



2026-27 Employee Benefit Guide



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Introduction

Open Enrollment happens every year from October 15 – November 15. It is a time where you can make changes to your insurance benefit selections. Any changes you make during Open Enrollment are effective January 1 of the following calendar year.

This guide provides an overview of your MMSD insurance benefits and your options for changes during Open Enrollment.

Please note: The information in this guide is not intended to advise you on which particular benefit is appropriate for you and your family. Additionally, all plan documents, laws, and regulations supersede information shared in this guide.





Open Enrollment

Open Enrollment for the 2026-2027 school year is October 15, 2026 – November 15, 2026. Any changes and elections made during Open Enrollment will be effective January 1, 2027. Changes submitted after November 15, 2026 will not be accepted.

- To participate in a Flexible Spending Account (FSA), you must enroll during Open Enrollment every year.
- All other insurance benefits will continue unless you make a change during Open Enrollment.
- To enroll in an FSA or change your insurance benefits for 2027, you must complete your enrollment in the [MMSD's Benefits Enrollment Portal](https://standard.benselect.com) (<https://standard.benselect.com>) during Open Enrollment.

What if I'm not making any changes?

If you are not making any changes to your current benefits **and are not** electing an FSA for 2027, you do not need to do anything.

How do I make changes?

Step 1: Gather the required information for you and your dependents. This will include complete legal names, dates of birth, and social security numbers.

Step 2: Log into the [Benefits Enrollment Portal](https://standard.benselect.com):

- Your username is your b number without the "b"
- If you have not previously logged in, your default PIN is the last 4 digits of your SSN followed by the last 2 digits of your birth year. You will be required to create a more secure PIN. Please save your new password for future logins. If you do not remember your PIN, email benefits@madison.k12.wi.us for assistance.



- Once logged in, click the “Next” button on the top right portion of the page to navigate through your benefit elections. Continue to click “Next” to proceed through all your benefit options.

Step 3: Review and complete your elections and/or changes no later than November 15, 2026.

- Review the summary of your elected benefits to make sure you and any of your dependents are enrolled in all the benefits you want.

Step 4: To save and submit your benefit elections, you must click “I Agree” on the final summary page in the Enrollment portal.

Step 5: A confirmation page will be displayed. Save this page for your records.

Elections will be processed and sent to the insurance carriers in early December to be effective January 1, 2027. If you made changes to your insurance benefits, new insurance cards will be mailed to your home prior to January 1, 2027.

Detailed step by step directions can be found here: [Enrollment Help Guide](#)

Consider Updating Your Beneficiaries

While in the Enrollment Portal, consider reviewing and updating your designated beneficiaries. It is important to keep your designated beneficiaries up to date to ensure that your loved ones can easily access your life insurance and retirement benefits following your death.

- For your life insurance policy, update your designated beneficiaries through the [Benefits Enrollment Portal](#) during Open Enrollment.



- To update your Wisconsin Retirement System (WRS) beneficiaries, you must submit the ETF beneficiary designation form below directly to ETF. Click [here](#) to learn how.





General Plan Information

Annual Deductible Year

The annual deductible period for all MMSD is January 1 through December 31. This means the annual deductible resets each year on January 1.

Eligibility

Eligibility is outlined in the Employee Handbook. In general, employees in the following employee units are eligible for coverage if working 19 or more hours per week or in a 50% position.

- Administrator
- Custodial
- Educational Assistant/Special Educational Assistant
- Food Service
- Non-Union Clerical
- Play & Learn
- Professional /Professional – Instructional
- Security Assistant
- Teacher
- Supportive Educational Employee
- Trades

Dependent Coverage

In addition to covering yourself, you can elect to cover your eligible dependents. Your eligible dependents may include:

- Your spouse
- Your child(ren) through the end of the calendar year in which they turn 26
- Your child of any age who is not self-supporting due to mental and/or physical disability



Waiver Option

You have the option of not participating in the insurance plans available to you. If you do not enroll in the health insurance plan offered, indicate you are waiving coverage and your reason. If you waive health insurance, you are still eligible to enroll in the other benefit options.

When Can I Enroll in Benefits?

Employees enroll in benefits within the first 30 days of their start date or during Open Enrollment.

The **only** other time you may make changes or sign up for coverage is if you have a *qualifying life event*. The following events are qualifying life events.

