74.34 | $38.72 | $92.92 |
| Family | $101.27 | R243.04 | $106.75 | $256.20 | $82.70 | $198.48 | $103.38 | $248.10 |
| **Employee Monthly Contribution - 12 Months of Pay** |
| Single | $32.09 | $77.01 | $33.82 | $81.18 | $25.81 | $61.95 | $32.27 | $77.44 |
| Family | $84.39 | $202.54 | $88.96 | $213.50 | $68.92 | $165.40 | $86.15 | $206.75 |
| **Group 4 Employee Contribution** | **Employee Monthly Contribution - 12 Months of Pay** |
| Single | $64.18 | $67.65 | $51.62 | $64.53 |
| Family | $168.78 | $177.92 | $137.84 | $172.30 |