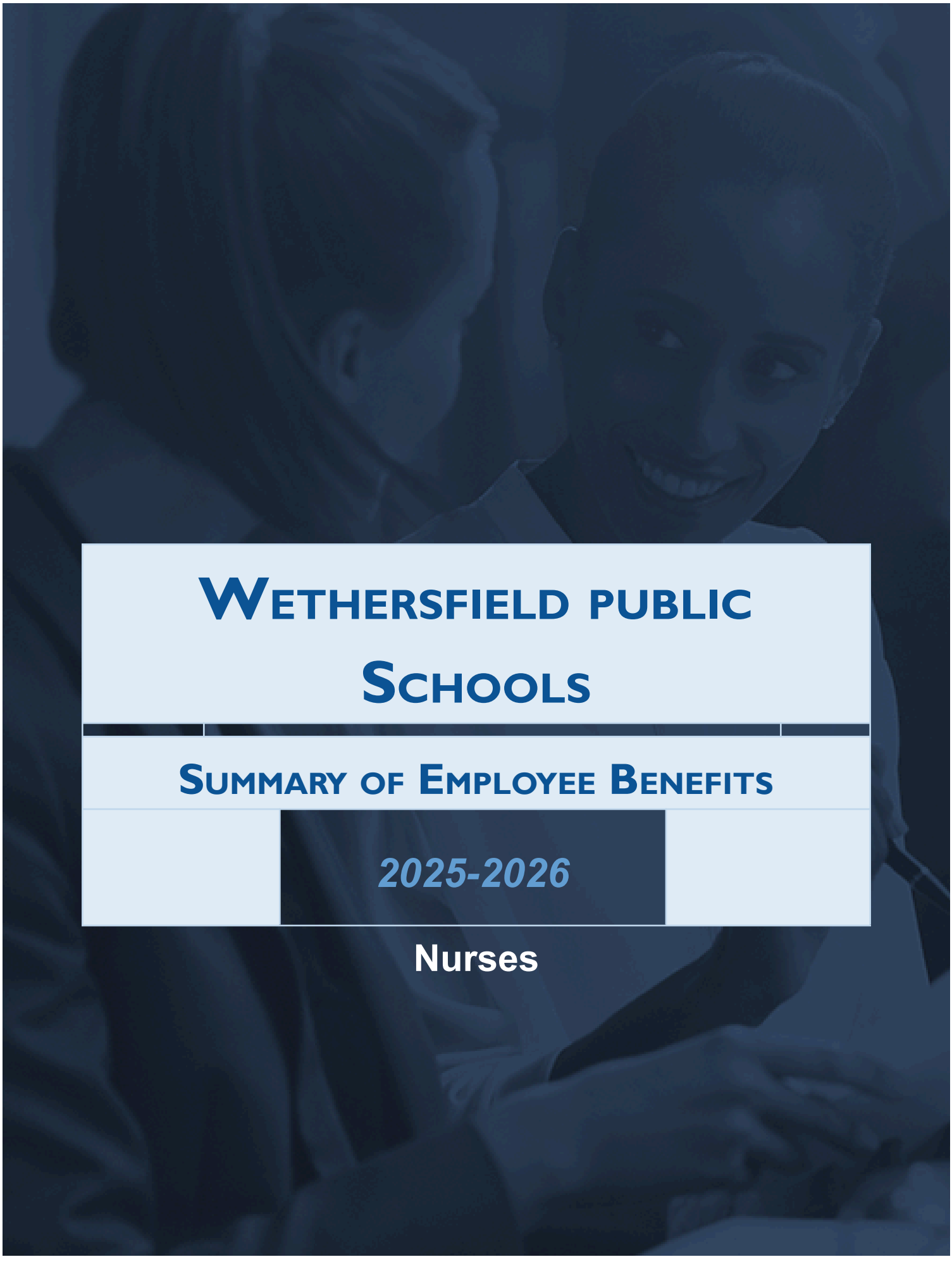


Wethersfield Public Schools

Summary of Employee Benefits

2025-2026

Nurses

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 collective bargaining agreement.

- **Collective Bargaining Agreement: Wethersfield School Nurses Association**

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 nurse, and member of the **United Public Service Employees Union, Wethersfield School Nurses'** bargaining group, 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 or 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/district/human-resources-employment/benefits-portal-2025-2026

Pension Plan

All members of the United Public Service Employees Union, Wethersfield School Nurses' who work 20 hours a week or more are required to participate in a board sponsored pension plan.

