

GERMANTOWN SCHOOL DISTRICT Insurance Benefit Summary

| CLASSIFICATION | HEALTH/ PRESCRIPTION DRUGS | CASH IN LIEU OF HEALTH INS. | DENTAL | LIFE | OPTIONAL ADDITIONAL LIFE | OPTIONAL DEPENDENT LIFE | LONG TERM DIS. | OPTIONAL FLEXIBLE BENEFIT PLAN | OPTIONAL SHORT TERM DIS. | VISION | OPTIONAL VISION | WISC. RETIR. | EARLY RETIREMENT BENEFITS |
|---|----------------------------------|--------------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|---|--------------------------------|------------------------------|------------------------------|------------------------------|---------------------------------|
| Premium Payment Distribution | Employer 95% Employee 5%* | | Employer 95% Employee 5%* | Employer 100% Employee 0% | Employer 0% Employee 100% | Employer 0% Employee 100% | Employer 100% Employee 0% | Employer 0% Employee 100% | Employer 0% Employee 100% | Employer 100% Employee 5% | Employer 0% Employee 100% | Employer 50% Employee 50% | |
| Administrators | X | X | X (3%) | X | X | X | X | X | X | X | | X | X |
| TEACHER .5-1.0 FTE | X | X | X | X | X | X | X | X | X | | X | X | X |
| TEACHER .49 or less FTE | | | | | | | | | | | X | X | |
| LIMITED TERM TEACHER - .5-1.0 FTE | X | X | X | X | X | X | X | X | X | | X | | |
| LIMITED TERM TEACHER - .49 or less FTE | | | | | | | | | | | | | |
| SUBSTITUTE TEACHERS | | | | | | | | | | | | | |
| Professional & Technical - .5-1.0 FTE | X | X | X | X | X | X | X | X | X | X | | X | |
| SUPPORT STAFF REGULAR FULL-TIME CALENDAR YEAR 35 hours or more | X | X | X | X | X | X | X | X | X | | X | X | |
| REGULAR PART-TIME CALENDAR YEAR - More than 15 hours, Less than 35 hours | | | | X | | | X | X | X | | X | X | |
| SCHOOL YEAR FULL-TIME 35 hours or more | X | X | X | X | | | X | X | X | | X | X | |
| SCHOOL YEAR PART-TIME More than 15 hours Less than 35 hours | | | | X | | | X | X | X | | X | X | |
| SCHOOL YEAR PART-TIME 15 hours or less | | | | | | | | | | | | | |
| SUB/TEMPORARY/SEASONAL | | | | | | | | | | | | | |

* Those individual contracts whose FTE is 0.50-0.90 during a school year shall have the health and dental premiums paid by the board and individual on a pro-rata basis.

Optional employer sponsored 403B Plan also available

REMINDER: IF YOU ARE ELIGIBLE FOR HEALTH INSURANCE BENEFITS, THE COMPLETED INSURANCE ENROLLMENT FORM MUST BE SUBMITTED WITHIN THIRTY DAYS OF YOUR START DATE OR QUALIFYING EVENT.