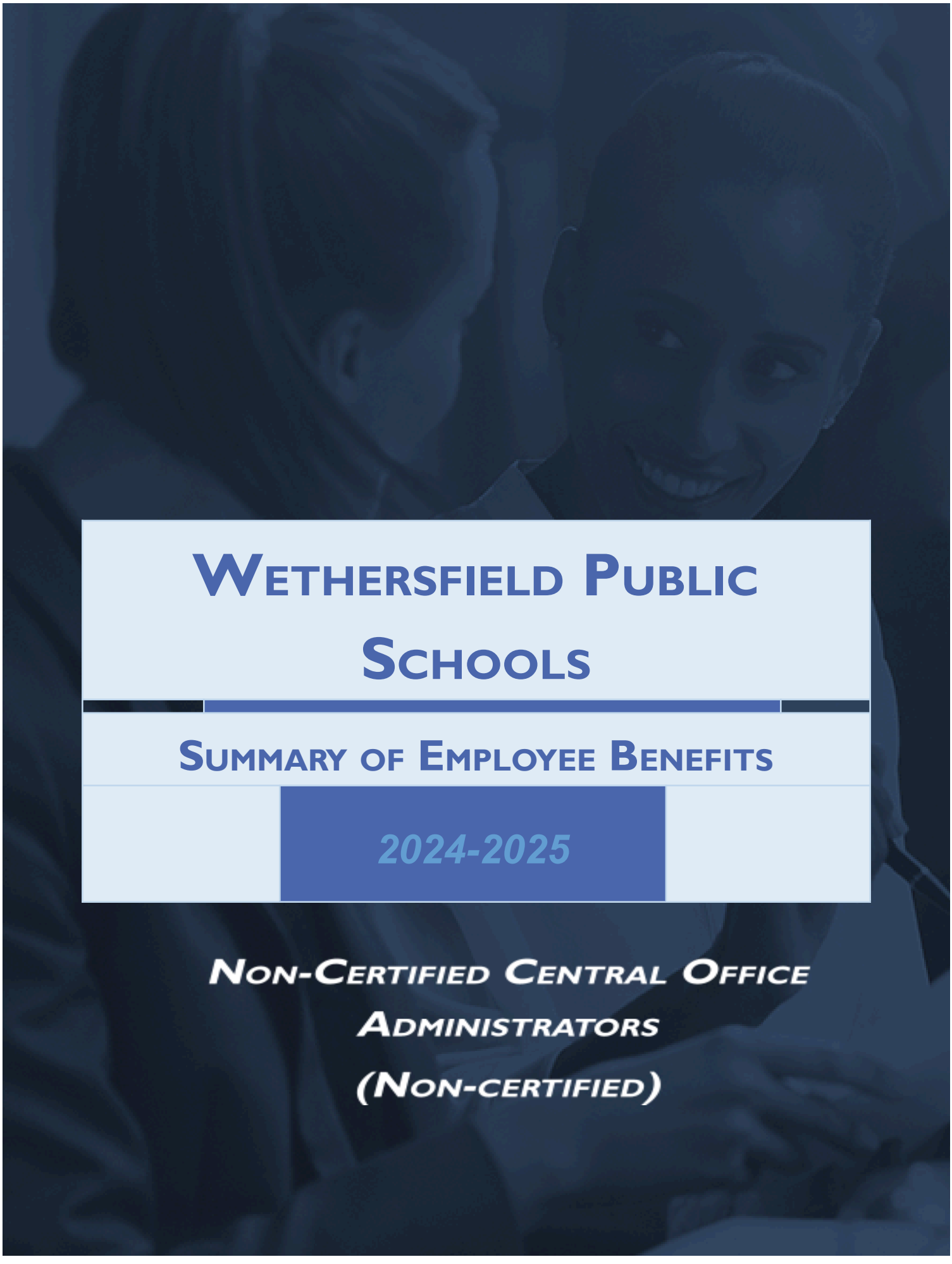


Wethersfield Public Schools

Summary of Employee Benefits

2024-2025

Non-Certified Central Office Administrators

(Non-certified)

Introduction

Full-time employees working **30 hours per week (or more)** are eligible to participate in Board-sponsored Life, Health, Long-term Disability, and Flexible Spending plans. The benefits available to you are determined by your employment contract.

Eligible employees may enroll in the Board-sponsored benefits at the **time of hire**, **during open enrollment**, or if a **life status change event** occurs.