- Members hired on or before July 1, 2012 are enrolled in a Defined Benefit Pension Plan provided by the Town of Wethersfield. Contributions to this plan of six and one-half percent (6.5%) of monthly earnings are made on a pre-tax basis under IRS Code 414H
- Members hired after July 1, 2012 participate in a Defined Contribution 401(a) pension benefit offered through Mission Square (ICMA-RC). You can view and manage your account at **https://www.missionsq.org/**

Enrollment in the pension plan is mandatory. Members enrolled in the ***Defined Contribution*** Pension Plan are required to contribute four and one-half percent (4.5%) of their base wages per pay period**. This contribution percentage amount cannot be increased or reduced.** 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.

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

Leave provisions

Authorized Personal Leave - Members are entitled to up to three (5) personal days off annually with full pay, subject to the discretion of the nursing supervisor and approval from Human Resources. **Restrictions apply.** Please see your bargaining agreement for more information.

Authorized Sick Leave - Members are entitled to twelve and one-half (12.5) sick days at the rate of one and one-quarter (1.25) days for each completed month in each year with full pay. Unused sick leave shall be accumulated from year to year to a maximum of one hundred fifty (150) days. Please see your bargaining agreement for details

Bereavement Leave - Employees may receive up to five days (5) of leave with pay, per incident. Please see your bargaining agreement for details.

- **Collective Bargaining Agreement: Wethersfield School Nurses Association**

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 was acquired by Vitality** and will be your new **Wellness Program Administrator**.

  For information regarding the Wellness Program, click on the following links:
  Vitality Launch Flyer Vitality Launch Email

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 **2025-26** plan year, the Board pays **76.5%** of the monthly premium, you will be responsible for **23.5%**. 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 2025-2026 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	$1,155.54	$883.99	$271.55	$3,258.62	$162.93
	2-Person	$2,311.08	$1,767.98	$543.10	$6,517.25	$352.86
	3 or More	$2,946.62	$2,254.16	$692.46	$8,309.47	$415.47

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	$13,866.48	$693.32	$34.67
	2-Person	$27,732.96	$1,386.65	$69.33
	3 or More	$35,359.44	$1,767.97	$88.40

Medical Plan Highlights

	Medical Deductible		Out-of-pocket maximum	
	In-network	Out-of-network	In-network	Out-of-network
Individual	$2,250	$2,250	$3,375	$6,750
Family	$4,500	$4,500	$6,750	$13,500

- 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)*

- Once your deductible has been met, if you choose to utilize **out-of-network** services, your out-of-pocket expense will increase to **$6,750** for an individual or **$13,500** for a 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

Following the exhaustion of your applicable deductible, prescription drugs are subject to post-deductible copayments of $15/30/45.

- **Rx Benefit Summary**

Dental Coverage

The dental plan offered through **Anthem Blue Cross** features a Full-Service Plan for Dental Care. Dependents are eligible for coverage on your health plan until **age 19**.

- **Full Summary of Dental Benefits**

Dental Benefit Costs for the 2025-2026 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	$25.07	$19.18	$5.89	$70.70	$3.53
	2-Person	$68.47	$52.38	$16.09	$193.09	$9.65
	3 or More	$85.23	$65.20	$20.03	$240.35	$12.02