- Marriage
- Birth, adoption or placement of a child for adoption
- Divorce or legal separation
- Starting or terminating your spouses' coverage
- Shift from part-time to full-time employment (or vice versa) by you or your spouse
- When your dependent satisfies or ceases to satisfy eligibility requirements
- Taking an unpaid leave of absence (you or your spouse)
- Newly eligible (or loss of eligibility) for BadgerCare or Medicaid
- Newly eligible for a special enrollment in the Health Insurance Marketplace ("Exchange") coverage (to avoid a period of duplicate coverage or no coverage)

If you have a qualifying life event, **you must enroll or make changes during a special enrollment period.**

The special enrollment period is 60 days for the following life events:

- For birth of a child;
- Newly eligible for BadgerCare or Medicaid; or
- Loss of eligibility for other coverage.



For all other life events, the special enrollment period is 30 days following the event.

If you miss the special enrollment period, the next opportunity to enroll or make changes is during Open Enrollment.

If you have a qualifying life event, contact the Benefits Team at benefits@madison.k12.wi.us or 608-663-1962 so we can initiate a special enrollment period for you.



Health Insurance

The District offers [health insurance](#) through Dean Health Plan and Quartz. These insurers generally have the same benefit designs (deductible, copays, etc.) but provide you with a different network of providers and the amount you pay from your paycheck differs.

Plan Options

Each insurer provides a Health Maintenance Plan (HMO) and a Point-of-Service Plan (POS) which have limited service areas. Click to view the [Quartz service area](#) and [Dean service area](#). If you live outside these service areas, reach out to Benefits@madison.k12.wi.us to understand your options.

The HMO plan only covers services at in-network providers unless it's an emergency. Below is a list of the major health care providers that are in-network for Quartz and Dean Health Plan.

Quartz	Dean Health Plan
Provider Clinics <ul style="list-style-type: none">• UW Health• Group Health Cooperative• Unity Point Health Meriter• Access Community Health Hospitals <ul style="list-style-type: none">• UW Hospitals• Unity Point Health Meriter Hospital	Provider Clinics <ul style="list-style-type: none">• Dean/SSM Health Clinics• Access Community Health• Wildwood Family Clinic Hospitals <ul style="list-style-type: none">• SSM Health - St. Mary's• SSM Health - St. Clare's• SSM Health - Janesville



Plan Designs

Generally, both Quartz and Dean Health plans have the same plan design, meaning the amount you pay out-of-pocket when using a service is generally the same, although there may be minor differences.

Preventive services are always 100% covered with no out-of-pocket costs under both the HMO and POS plans, but only if received by in-network providers. Click [here](#) to see a list of qualifying preventive services.

HMO Plan

The HMO plan only covers non-emergency eligible medical expenses (excluding deductible and copays) if provided by an in-network provider. If you require specialty care that is only available at an out-of-network provider, you must get permission from your health plan for those services to be covered.

Emergency care is always covered as an in-network benefit. In addition, both Dean and Quartz HMO plans offer in-network coverage to dependents living outside the service area for part of the year, but prior authorization is required. See [Quartz Out-of-Area Dependents](#) and [Dean Out-of-Area Dependents](#) for more information.

HMO Out-of-Pocket Costs

Cost Type	Quartz In-Network Providers	Dean Health Plan In-Network Providers
Deductible	\$100 Single \$200 Family	\$100 Single \$200 Family
Member Coinsurance	0%	0%
Medical Out-of-Pocket Limit	\$4,600 Single \$9,200 Family	\$4,600 Single \$9,200 Family
Office/Telehealth Visit Copay	\$20/visit (waived for dependents under	\$20/visit (waived for dependents under



	26 years of age)	19 years of age)
Virtual Visit Copay	\$10 (waived for dependents under 26 years of age)	\$0
Urgent Care Copay	\$20/visit	\$20 visit
Emergency Room Copay	\$150/visit	\$150/visit
Preventive Care	No charge	No charge
Pharmacy per Script Copay	Tier 1 - \$6 Tier 2 - \$15 Tier 3 - \$30 Tier 4 - \$30	Tier 1 - \$6 Tier 2 - \$15 Tier 3 - \$30
Pharmacy Out-of-Pocket Limit	\$2,000 Single \$4,000 Family	Combined with Medical Out-of-Pocket Limit

POS Plan

The POS plan provides coverage whether you see an in-network or out-of-network provider. However, you will receive the most benefit if you use in-network providers. The POS plan has a higher deductible and requires employees and their families to pay coinsurance when seeing an out-of-network provider.