As a non-certified Central Office administrator, you are eligible to participate in the Board sponsored insurance programs as outlined below. Enrollment in these benefits are effective date of hire, or if an IRS-approved qualifying event occurs. You have 30 days from the date of the event to enroll in the benefits offered. Approved qualifying events include:

Marriage or Divorce Death Birth of Adoption of Dependent Change in Employment Status
Change in Eligibility Status Loss of Current Coverage Judgment, Decree or Court Order

**For more information, visit our Employee Benefits Portal at https://wps.wethersfield.me/staff/benefits-portal*

Pension Plan

As a non-certified Central Office Administrator you are required to participate in the **Defined Contribution Pension Plan** and will be required to contribute four and one-half percent **(4.5%) of your base wages per pay period. This contribution percentage amount cannot be increased or reduced.**

Five (5) years of service:	**50%** vested
Six (6) years of service:	**60%** vested
Seven (7) years of service:	**70%** vested
Eight (8) years of service:	**80%** vested
Nine (9) years of service:	**90%** vested
Ten (10) years of service:	**100%** vested

The Board will match your four and one-half percent (4.5%) contribution per pay period. Your contributions will vest immediately. This means that you own 100% of the funds that you contribute to this account. However, the Board's matching funds to your account will vest according to the following schedule. This means you will own a certain percentage of the Board funds only after you have met the years of service requirement.

Your pension benefit is a 401(a) offered through **MissionSquare (ICMA-RC)**. You can view and manage your account at **https://www.missionsq.org/**

Health Benefits

- **Cigna** is your medical provider. For information regarding your medical benefits, log into your MyCigna.com account at **www.MyCigna.com** to view medical claims, deductible status, HSA balances and more
- **Express Scripts** is your pharmacy provider. For information regarding your pharmacy (Rx) benefits, log into **www.express-scripts.com** where you can manage your prescriptions, price medications, view claims, deductible status, and more.
- **RxBenefits** is your pharmacy customer service. Please contact RxBenefits at **1.800.334.8134** with questions or concerns regarding your pharmacy benefits.
- **WellSpark** is your **Wellness Program Administrator**. For information regarding the Wellness Program, please download the WellSpark app on your cell phone or visit **wfield.wellsparkhealth.com**.

Medical Coverage *(includes vision and prescription)*

The medical plan offered through **Cigna** features a **High Deductible Health Plan (HDHP)** with a **Health Savings Account (HSA)**. A high minimum deductible for medical expenses must be paid before insurance coverage kicks in. The Board shares in the cost of your medical and dental benefits.

For the **2024-25** plan year, the Board pays **76%** of the monthly premium, you will be responsible for **24%**. Deductions for your premium cost share are withheld from your pay for 20 pay periods between **September** and **June**.

- **Summary of Health Benefits**
- **Health Benefit Plan Document**
  - **Rider 1** **Rider 2** **Rider 3**

Premium Cost Share for the 2024-2025 School Year

	Coverage	Total Premium Per Month	BOE Pays Per Month	Employee Pays Per Month	Employee's Annual Cost	Employee Per Pay Deduction (Annual Cost/20 Pays)
High Deductible Health Plan (HDHP)	Individual	$1,104.93	$839.75	$265.18	$3,182.20	$159.11
	2-Person	$2,209.86	$1,679.49	$530.37	$6,364.40	$318.22
	3 or More	$2,817.53	$2,141.32	$676.21	$8,114.49	$405.72

Effective July 1, 2023 employees and spouses enrolled in the Board sponsored health plan must participate in an annual wellness program. Covered employees and spouses are required to complete gender and age specific basic recommended preventive care examinations and screenings by June 30 of the plan year. The program does not apply to dependent children. Employees and spouses that do not complete program requirements will be subject to an increased employee contribution for the next plan year.

	Coverage	Total Annual Premium	5% Annual Surcharge	Employee Per Pay Surcharge Deduction
Wellness Program Surcharge	Individual	$13,259.16	$662.96	$33.15
	2-Person	$26,518.32	$1,325.92	$66.30
	3 or More	$33,810.36	$1,690.52	$84.53

Medical Plan Highlights

Covered Medical Benefits	In-Network Provider	Out-of-Network Provider
Overall Deductible	$2,250 indiv / $4,500family	$2,250 indiv / $4,500 family
Out-of-Pocket Limit	$3,375 indiv / $6,850 family	$6,750 indiv / $13,500 family

- If you utilize **in-network** services, your out of pocket expense including your deductible will have plan limits of **$3,375** for individual and **$6,750** for family. For example, once you meet your deductible, any co-payments you might have will be limited to an additional **$1,125** for individual or **$2,250** for family above your deductible *($3375-$2250=$1125), ($6750-$4500=$2250)*

- If you choose to utilize **out-of-network** services, your out-of-pocket expense will increase to **$6,750** for individual or **$13,500** for family. For eligible claims, Cigna will pay your provider 80% of the agreed upon network fee arrangement, and you will be responsible for the 20% co-insurance. This 20% co-insurance will apply to the maximum out of pocket expense. However, you may have additional expenses if your provider chooses to bill you for an amount above the network fee arrangement. This is called *balance billing.* This amount will not be applied to your maximum out of pocket cost.
- For instance, if you choose to see an out of network provider who bills you $300 for a covered service, and Cigna's approved in-network fee for this service is $200, the insurance will pay 80% ($160), you would be responsible for the remaining 20% ($40) co-insurance, and you may also be responsible for the additional $100 that the provider balance bills you.

