



Benefit Election Form

Health, Dental, Vision 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.

DANE COUNTY ONLY – HMO			Part-Time Staff (20-29 hours/week)			Full-Time Staff (30-40 hours/week)		
Group Health Cooperative HMO Plan 1 – No deductible	Plan Type	Monthly Premium Cost	WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost	WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost
	HMO – Individual	\$764.78	\$465	\$299.78	\$149.89	\$585	179.78	\$89.89
	HMO – Individual + One	\$1,766.00	\$565	\$1,201	\$600.50	\$685	\$1,081	\$540.50
	HMO – Family	\$2,335.16	\$665	\$1,870	\$935.08	\$785	\$1,750.16	\$875.08

DANE COUNTY ONLY – HMO			Part-Time Staff (20-29 hours/week)			Full-Time Staff (30-40 hours/week)		
Group Health Cooperative HMO Plan 2 – With deductible	Plan Type	Monthly Premium Cost	WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost	WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost
	HMO – Individual	\$701.34	\$465	\$236.34	\$118.17	\$585	\$116.34	\$58.17
	HMO – Individual + One	\$1,619.50	\$565	\$1,054.50	\$527.25	\$685	\$934.50	\$467.25
	HMO – Family	\$2,324.86	\$665	\$1,659.86	\$829.93	\$785	\$1,539.86	\$769.93

WAUKESHA COUNTY ONLY – PPO			Part-Time Staff (20-29 hours/week)			Full-Time Staff (30-40 hours/week)		
Group Health Cooperative PPO Plan 1 – No deductible	Plan Type	Monthly Premium Cost	WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost	WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost
	PPO – Individual	\$963.28	\$570	\$393.28	\$196.64	\$720	\$243.28	\$121.64
	PPO – Individual + One	\$2,227.20	\$670	\$1,557.20	\$778.60	\$820	\$1,407.20	\$703.60
	PPO – Family	\$3,194.96	\$770	\$2,424.96	\$1,212.48	\$920	\$2,274.96	\$1,137.48

WAUKESHA COUNTY ONLY – PPO			Part-Time Staff (20-29 hours/week)			Full-Time Staff (30-40 hours/week)		
Group Health Cooperative PPO Plan 2 – With deductible	Plan Type	Monthly Premium Cost	WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost	WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost
	PPO – Individual	\$883.37	\$570	\$313.37	\$156.69	\$720	\$163.37	\$81.69
	PPO – Individual + One	\$2,042.45	\$670	\$1,372.45	\$686.23	\$820	\$1,222.45	\$611.23
	PPO – Family	\$2,929.93	\$770	\$2,159.93	\$1,079.97	\$920	\$2,009.93	\$1,004.97

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

Delta Dental	Plan Type	Monthly Premium Cost	Part-Time Staff (20-29 hours/week)			Full-Time Staff (30-40 hours/week)		
			WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost	WYC Monthly Contribution	Monthly Employee Cost	Pay Period Employee Cost
	Individual	\$42.13	\$27.38	\$14.75	\$7.38	\$35.81	\$6.32	\$3.16
	Individual + One	\$84.25		\$56.87	\$28.44		\$48.44	\$24.22
	Individual + Child(ren)	\$91.28		\$63.90	\$31.95		\$55.47	\$27.74
	Family	\$147.78		\$120.40	\$60.20		\$111.97	\$55.99

Vision Care Coverage: Wisconsin Youth Company offers a vision plan through Delta without employer contribution.

Delta Vision	Plan Type	Monthly Premium Cost	Pay Period Employee Cost
	Individual	\$6.46	\$3.23
	Individual + One	\$12.92	\$6.46
	Individual + Child(ren)	\$13.19	\$6.60
	Family	\$19.65	\$9.83

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.

The Hartford:	Plan Type	Monthly Premium Cost	Pay Period Employee Cost
	Life Insurance Plan including Accidental Death, Long-Term & Short-Term Disability	Covered by Wisconsin Youth Company	\$0