POS Out-of-Pocket Costs

Cost Type	Quartz		Dean Health Plan	
	In-Network Providers	Out-of-Network Providers	In-Network Providers	Out-of-Network Providers
Deductible	\$100 Single \$200 Family	\$250 Single \$500 Family	\$100 Single \$200 Family	\$250 Single \$500 Family
Member Coinsurance	0%	20%	0%	20%
Medical Out-of-Pocket Limit	\$4,600 Single \$9,200 Family	\$6,900 Single \$13,800 Family	\$4,600 Single \$9,200 Family	\$6,900 Single \$13,800 Family



Office/Telehealth Visit Copay	\$20/visit (waived for dependents under 26 years of age)	20%	\$20/visit (waived for dependents under 19 years of age)	20%
Virtual Visit Copay	\$10 (waived for dependents under 26 years of age)	20%	\$0	20%
Urgent Care Copay	\$20/visit	20%	\$20 visit	\$20/visit
Emergency Room Copay	\$150/visit	\$150/visit	\$150/visit	\$150/visit
Preventive Care	No charge	20%	No charge	20%
Pharmacy per Script Copay	Tier 1 - \$6 Tier 2 - \$15 Tier 3 - \$30 Tier 4 - \$30	Not covered	Tier 1 - \$6 Tier 2 - \$15 Tier 3 - \$30	Tier 1 50% Tier 2 50% Tier 3/4 Not covered
Pharmacy Out-of-Pocket Limit	\$2,000 Single \$4,000 Family	Not covered	Combined with Medical Out-of-Pocket Limit	Combined with Medical Out-of-Pocket Limit

Health Insurance Premiums

Your health insurance premium contributions – the amount you pay for your coverage each paycheck – are based on which carrier you choose, which plan you enroll in, the coverage tier (single vs family) you select, your employee category, and your payroll frequency.

Your premium contribution is a percentage of the total monthly cost of coverage and is deducted from your paycheck on a pre-tax basis. The difference between the amount you pay, and the total premium is paid by the District.



Premiums for health insurance are paid one month in advance. For example, the January health insurance premiums will be deducted from your December paycheck(s). You may notice an adjustment on your paycheck after enrolling or changing coverage to catch-up on premiums. The table below shows the employment groups and the corresponding July 1, 2026 - June 30, 2027, total insurance premiums and employee contributions by category. Premiums are subject to change every July 1.

Employee Monthly Contribution - 10 Month Pay Schedule

Health	Coverage Tier	Dean		Quartz	
		HMO	POS	HMO	POS
Total Monthly Premium	Single	\$1,158.86	\$1,293.01	\$1,095.21	\$1,587.68
	Family	\$3,047.80	\$3,400.62	\$2,924.20	\$4,239.09
EA/SEA Food Service Play/Learn Security Asst.	Single	\$34.77	\$77.58	\$32.86	\$95.26
	Family	\$91.43	\$204.04	\$87.73	\$254.35
Custodial Non-Union Clerical Teacher Group Trades SEE	Singe	\$125.16	\$279.29	\$118.26	\$342.94
	Family	\$329.16	\$734.53	\$315.81	\$915.64
Professional Instructional	Single	\$180.78	\$403.42	\$170.85	\$495.36
	Family	\$475.46	\$1,060.99	\$456.18	\$1,322.60



Employee Monthly Contribution - 12 Month Pay Schedule

Health	Coverage Tier	Dean		Quartz	
		HMO	POS	HMO	POS
Total Monthly Premium	Single	\$1,158.86	\$1,293.01	\$1,095.21	\$1,587.68
	Family	\$3,047.80	\$3,400.62	\$2,924.20	\$4,239.09
EA/SEA Food Service Play/Learn Security Asst.	Single	\$28.97	\$64.65	\$27.38	\$79.38
	Family	\$76.20	\$170.03	\$73.11	\$211.95
Custodial Non-Union Clerical Teacher Group Trades, SEE	Single	\$104.30	\$232.74	\$98.57	\$285.78
	Family	\$274.30	\$612.11	\$263.18	\$763.04
Professional/ Professional Instructional	Single	\$150.65	\$336.18	\$142.38	\$412.80
	Family	\$396.21	\$884.16	\$380.15	\$1,102.16
Administrators	Single	\$173.83	\$387.90	\$164.28	\$476.30
	Family	\$457.17	\$1,020.19	\$438.63	\$1,271.73



