



# Middleton - Cross Plains Area School District

inclusive. innovative. inspiring.



## FY 18-19 New Hire Benefits Overview

# Welcome New Hire!!

- We are pleased to welcome you to our district! You are receiving this packet as an introduction to the benefits that are offered to employees of the MCPASD School District.
- All enrollment forms required for participation on our plans will be linked to this packet. **To meet your enrollment deadline, forms must be submitted no later than 30 days from your start date.** If you prefer to meet personally with me for a benefits consultation, please contact me for an appointment. I look forward to supporting you in your role with the district!



**Lori Krug**  
Benefits Specialist

7106 South Avenue  
Middleton, WI 53562

608-829-9044 Ph.  
608-836-3571 Fax  
lkrug@mcpasd.k12.wi.us

*Please refer to the MCPASD Benefits Web site, the Open Enrollment Web site and applicable documentation provided for additional details.*

# Benefit Eligibility Information

- **Health/Dental/Vision –Regular schedule of 30 hrs/wk**
  - Coverage is effective first of month following start date
  - **Dependents:**
    - Spouses are eligible for participation
    - Dependent Children are eligible for participation to age 26
- **Life Insurance** – eligible first of month following 30 days if you are enrolled in Wisconsin Retirement System
- **Long Term Disability Income –Regular schedule of 20 hrs/wk**
  - Coverage is effective first work day
- **Wisconsin Retirement System**
  - Staff working at least 880 hours per year *and expected to return to employment in following year*

**NOTE:** If you are benefit eligible and do not wish to participate on one or all of the benefit plans, **you must WAIVE coverage by completing a waiver form** - click [HERE](#) – download, check box for plan (*or plans*) you are not enrolling and route to my attention

# Annual Health Risk Assessment (HRA)

The District offers an Annual Health Risk Assessment, which provides a 3% additional district contribution towards health insurance premium rates

- **New hires are exempt from participation (participation is voluntary in your first year).** When you renew your enrollment in a successive school year, you will want to consider participating in order to receive the 3% discount.
  - If spouse will be on plan, **BOTH must participate** if you wish to receive discount (*survey and biometrics*)
- [Frequently asked Questions](#)

# Mandatory Notices for Benefit-Eligible Employees

The following notices are provided, as required by law, to all new hires and are available by clicking on the links. Please contact me if you have any questions.

- [Notice of HealthCare Exchange](#)
- [HIPAA Special Enrollment Rights Notice](#)
- [COBRA Continuation Rights Notice](#)
- [Women's Health and Cancer Rights Notice](#)
- [Medicare Part D Notice](#)
- [Children's Health Insurance Program \(CHIPRA\)](#)

# Health Insurance Options

- Dean HMO
- Quartz/Unity HMO
  - [Side-by-side plan comparison](#)
  - ***District contribution begins at 85% for full-time employees, prorated accordingly for part-time employees - additional 3% district contribution awarded for Annual Health Risk Assessment participants (new hires are exempt from this process when initially hired. Thereafter the process is encouraged if you wish to obtain the 3% discount)***
  - ***Rates are found [HERE](#) (NOTE: Rates are subject to change for October 1 annual renewal)***



Benefit web page is found [HERE](#)

# Health Enrollment/Waiver

Coverage elections will remain in effect from 1<sup>st</sup> of month following hire through the end of the plan year (September) or at the end of the month of your termination date. You will be **required** to annually renew your benefit elections or make plan changes for the new plan year on our Skyward Open Enrollment module to help us satisfy the employer reporting requirements of the Affordable Care Act.

- **DEAN health plan**, please click [HERE](#) for enrollment form – download and complete
- **Quartz/UNITY health plan**, please click [HERE](#) for enrollment form or [SPANISH VERSION](#) – download and complete
- **NOTE:** If you are benefit eligible and do not wish to participate on one or all of the benefit plans, **you must WAIVE coverage by completing a waiver form** - - click [HERE](#) – download, check box for plan (*or plans*) you are not enrolling and route to my attention



# Dental Insurance

- **Delta Dental**

[www.deltadentalwi.com](http://www.deltadentalwi.com)

Plan Type: **Preferred Provider Option Plan**

[Teacher Summary Plan Description](#)

[Non-Teaching Staff Summary Plan Description](#)

