



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	\$820.23	\$520.45	\$299.78	\$149.89	\$640.45	179.78	\$89.89
	HMO – Individual + One	\$1,894.04	\$693.04	\$1,201	\$600.50	\$813.04	\$1,081	\$540.50
	HMO – Family	\$2,718.96	\$848.80	\$1,870.16	\$935.08	\$968.80	\$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	\$752.19	\$515.85	\$236.34	\$118.17	\$635.85	\$116.34	\$58.17
	HMO – Individual + One	\$1,736.91	\$682.41	\$1,054.50	\$527.25	\$802.41	\$934.50	\$467.25
	HMO – Family	\$2,493.41	\$833.55	\$1,659.86	\$829.93	\$953.55	\$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	\$1,033.12	\$639.84	\$393.28	\$196.64	\$789.84	\$243.28	\$121.64
	PPO – Individual + One	\$2,388.67	\$831.47	\$1,557.20	\$778.60	\$981.47	\$1,407.20	\$703.60
	PPO – Family	\$3,426.59	\$1,001.63	\$2,424.96	\$1,212.48	\$1,151.63	\$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	\$947.41	\$634.04	\$313.37	\$156.69	\$784.04	\$163.37	\$81.69
	PPO – Individual + One	\$2,190.53	\$818.08	\$1,372.45	\$686.23	\$968.08	\$1,222.45	\$611.23
	PPO – Family	\$3,142.35	\$982.42	\$2,159.93	\$1,079.97	\$1,132.42	\$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

Plans: Please check yes to elect or no to waive coverage	Yes Electing Coverage	No Waiving Coverage
GHC Health Insurance* Plan 1	<input type="checkbox"/>	<input type="checkbox"/>
GHC Health Insurance* Plan 2	<input type="checkbox"/>	<input type="checkbox"/>
Delta Dental Insurance*	<input type="checkbox"/>	<input type="checkbox"/>
Delta Vision Insurance*	<input type="checkbox"/>	<input type="checkbox"/>
The Hartford 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"/>
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