Dental Insurance

Delta Dental of Wisconsin administers MMSD's dental plan. Delta Dental has a nation-wide network and covers 75% of the area and dentists in the U.S. Out-of-pocket dental expenses not covered by this plan may be eligible for reimbursement through a medical Flexible Spending Account.

Plan Options

The District offers two dental plan options: The Basic Dental Plan and the Buy-Up Plan. Under these plans, you may visit any dental provider you choose, but you will get the most benefit if you use Delta's PPO Network providers since they offer the best discounts.

Dental	Basic Plan	Buy-Up Plan
Deductible	\$25 Single \$75 Family	\$0 Single \$0 Family
Annual Maximum Benefit	\$1,200 per person	\$1,500 per person
Preventive Services (such as exams and x-rays)	100% covered	100% covered
Basic Services (such as periodontics, endodontics, fillings)	80% covered	80% covered
Major Services (crowns and bridges)	50% covered	50% covered
Orthodontia	\$2,000 life maximum per person inc. adults	\$2,000 life maximum per person inc. adults



Evidence-Based Integrated Care Plan

New for 2026 – 2027, MMSD has added the Delta EBICP Program. EBICP stands for Evidenced Based Integrated Care Plan, and it covers extra dental care, like additional cleanings, for those who need it. Conditions covered include High-Risk Cardiac Conditions, Weakened Immune Systems, Kidney Failure or Dialysis, Cancer Therapy, Gum Disease, Diabetes, and Pregnancy. For more information, visit [Delta EBICP Program](#).

Dental Plan Premiums

Your dental plan premium contributions are based on which plan you enroll in, the coverage tier (single vs family) you select, and your payroll frequency. The district pays 90% of the total premium for the Basic Plan. You pay the remainder of the premium for the Basic or Buy-Up Plan.

Your premium contribution is deducted from your paycheck on a pre-tax basis. Premiums for dental coverage are paid in the same month for which you have coverage. For example, the January dental premium will be deducted from your January paycheck(s). You may notice an adjustment on your paycheck after enrolling or changing coverage to catch-up on premiums.



Dental Plan Premiums
July 1, 2026 -June 30, 2027

Dental Premiums	Basic Plan	Buy-Up Plan
Full Monthly Premium		
Single	\$43.50	\$65.11
Family	\$112.66	\$166.02
Employee Monthly Contribution - 10 Month Pay Schedule		
Single	\$5.22	\$31.15
Family	\$13.52	\$77.55
Employee Monthly Contribution - 12 Month Pay Schedule		
Single	\$4.35	\$25.96
Family	\$11.27	\$64.63

- Premiums are subject to change every July 1st



Vision Insurance

Delta Dental, in conjunction with EyeMed, provides MMSD's vision insurance plan. The EyeMed Network gives you access to a national network of both independent providers and national optical retail brands.

You cover yourself and your eligible family members. The plan allows for either glasses **or** contacts to be obtained *once every 12 months*.

Benefits are available at in-network providers and out-of-network providers, but you will receive a greater benefit if you use network providers. Routine eye exams are *not* covered under this plan but are covered under your health insurance plan.

Out-of-pocket vision expenses not covered by this plan may be reimbursable through a medical Flexible Spending Account.

See the chart below for details on benefits available under this plan.



