

Summary of Insurance Protection (EIEA)

Eligibility

- All employees in career positions, FTE 0.4 or more, are eligible (temporary positions are NOT eligible)
- Single Subscriber/Two-Person/Full-Family coverages are available to all eligible employees

Health

- Option 1: WMHIP Select 8, PPO Plan (\$250 Deductible – Single Subscriber/\$500 Deductible Two-Person & Full Family) with 0% coinsurance
- Option 2: WMHIP Versatile 3, PPO Plan (\$250 Deductible – Single Subscriber/\$500 Deductible Two-Person & Full Family) with 10% coinsurance
- Option 3: WMHIP Flexible Blue 2, HDH Plan (\$1,400 Deductible – Single Subscriber/\$2,800 Deductible Two-Person & Full Family)
- Option 4: WMHIP Simply Blue 095, PPO Plan (\$500 Deductible – Single Subscriber/\$1000 Deductible Two-Person & Full Family) with 20% coinsurance
- Option 5: Employee waives their right to health insurance benefits and receives a cash payment of \$300/month (Employee must provide proof of other qualifying health coverage).
- District pays up to the maximum hard cap premium contribution, employee pays the balance (See Health Plan Options for actual cost)
- District premium contribution is reduced proportionally for employees working less than 1.0 FTE (GSRP Teachers are considered full time for this provision)
- Employees electing Option 5 will receive a proportional share of the monthly cash-in-lieu payment based on their work schedule

Dental

- ADN Dental (80/80/80) with \$2,000 lifetime in Orthodontic care
- Full Cost of Coverage paid by District

Vision

- EyeMed Vision
- Full Cost of Coverage paid by District

Life Insurance and Long Term Disability (LTD)

- Madison National Life Insurance (\$50,000)
- Madison National Life LTD (66 2/3, 90-day wait, maximum monthly benefits apply)
- Full Cost of Coverage paid by District

Health Savings Account (HSA)

- Health Equity (Maximum of \$3,650 Single / \$7,300 Two-Person & Full Family)
- Must be enrolled in district sponsored high deductible health plan WMHIP Flexible Blue 2 (\$1,400 Deductible – Single Subscriber/\$2,800 Deductible Two-Person & Full Family)
- Used for medical, dental, and vision expenses not covered by insurance (i.e. deductibles, co-pays)
- Full cost paid by employee through pre-tax deduction from earnings

Flexible Spending Account (FSA)

- Health Equity (Medical & Dependent Care – May do either or both)
- Option 1: Flex Reimbursement Account (Maximum of \$2,750)
 - Type 1: General Purpose Account (medical, dental, and vision expenses)
 - Type 2: Limited Purpose Account (dental and vision expenses only)
- Option 2: Dependent Care Account (Maximum of \$2,500 Married Filing Separate/\$5,000 Single, Single Head of Household, or Married)
- Full cost paid by employee through pre-tax deduction from earnings