



BENEFITS OVERVIEW

This packet of information provides a brief summary of the topics discussed at New Employee Orientation. Please call Employee Relations at any time with your employee benefit questions and for assistance completing your enrollment forms. We ask that you do not discuss any personal medical or financial situations with other County staff, including your payroll clerk. Please refer to the benefit provider for any information concerning medical or financial questions.

1. REGULAR PART-TIME EMPLOYEES

- 1.1 Premium Payment: Premiums are paid through payroll deduction and Dane County cannot accept partial payment through a payroll deduction. In the event your wages are not enough to cover a premium deduction, Dane County will bill you, or take the premium from a subsequent pay period.
- 1.2 Benefit Eligibility: To qualify for certain benefits, your FTE status must be at least 20 work hours or more per week (.5 FTE, determined by the budget process). If your FTE status changes to less than 20 hours of work per week, then you are not eligible for benefits that require you to work at least 20 hours per week (.5 FTE). If you work in excess of the 20 hours per week, this does not change your eligibility for benefits, but may change the amount you pay for premiums.

If the FTE status of your position changes to increase the number of regular work hours to at least 20 hours per week (.5 FTE as determined by the budget) you would then become eligible for disability. If you accept another position with the County that requires FTE of 20 or more work hours per week, then you meet the eligibility requirements to apply for disability. Please call Carol Cady-Severson for eligibility requirements for a particular coverage as they do vary by coverage. Please note: The rules for eligibility for retirement AND life insurance benefits are different.

2. PAYROLL CALENDARS

- 2.1 The year is divided into biweekly pay periods, as shown on the payroll calendar. Paydays are the darkened boxes. Pay periods are numbered 1 through 26, and are assigned a letter: A, B or C. On the back of the payroll calendar, you will see which deductions are made during each of these pay periods. Current payroll calendars will always be available on DCINet, on the Payroll Resources page.

3. HEALTH INSURANCE

- 3.1 Health insurance enrollment forms are **due 30 days from your start date. This includes your start date.**
- 3.2 If you choose not to enroll with the County's health insurance plan, you MUST waive coverage.
- 3.3 Enrollment forms and waiver can be found at: www.connect2dane.com. Make sure to accept the terms and conditions at the end of the form.
- 3.4 At this time, Dane County covers the cost of the HMO Premiums for full-time regular employees. There is a cost (in parathesis below) for the POS Premiums for full – time regular employees who choose to take the POS plan. *Premiums are pro-rated for both plans for part-time employees.* Current premiums for 2026 are:

HMO (In Network Providers)	POS (In Network & Out of Network Providers)
Single: \$1,195.62	Single: \$1,951.32 (employee pays monthly - \$188.93)
Family: \$2,809.71	Family: \$4,585.60 (employee pays monthly - \$443.97)

3.5 Health Insurance coverage begins the first of the month following your first 30 calendar days of **continuous** employment.

4. DENTAL INSURANCE – DELTA DENTAL

4.1 Dental insurance enrollment forms are **due 30 days from your start date. This includes your start date.** Forms submitted after that date will have a 90-calendar day waiting period for coverage.

4.2 If you choose not to enroll in the County’s dental insurance, just **MUST** waive coverage.

4.3 Enrollment forms and waiver can be found at: www.connect2dane.com. Make sure to accept the terms and conditions at the end of the form.

4.4 At this time, Dane County pays the cost of the dental plan for full-time regular employees. *Premiums are pro-rated for part-time employees.* Current premiums for 2026 are:

Single: \$54.08 / month	Family: \$152.06/month
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4.5 Dental Insurance coverage begins the first of the month following your first 30 calendar days of **continuous** employment. For late enrollees, coverage begins the first day of the month following the 90-calendar day wait period.

5. VISION CARE – DELTAVISION

5.1 Application forms are **due 30 days from your start date. This includes your start date.**

5.2 Go to www.connect2dane.com to complete the vision application **only if you are taking this plan.** Make sure to accept the terms and conditions at the end of the form.

5.3 Premiums are:

Exam Plan:	
Employee Only: \$7.76	Employee + Spouse: \$15.50
Employee + Children: \$17.06	Family: \$22.50

No Exam Plan (Materials Only):	
Employee Only: \$5.61	Employee + Spouse: \$11.23
Employee + Children: \$12.36	Family: \$16.29

5.4 A provider directory is available on the DeltaVision website: www.eyemed.com.

5.5 Eyemed’s dedicated DeltaVision customer service line is: 844-848-7090.

5.6 Vision Insurance coverage begins the first of the month following your first 30 calendar days of **continuous** employment.