Prescription Benefit Coverage

Prescription Drug coverage is treated as any other medical expense; there is no post deductible co-pays for prescriptions

- **Full Summary of Prescription Benefits**

Dental Coverage

The dental plan offered through **Anthem Blue Cross** features a Full-Service Plan with Riders A,B,C and D for Dental Care. Dependents are eligible for coverage on your dental plan until **age 25**.

- **Full Summary of Dental Benefits**

Dental Benefit Costs for the 2024-2025 School Year

	Coverage	Total Premium Per Month	BOE Pays Per Month	Employee Pays Per Month	Employee's Annual Cost	Employee Per Pay Deduction (Annual Cost/20 Pays)
Dental	Individual	$33.92	$25.78	$8.14	$97.69	$4.88
	2-Person	$85.87	$65.26	$20.61	$247.31	$12.37
	3 or More	$110.87	$84.26	$26.61	$319.31	$15.97

Health Savings Account (HSA)

A **Health Savings Account (HSA)** is a special tax-sheltered savings account used with the HDHP to help pay your deductible, coinsurances and other qualified in-network or out-of-network expenses.

At the time of enrollment in the Board sponsored High Deductible Health Plan (HDHP), a Health Savings Account (HSA) will be established for you with **Cigna's Choice Fund Health Savings Account.**

- **Customer Website Guide – Health Savings Account (HSA)**



To help you meet these expenses**, the Board will fund 50% of the applicable HSA deductible** (with pro-rated funding of the deductible for those who are hired after the start of the plan year).

- One-half of the Board's contribution will be deposited into your HSA account in **September** and the remaining one-half in **January** of each plan year.
- You may elect to contribute additional funds pre-tax through payroll deduction. **Your contributions combined with the Board contributions cannot exceed the IRS limit for the calendar year**

How Much Can I Contribute to my HSA?

For the **calendar year 2024**, the IRS contribution limit for **individual coverage is $4,150** and for **2-Person/Family coverage is $8,300**. For those **age 55 or older**, an **additional contribution of $1,000** is also allowed.

Your contribution, in addition to the Board's contribution, to your HSA account **cannot exceed the IRS limit for the calendar year.**

To help you determine a contribution amount within the IRS limits, an **HSA Deduction Calculator can be found on our *Benefit portal* or by clicking the link** below.

- **2024-25 HSA Deduction Calculator**

Instructions: *To estimate your annual contribution, enter an amount you wish to contribute each pay within the available pay date cells. Actual deductions withheld are determined by dividing your annual plan year election by the number of remaining pay periods within the plan year.* ***You may adjust your contribution at any time by completing an HSA Deduction Authorization form through your Frontline Central account.***

Term Life Insurance

The Board provides each active employee an amount of term life insurance equal to three **(3) times their annual salary**, rounded to the nearest thousand dollars. The premium for the insurance is paid by the Board of Education.

- **Term Life Insurance Plan Summary**

Long-term Disability (LTD)

Long-term Disability insurance provides you with a monthly cash benefit to help pay for everyday expenses if a covered disability like injury or chronic illness takes you away from work for an extended time.

- Monthly Benefit After Claim Is Approved: **60%** of your total monthly earnings **up to $6000**
- Benefit **begins after 90 days.**
- Benefits may be paid for **until you reach the Social Security Normal Retirement Age**, and as long as you are still unable to work due to a covered disability.

➢ **Long-term Disability Benefit Plan**

The Board and employee **share equally in the premium cost** of this disability income program. The monthly cost is determined by your monthly salary to a **maximum of $10,000** at the **rate of $.253/$100.**

Example:

- *$10,000 salary = $25.30 per month*

- *The Board pays $12.65*
- *You pay $12.65*

Whether you choose to enroll in this benefit or not you must complete the LTD Insurance Enrollment form and check the box indicating you elect to enroll in the Long Term Disability benefit or Waive the opportunity to enroll.

Voluntary Benefits

In addition to the Term Life, Medical, Dental, and HSA funding benefits, you have the opportunity to enroll in voluntary benefit programs. If you elect to enroll in any of the voluntary benefits, **you will be responsible for the full cost of participation in the programs.** The following voluntary benefits are available, restrictions may apply.

Voluntary Flexible Spending Accounts (FSA)

Flexible Spending Accounts are offered through **Horace Mann Health Equity-Wage Works**.