Vision Plan Features	In-Network Providers	Out-of-Network Providers
Glasses Allowance	\$250 then 20% off the balance	\$125
Lenses Covered	Single, bifocal and trifocal	Single, bifocal and trifocal
Lense Options Included	UV coating Tint (solid and gradient) Standard scratch resistance Standard polycarbonate Standard progressive Premium progressive Standard anti-reflective coating	UV coating Tint (solid and gradient) Standard scratch resistance Standard polycarbonate Standard progressive Premium progressive Standard anti-reflective coating
Contact Lenses - Conventional	Allowance of \$250 then 15% off the balance	\$200
Contact Lenses - Disposable	Allowance of \$250	\$200
Contact Lenses - Medically Necessary	Paid in Full	\$200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None
Frequency	Once every 12 months (Lenses/frames or contact lenses)	Once every 12 months (Lenses/frames or contact lenses)



Vision Plan Premiums

The vision plan premium is paid 100% by employees. The District does not contribute towards the premium. The amount you pay for your coverage – is based on the coverage tier (single vs family) you select and your payroll frequency.

Your vision plan premium is deducted from your paycheck on a pre-tax basis. Premiums are paid in the same month for which you have coverage. For example, the January vision premium will be deducted from your January paycheck(s). You may notice an adjustment on your paycheck after enrolling or changing coverage to catch-up on premiums.

The table below shows the vision plan premiums that apply from July 1, 2026-June 30, 2027.

Vision Plan	Fully Monthly Premium
Single	\$6.61
Family	\$16.44
Employee Monthly Premium - 10 Month Pay Schedule	
Single	\$7.93
Family	\$19.73
Employee Monthly Premium - 12 Month Pay Schedule	
Single	\$6.61
Family	\$16.44



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to save on certain expenses by setting a portion of your paycheck aside on a pre-tax basis to seek reimbursement later. Such accounts are regulated by the Internal Revenue Service (IRS) and subject to some restrictions.

MMSD offers two types of accounts, a medical account or a dependent care account. The IRS sets the total maximum you can contribute to an FSA. In 2026, the total maximum contribution for a medical FSA is \$3,400 and \$7,500 for a dependent care FSA. The maximum contributions for 2027 will be released in late 2026.

You must re-enroll in an FSA every year during Open Enrollment. Flexible Spending benefits are effective January 1st. If you do not enroll in an FSA during Open Enrollment, you ***will not*** be enrolled the following calendar year.

You have until March 15th of the year following your plan year to incur eligible expenses and until March 31st to submit a claim for the prior plan year. If you miss these timelines, *you forfeit any balance remaining in your account.*

MMSD contracts with Employee Benefits Corporation (EBC) to administer its FSA accounts. See the District's [Flexible Spending](#) webpage to learn about eligible expenses and how to submit claims for reimbursement.



Life and Disability Insurance

The District contracts with the Standard to provide you with basic life and accidental death & dismemberment (AD&D) insurance, voluntary (or supplemental) life and AD&D insurance, and short- and long-term disability insurance.

Life Insurance

Basic Life

New employees starting January 1, 2019, are automatically enrolled in Basic Life and AD&D insurance. Coverage is equal to your annual salary, rounded up to the next thousand. MMSD pays 100% of the cost of this plan.

The Basic + Retirement Plan

This plan is closed to new entrants as of January 1, 2019. Employees enrolled in this plan as of December 31, 2018 remain enrolled in this plan as long as they continue to pay their share of their premium. Basic coverage is equal to your annual salary, rounded up to the next thousand. MMSD pays 85% of the premium for this coverage.

Voluntary Supplemental Life Insurance

Voluntary (or supplemental) Life and AD&D insurance is available for you, your spouse, and your child(ren) under both the new Basic and Basic + Retirement plans but you are responsible for 100% of the premium. You can enroll in the following supplemental coverage:

- Employee Supplemental: coverage up to five times your annual salary up to a maximum of \$500,000 for yourself
- Spousal Supplemental: coverage from \$10,000 to \$150,000 for your spouse up to 50% of the benefit you selected for yourself.
- Dependent Supplemental: coverage up to \$10,000 for each of your children.



Premiums for this plan are based on your age and coverage level. Enrolling in supplemental coverage or increasing the benefit amount may require you to complete the Evidence of Insurability requirements (meaning you must answer some medical questions before being approved). These requirements will be presented to you when you sign-up through the enrollment portal.

Disability Insurance

Long-Term Disability Insurance

Benefits-eligible employees are automatically enrolled in Long Term Disability Insurance, and the District pays 100% of the premium. If you qualify for benefits, you are paid 80% of your pre-disability earnings after a 75-calendar day waiting period. Generally, the benefit continues if you continue to be disabled or turn age 65. Regardless of your employment status. See the Plan Certificate for details.