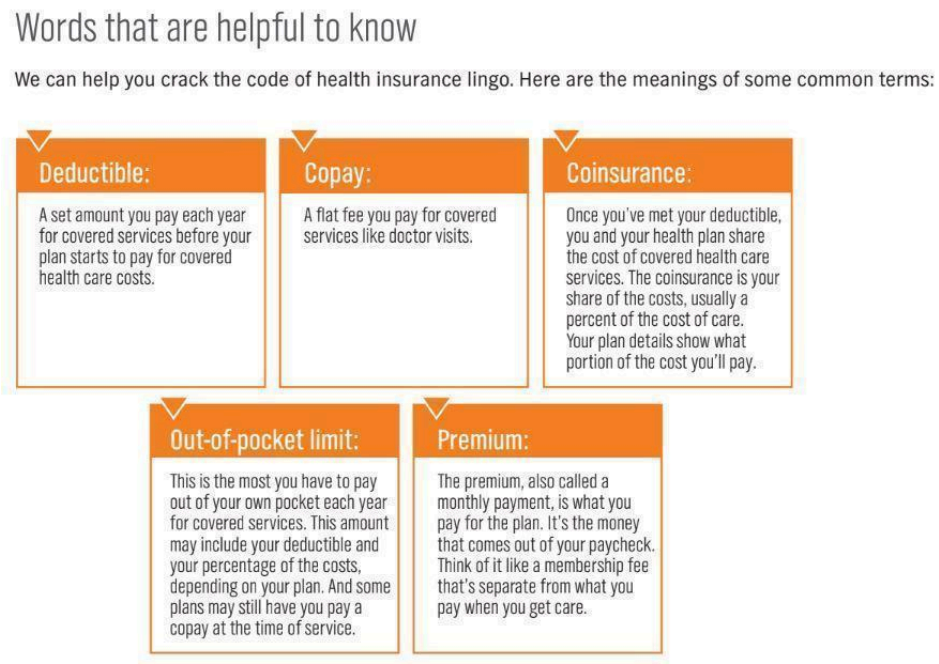
Health Savings Account (HSA)

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)

HSA Choice Fund User Guide



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 2025**, the IRS contribution limit for **individual coverage is $4,300** and for **2-Person/Family coverage is $8,550**. 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.

- **2025-26 HSA Deduction Calculator**

Instructions: *To estimate your annual contribution, enter an amount you wish to contribute each pay within the available pay date cells.* ***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 of Education pays the cost of **Term Life Insurance** for you in the amount of **$20,000**. You have the option of buying **up to $30,000 of additional life coverage** beyond that paid for by the Board at your expense at group rates. Such additional insurance shall be purchased in **increments of $10,000** at the rate of **$.476/$1000:**

$10,000 = $4.76/month

$20,000 = $9.52/month

$30,000 = $14.28/month

- **Basic Life Insurance Plan Summary**
- **Additional Life Insurance Plan Summary**

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-WageWorks**.
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 **$3,300**
    - 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 pre tax through payroll deduction up to **$3,300**
    - 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 pre tax 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

Voluntary 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. This coverage is contributory, meaning that you are responsible for paying the full monthly premium for this benefit.

- Monthly Benefit After Claim Is Approved: **60%** of your total monthly earnings **up to $4000**
- 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.

- **Voluntary Long-term Disability Benefit Plan**

How to Calculate Cost per Month for Voluntary LTD

Step 1:
Determine your annual salary. If you are an hourly employee, you must first calculate your "annual salary" by entering the information below. **If you are a salaried employee, skip to Step 2.**

Hourly Employee Salary Calculation:

# of hours you work each day **x** Hourly rate of pay **x** # of days worked per year **= Annual Salary**

Hourly Employee Work Year Schedule:

Days per year	Position Description
188	Nurse

Step 2:
Calculate the monthly cost of your Voluntary LTD benefit by using the rate table and formula below.

1.) Enter annual Salary: **$**_____
2.) Divide annual salary by 12 months: **$**_____
3.) Multiply by rate (See rate table): _____

Monthly Premium= **$** _____

Note: *If you are a 10-month employee, your benefit continues throughout the summer, therefore, your monthly pay is based on a 12-month period.*

Age	Rate
< 25	.00118
25-29	.00109
30-34	.00198
35-39	.00233
40-44	.00366
45-49	.00463
50-54	.00636
55-59	.00708
60-64	.00607
65-69	.00437
70 & over	.00271

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:

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 **AllOne Health Employee Assistance Program**. 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 **https://allonehealthdo.mylifeexpert.com/**.

Create your portal account using Company Code WPSBOE on the “Create an Account” page.

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 **Dental**	Health Enrollment/Change Form Dental Enrollment/Change Form
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-Nurses
Flexible Spending Account	Flexible Spending Account Enrollment Form
Voluntary Long-Term Disability	Voluntary LTD Enrollment/Change Form
Voluntary 403(b) Plan	403(b) Plan Enrollment Form

**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.**

**For more information, visit our Employee Benefits Portal at:*

https://wps.wethersfield.me/district/human-resources-employment/benefits-portal-2025-2026