Note: *A new enrollment form must be completed each year in Frontline Central for continued participation in an FSA benefit.*

- **HSA vs. FSA: What is the difference?**
- **HealthEquity FSA Quick Start Guide**
- **HealthEquity EZ Receipts**

Healthcare FSA

- A **Healthcare FSA** should not be confused with the **HSA** attached to your High Deductible Health Plan
- If you **are not** enrolled in a High Deductible Health Plan with Health Savings Account you may participate in a Healthcare FSA
  - You can contribute pre tax through payroll deduction up to **$3,200**
  - Your full contribution is available to you are the start of the plan year to pay eligible health care expenses for yourself, spouse, or dependents
  - Eligible expenses include:
    - Co-pays, co-insurance, and deductibles
    - Dental expenses such as orthodontia, crowns, and bridges
    - Vision expenses such as LASIK eye surgery, glasses, and contacts
    - Prescription drugs and over-the-counter items

Limited/Special Purpose FSA

- If you **are** enrolled in a High Deductible Health Plan with Health Savings Account and wish to participate in a Healthcare FSA, you may also contribute to a **Limited/Special Purpose FSA**
  - You can contribute pretax through payroll deduction up to **$3,200**
  - Your contribution is available to you at the start of the plan year to pay for eligible healthcare expenses for yourself, spouse, or dependents
  - Your eligible expenses are **limited to dental or vision services**

Dependent Care FSA

- You can contribute pretax through payroll deduction up to **$5000** for eligible child and adult care expenses such as day care, preschool and nursery school, and in-home aide.
  - Dependent(s) aged **twelve (12) or younger**
  - Spouse or dependent incapable of self-care

403(b) Retirement Account

A **403(b) Plan**, also known as a **tax-sheltered annuity (TSA) plan**, is a retirement plan for employees of public and private schools and other tax-exempt organizations. Individual accounts in a 403(b) Plan can be either an annuity contract, which is a contract provided through an insurance company, or a custodial account, which is an account invested in mutual funds.

Participation in this benefit is **voluntary** and **is not combined** with the mandatory pension benefit provided by the Board

If you would like to begin contributing to a Wethersfield 403(b) plan, you must first establish an account with an approved provider. The approved providers for the Wethersfield Public Schools are listed to the right.

Horace Mann	**Michael Sefano** (860) 509-4065 156 New Britain Ave. 2nd Flr. Rocky Hill, CT 06067
VOYA	**Steven Moretta** (860) 580-1678 P.O. Box 990069 Hartford, CT 06199
Vanguard	vanguard403bservices.com (800) 569-4903

It is the intent of the Wethersfield Public Schools to administer the 403(b) Plan in accordance with applicable laws and regulations. To assist us in this, we utilize **Plan with Ease** to facilitate administration of the Wethersfield 403(b) plan and our compliance with 403(b) regulations. As such, distribution approval is obtained via Plan with Ease. To learn more and to create an account with Plan with Ease visit http://www.planwithease.com.

Employee Assistance Program (EAP)

An **Employee Assistance Program (EAP)** is available to all employees of the Wethersfield Public Schools. An EAP provides free and confidential assessments, short-term counseling, referrals, prevention, and education services for you and your household members.

Our EAP provider is **Deer Oaks EAP Services**. The Wethersfield Public School District is committed to the health and well-being of employees and their household members and encourages the utilization of this important benefit for health, wellness, financial fitness, and decreased daily stress.

View the many resources and online tools available at **http://www.deeroakseap.com**.

Log in as a member using **WPSBOE** as both the username & password.

DEER OAKS
EAP Services

Enrollment Forms

Eligible employees may enroll or make changes to Board-sponsored benefits at the **time of hire**, **during open enrollment**, or if a **life status change event** occurs.

All benefit enrollment/change forms can be accessed by logging into your **Frontline Central** account and going to **My Forms → Forms I Can Start**. Please refer to the table below for information on which Frontline form to complete.

To enroll or make changes to…	Form to complete in Frontline…
Medical Benefits **Dental Benefits**	Health Plan Enrollment/Change Form Dental Enrollment/Change From
HSA Contributions *	HSA Enrollment/Change Form
Cancel Benefit Enrollment *	Request to Cancel Benefits or Remove Dependent Form
Life Insurance/Beneficiary Change	Life Insurance Enrollment/Change Form

Flexible Spending Account	Flexible Spending Account Enrollment Form
Long-term Disability Insurance	LTD Insurance Enrollment/Change Form - WSAA
Voluntary 403(b) Account	403(b) Plan Enrollment

**HSA contribution amounts can be changed at any time. Employees may also request to cancel benefits at any time.*

QUESTIONS?

If you have any questions regarding benefits, please do not hesitate to contact the **Office of Human Resources at 860-571-8112.**

Visit our Benefits Portal at https://wps.wethersfield.me/staff/benefits-portal for more information about the benefits available to you.