Voluntary Short Term Disability Insurance

This coverage is available to all benefits-eligible employees except those in the Teacher Unit. You are responsible for 100% of the premium. If you qualify for benefits, you are paid 66.67% of your pre-disability earnings, after a 14-day waiting period if you enroll within 30 days of first being eligible. If you enroll later, you have a 12-month waiting period for most conditions before benefits are available.

Teachers are eligible for the Teacher Sick Bank and therefore not eligible for short-term disability. See Addendum A of the Employee Handbook for more information about the Teacher Sick Bank.



Wisconsin Retirement System

MMSD is a participating employer in the Wisconsin Retirement System (WRS), a pension plan administered by the State Department of Employee Trust Funds and the State of Wisconsin Investment Board. Contributions to WRS are split evenly by participating employers and employees.

You are automatically enrolled in WRS once you are eligible. Once enrolled, you must have five years of credible service to be vested in the plan. For more information on WRS, please visit their [website](#).

403(b) Retirement Savings Plan

403(b) retirement savings plans allow you to set aside a portion of your paycheck on either a pre-tax or Roth post-tax basis to enhance your retirement savings. This is an important savings tool since Social Security and WRS benefits may not be enough to cover your expenses in retirement.

403(b) plans can play an important role in building a strong retirement income stream. The value of your 403(b) investments may increase based upon fund performance and other factors, making it possible for you to build account balances greater than what you've contributed.

To start saving with a 403(b) account, you must first create an account with either Fidelity or WEA Member Benefits, MMSD's preferred vendors. After signing up for an account with one of these vendors, complete the [Salary Reduction Agreement](#) and submit to Payroll.

For more information, visit the District's [Retirement Savings Plan](#) website.



Employee Assistance Program

The [Employee Assistance Program](#) (EAP) is a free benefit provided to all employees, and their household members. The EAP is 100% confidential, your information is not reported back to MMSD.

All employees and their families are provided up to three free, confidential counseling and referral services pertaining to personal difficulties including, but not limited to depression, grief and loss, emotional well-being and stress reduction, domestic abuse, drug and alcohol abuse, family, marital and other relationship issues, adoption assistance, school and college planning or eldercare assessment, financial and legal consultation.

Counselors are available 24 hours/day, 7 days per week.

Use the EAP by Contacting HealthAdvocate [Website](#) or phone 888-293-6948. You can also download the HealthAdvocate app in the App Store or Google Play Store. Use Registration Code AQ3QGHQ to login.

[Travel Assistance](#)

This program provides employees and their family members assistance while traveling. Help includes assistance with lost luggage/password, emergency medical evacuation and help finding medical care.

[Life Services Toolkit](#)

The Life Services Toolkit has helpful resources on a variety of topics, including managing relationships and family life, finances, health and wellness, personal and professional development, and legal issues. They also have resources to help find childcare and summer camps, matching services for volunteer opportunities, a pet locator and more. The User Name for the Life Services Toolkit is: assurance.



Benefits Contact Information

Address: 545 West Dayton Street, Room 133
Madison, WI 53703 Telephone:
Phone: 608-663-1692
Website: www.madison.k12.wi.us/human-resources/employee-benefits
Email: Benefits@madison.k12.wi.us

Review our [Know Your Rights](#) which provides important information about your federal rights.





Other Resources

Dean Health Plan (Health)	www.deancare.com Telephone: 877-379-7605
Quartz (Health)	www.quartzbenefits.com/ Telephone: 608-644-3430
Delta Dental (Dental and Vision)	www.deltadentalwi.com Telephone: 800-236-3712
Employee Benefits Corporation (FSA)	www.ebcflex.com Telephone: 800-346-2126
The Standard (Life and Disability)	www.standard.com/ Telephone: 800-628-8600
Health Advocate (EAP)	www.healthadvocate.com/standard3 Telephone: 888-293-6948
Fidelity (403b Provider)	www.nb.fidelity.com/public/nbpreloginnav/read_y2en_roll/microsite/#/tem/home Telephone: 800-343-0860
WEA Member Benefits (403b Provider)	www.weabenefits.com/product/403b/ Telephone: 800-279-4030
Wisconsin Retirement System (Retirement)	https://etf.wi.gov/retirement Telephone: 877-533-5020