6. LIFE INSURANCE – ETF (SECURIAN)

6.1 Life insurance is through the State of Wisconsin Employee Trust Funds (ETF), is underwritten by Securian Financial Group, Inc. and is paid through payroll deduction. The plan is term insurance. It has a disability premium waiver and accidental death and dismemberment coverage.

6.2 Life insurance enrollment forms are **due 30 days from your start date. This includes your start date.** Employees submitting forms after that date may be subject to underwriting and may be denied coverage. *If you were previously eligible for coverage as an LTE and did not apply, you must go through underwriting to obtain coverage.

6.3 If you wish to apply for coverage, fill out form, sign and date it and submit it to the payroll department.

6.4 If you do not wish to apply for coverage, check the “Decline Coverage” box in section 2, sign and date the form, and submit it to the payroll department.

- 6.5 To determine premium amounts:
 - 6.5.1 Convert your annual salary to nearest thousandth (i.e. \$21,380 = \$22,000) and drop the 0s (\$22).
 - 6.5.2 \$22 x rate used for age = Monthly premium for Basic coverage, or 1X your annual salary. For 2X multiply \$22 x 2= \$44 x rate used for age = monthly premium. As your annual salary increases so does your premium. (See chart included in folder).
 - 6.5.3 Death Benefit = based on annual salary at time of death.
 - 6.5.4 Annual Salary calculation = Hourly wage rate x 2080 hours (1942 hours for those with equalized paychecks in 911 and Sheriff Dept.)
- 6.6 You can purchase Basic coverage, which is equivalent to 1X your annual earnings (rounded up to the next thousand), or Basic & Supplemental coverage (2X your annual earnings), or Basic, Supplemental, and Additional coverage equivalent to three, four or five times your annual earnings.
- 6.7 If you purchase coverage for yourself, you may also purchase one or two units of coverage on your spouse and your dependents.
 - 6.7.1 One unit provides \$10,000.00 of coverage on your spouse and \$5,000.00 of coverage on all eligible dependents.
 - 6.7.2 Two units provide \$20,000.00 of coverage on your spouse and \$10,000.00 of coverage on all eligible dependents.
- 6.8 The cost of insurance for your spouse and dependents is a flat rate of \$1.60 per month for one unit of coverage, \$3.20 per month for two units of coverage. You are the beneficiary for the spouse and dependent coverage.
- 6.9 Life Insurance coverage begins the first of the month following 30 days of employment as long as you are timely with your application.

7. DISABILITY INSURANCE – THE STANDARD INSURANCE CO

- 7.1 **If your FTE is at least 20 hours/week (.5) you are eligible to apply for Disability insurance.**
- 7.2 This is insurance coverage purchased to provide for a loss of income if the employee becomes totally disabled due to an injury or illness and is unable to perform their job duties.
- 7.3 Enrollment forms are **due 30 days from your start date. This includes your start date.**
 - 7.3.1 If you wish to enroll, fill out form, sign and date it and submit it to the payroll department.
 - 7.3.2 If you do not wish to enroll, fill out the Waiver at the bottom of the form and submit to the payroll department.
 - 7.3.3 Applications submitted after that time period will be subject to underwriting and you may be denied coverage.
- 7.4 Coverage becomes effective the first of the month after six (6) months of employment, and premiums will be deducted the month prior to coverage.
- 7.5 Dane County's current disability insurance provider is The Standard Insurance Co. There are two separate disability insurance policies from which employees can choose.
 - 7.5.1 Short-Term/Long-Term (STD/LTD) policy. Employees are eligible for benefits to begin in the short-term after they have missed 30 consecutive working days (42 calendar days which is the elimination period) and they are totally disabled from performing the duties of your position. Insurance benefits are not paid during the initial elimination period. The long-term part of this policy provides for benefits after employees miss over 365 days of work. After two years, employees must be totally disabled from performing any job.
 - 7.5.2 Long-Term Only (LTD Only) policy, provides for benefits after a longer elimination period of 90 calendar days (consecutive) and they are totally disabled from performing the duties of their position. Insurance benefits are not paid during the elimination period. As a result, the premiums for the LTD Only policy are less expensive. This policy stands alone and is named

Long Term Disability (LTD Only). It is not the same as the second coverage part in the first policy, but is its own separate policy.