- **Benefit Period**

January through December

- **Maximum Benefit Per Person Per Benefit Period \$1000**

- **Maximum Lifetime Benefit Per Person – Orthodontia (to age 25) \$1500**

- **Enrollment form** [HERE](#) ([Spanish](#)) ([Hmong](#))– download and complete

- Benefit web page is found [HERE](#)

- Premium Rates [HERE](#)





# Life Insurance

- All employees *eligible for participation in the Wisconsin Retirement System* are eligible for life coverage under the Wisconsin Department of Employee Trust Funds.
- **How to Apply or Decline Coverage**

You must submit a completed life insurance application within 30 days of your first work date. ***Coverage becomes effective first of month following 30 days.***

  - [Rates](#) - [Plan Information](#) - [Application/Waiver Form](#)
  - Benefit web page is found [HERE](#)
- Coverage options are Basic (your annual salary rounded up to the nearest 1000), Supplemental, and Additional up to 3 x salary, available. You may also choose up to two units of the spouse/dependent coverage at \$1.75/unit.
- Coverage is underwritten by Minnesota Life Insurance
- ***Consider your plan participation carefully, as this plan is not offered as an annual open enrollment opportunity – you will be required to apply as a Late Enrollee and may be subject o declination of coverage if there are health issues***

**MINNESOTA LIFE**  
A Securian Company

**LifeBenefitsExtra**

# Long Term Disability Income Protection

This plan provides income continuation following 60 consecutive calendar days of total disability at a rate of 90% monthly income

- You are automatically enrolled if you work 20 hrs per week
- Benefit web page is found [HERE](#)
- **Premium** - 100% district paid premium
- **Carrier** - **Madison National Life Insurance**

*Administered by*



*Underwritten by*



# Short Term Disability Income Protection

Short Term Disability coverage – provides income at elected weekly benefit level following 0 days (accident) 3 days (illness or condition) for up to 60 days or eligibility for Long Term Disability income protection

- [Rates and Enrollment](#) info and [plan booklet](#)
- Benefit web page is found [HERE](#)

*Administered by*



*Underwritten by*



# DELTA Vision Insurance

- \$200 allowance to use on glasses OR contacts every 12 months
  - Glasses: \$200 plus 20% any additional balance
  - Contacts: \$200 plus 15% for conventional, or just \$200 for disposable
- Additional Discounts
  - 40% off complete SECOND pair of glasses
  - 20% off non-covered items (except safety glasses)
  - 15% off LASIK or PRK
- Important Notes
  - Allowances are based on Date Of Service
  - Allowances are single-use allowances
- MONTHLY RATES – Single \$7.68; \$19.12 Family
  - Enrollment Form – Click [HERE](#)

# Wisconsin Retirement System (WRS) and 403b set-up

- WRS retirement plan membership – *Enrollment on the plan is automatic if eligibility criteria is met*
- Participation is dependent upon annual hours worked – and whether you are known to be returning to employment for the next contract year (*not limited term or temporary contract*)
- [Participant Booklet](#)
- [Contribution Rate History](#)
- [Returns, Rates and Adjustments](#)
- Benefit web page is found [HERE](#)
  
- **In addition to your WRS retirement savings, you can establish your own 403b for payroll contributions by visiting [OMNI](#)**

# Medical Flex Spending/ Dependent Childcare

BESTflex plan is available for pre-tax payroll deductions for insurance, medical, and daycare expenses.

## **Eligibility and Maximum Elections**

Employees hired to work at least 30 hours per week

Medical Maximum is \$2,650

Dependent Care Maximum is \$5,000 per household

[Plan Booklet](#)

[Enrollment Form](#)

Benefit web page is found [HERE](#)



# Long Term Care Insurance

- Long-Term Care (Nursing Home Benefit) coverage is available through Unum Provident
- [Guide to Long Term Care Insurance](#)
- [Plan Booklet](#)
- [Enrollment in Benefit](#)
- Benefit web page is found [HERE](#)





Thank you for performing your enrollment / waiver election process. Please send your completed enrollment and/or waiver election forms to:



**Lori Krug**  
Benefits Specialist

7106 South Avenue  
Middleton, WI 53562

608-829-9044 Ph.  
608-836-3571 Fax  
lkrug@mcpasd.k12.wi.us

# Have a great school year!!!