



Benefit Election Form

Health, Dental, and Life Insurance Options

Health Care Coverage: Wisconsin Youth Company contribution to health care plan coverage for the employee is based on hours of employment:

20-29 hours per week = 65% of employee monthly premium	Monthly Cost to Employee	Per Pay Period
30-40 hours per week = 85% of employee monthly premium		

Group Health Cooperative (GHC) HMO Plan 1 – available only in DANE County	Monthly Premium	Weekly Scheduled Hours 20-29	Weekly Scheduled Hours 30-40	Hours 20-29	Hours 30-40
HMO – Individual	\$599.83	\$209.94	\$89.97	\$104.97	\$44.99
HMO – Individual Plus One	\$1,385.10	\$995.21	\$875.24	\$497.61	\$437.62
HMO - Family	\$1988.36	\$1,598.47	\$1,478.50	\$799.24	\$739.25

Group Health Cooperative (GHC) HMO Plan 2 – available only in DANE County	Monthly Premium	Weekly Scheduled Hours 20-29	Weekly Scheduled Hours 30-40	Hours 20-29	Hours 30-40
HMO – Individual	\$552.15	\$193.25	\$82.82	\$96.63	\$41.41
HMO – Individual Plus One	\$1,274.99	\$916.09	\$805.66	\$458.05	\$402.83
HMO - Family	\$1,830.30	\$1,471.40	\$1,360.97	\$735.70	\$680.49

Group Health Cooperative (GHC) PPO Plan 1 – available only in WAUKESHA County	Monthly Premium	Weekly Scheduled Hours 20-29	Weekly Scheduled Hours 30-40	Hours 20-29	Hours 30-40
PPO – Individual	\$755.51	\$264.43	\$113.33	\$132.21	\$56.66
PPO – Individual Plus One	\$1,746.82	\$1,255.74	\$1,104.64	\$627.87	\$552.32
PPO- Family	\$2,505.85	\$2,014.77	\$1,863.67	\$1,007.39	\$931.84

Group Health Cooperative (GHC) PPO Plan 2 – available only in WAUKESHA County	Monthly Premium	Weekly Scheduled Hours 20-29	Weekly Scheduled Hours 30-40	Hours 20-29	Hours 30-40
PPO – Individual	\$695.45	\$243.41	\$104.32	\$121.70	\$52.16
PPO – Individual Plus One	\$1,607.96	\$1,155.92	\$1,016.83	\$577.96	\$508.42
PPO- Family	\$2,306.65	\$1,854.61	\$1,715.52	\$927.31	\$857.76

Dental Care Coverage: Wisconsin Youth Company contribution to Delta Dental coverage for the employee is based on hours of employment:

15-29 hours per week = 65% of employee monthly premium 30-40 hours per week = 85% of employee monthly premium	Monthly Cost to Employee	Per Pay Period
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Delta Dental Plan	Monthly Premium	Weekly Scheduled Hours 15-29	Weekly Scheduled Hours 30-40	Hours 15-29	Hours 30-40
Individual	\$42.13	\$14.75	\$6.32	\$7.37	\$3.16
Individual with Spouse/Domestic Partner	\$84.25	\$56.87	\$48.44	\$28.44	\$24.22
Individual with child(ren)	\$91.28	\$64.00	\$55.47	\$32.00	\$27.74
Family	\$147.78	\$120.40	\$111.97	\$60.20	\$55.99

Life Insurance Coverage: Full-time, year-round employees and school year staff scheduled to work at least 30 hours per week are covered by employer paid life insurance.

30-40 hours per week = 100% of single monthly premium

Life Insurance Plan	Monthly Cost to Employee
Life Insurance Plan including Accidental Death, Long-Term Disability, and Short-Term Disability	\$0

Plans: Please check yes to elect or no to waive coverage	Yes Electing Coverage	No Waiving Coverage
GHC Health Insurance*	<input type="checkbox"/>	<input type="checkbox"/>
Delta Dental Insurance*	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance + AD&D, STD, LTD*	<input type="checkbox"/>	<input type="checkbox"/>
Student Loan Pay Down/ College Save Up	<input type="checkbox"/>	<input type="checkbox"/>
Bus Pass	<input type="checkbox"/>	<input type="checkbox"/>
Employee School-age Child Care Benefit	<input type="checkbox"/>	<input type="checkbox"/>
403b Retirement Plan - Requires virtual meeting with Lincoln financial advisor	<input type="checkbox"/>	<input type="checkbox"/>

*Insurance Application must be filled out