7.6 Canceling either policy cancels the entire policy coverage. Employees are not automatically given the other policy option as a replacement.

7.7 DISABILITY PREMIUM CALCULATIONS:

7.7.1 **PLAN A:** 42-Day Elimination Period (Short Term-Long Term) STD/LTD Policy - Complete the calculations for both the STD portion and the LTD portion and add them together to get your monthly premium.

7.7.1.1 STD - Step 1: Calculate your weekly wage: hourly rate x 40 hours (use fewer if part-time) plus longevity and incentive pay if applicable.

7.7.1.2 Step 2: Calculate your benefit level: weekly wage (max = \$1538) x 65%*

7.7.1.3 Step 3: Calculate the premium: benefit level x .0175

7.7.1.4 LTD - Step 1: Calculate your monthly covered payroll: (weekly wage x 52) divided by 12 (max = \$6154)

7.7.1.5 Step 2: Calculate the premium - monthly wage x .00371

7.7.1.6 Add these two premiums for both the STD and LTD portions to arrive at your total monthly premium for STD/LTD coverage. *MAXIMUM BENEFIT \$1,000 PER WEEK

7.7.2 **PLAN B:** 90-Day Elimination Period (Long Term Only) -If you elect LTD Only Policy coverage your premium is calculated in the following manner:

7.7.2.1 LTD Only - Step 1: Calculate your monthly covered payroll* - (weekly wage x 52) divided by 12 (max = \$6154)

7.7.2.2 Step 2: Calculate the premium - monthly wage x .0038

7.7.2.3 *MAXIMUM BENEFIT \$4,000 PER MONTH (65% of \$6,154 max covered payroll)

7.8 Every April, the Payroll Dept. analyzes your sick leave usage in the prior payroll year. You may or may not receive an employer contribution to your premium payment for the next year depending on your sick leave usage the prior year and plan option selected. The County pays 0%, 100% or a percentage in between.

8. WISCONSIN RETIREMENT SYSTEM (WRS)

8.1 Enrollment is automatic if your starting FTE is .6 or higher.

8.2 Contributions (% of eligible wages) for 2026 are split as follows:

	2026 Employer	2026 Employee	Total
Mgr-Prof, JC Confidential	7.2%	7.2%	14.4%
JC, L65, SW, Prof-Rep	7.2%	7.2%	14.4%
Trades, SEIU, Attorneys	7.2%	7.2%	14.4%
WPPA-Supv, Deputies, Capt's	14.7%	7.2%	22.31%
Elected Officials	7.2%	7.2%	14.4%
Mgr-Agents	7.2%	7.2%	14.4%

8.3 Contributions are made to the "Core/Fixed" fund unless you chose to participate in the Variable Fund. If you'd like to participate, forms must be received by Employee Trust Funds during your first 30 days of employment. Mail form directly to them.

8.4 You can make additional contributions to your retirement account (post-tax) through payroll deduction. For more detailed information contact ETF for "Additional Contributions" booklet.

8.4.1 Phone: 608-266-3285

8.4.2 Website: <http://etf.wi.gov/>

9. WISCONSIN DEFERRED COMPENSATION

- 9.1 Dane County offers a deferred compensation retirement plan (457) to which you can have money deposited (pre-tax or post tax) through payroll deduction: State of Wisconsin Deferred Compensation Program.
- 9.2 See WDC enrollment information given at orientation to sign up. Or please call Wisconsin Deferred Compensation directly for more information. Phone: 877-457-9327

10. FLEXIBLE SPENDING ACCOUNT - TASC

- 10.1 The enrollment form must be submitted within **30 days of hire**.
- 10.2 New Hire Enrollment Link: <https://www.tasconline.com/clients/dctasc/>. See TASC Enrollment Guide in the folder for necessary information in order to sign up.
- 10.3 Employees can also visit their website, www.tasconline.com or call them at 1-888-624-1575 for information about any current limitations on covered expenses.
- 10.4 2026 out of pocket medical limit is \$3,400; 2026 daycare limit is \$7,500
- 10.5 Must re-enroll each year during open enrollment for continued participation.
- 10.6 Flex Spending begins the first of the month following 30 days of continuous employment.