

# Work with Us

MADISON METROPOLITAN  
SCHOOL DISTRICT



## Substitute Teacher Health Insurance Under the 140 Day Provision 2020-21

The district offers subsidized health insurance to qualified substitute teachers. To qualify, substitute teachers must have worked at least 140 days in the previous regular school year. Summer school hours/days worked will not be included in the 140 day count. Eligibility is determined annually and employees must re-qualify every year.

Qualified substitute teachers' insurance will be effective September 1st through the following August 31st. The coverage offered at the subsidized rate will be the GHC HMO single plan. The employee contribution would be 6% of the total monthly premium. The remaining 94% of the total monthly premium would be paid by the Madison Metropolitan School District. Employees will receive notification in August regarding eligibility under the "140 day" provision for coverage that would be effective September 1st.

Eligible employees may also enroll in the other available health insurance options, but must then pay the difference between the cost of the GHC HMO single coverage plan and the cost of the plan chosen. For reference, the table below shows what the premium costs for the available health insurance plans as of July 1, 2020. Plan details are available online at the [MMSD Benefits website](#). For reference, the table below shows what the current premium costs for the available health insurance plans.

The Madison Metropolitan School District provides the following summary of benefits. The following information is intended only to provide a brief description and comparison of the major benefits of each plan. It is not a complete description of the actual policies and benefits may change at any time. Please refer to each plan's publications for specific coverage, limitations, and exclusions.

		Dean		GHC	
		HMO	POS	HMO	POS
<b>Full Monthly Premium</b>					
	Single	\$675.86	\$754.09	\$569.15	\$825.09
	Family	\$1,777.51	\$1,983.26	\$1,519.64	\$2,202.99
<b>Employee Monthly Contribution - 10 Months of Pay</b>					
<b>ACA 140 Day Sub</b>	Single	\$169.03	\$262.91	\$40.98	\$348.11
	Family	\$1,491.01	\$1,737.91	\$1,181.57	\$2,001.59
<b>Employee Monthly Contribution - 12 Months of Pay</b>					
	Single	\$140.86	\$219.09	\$34.15	\$290.09
	Family	\$1,242.51	\$1,448.26	\$984.64	\$1,667.99

## More Information

Check us out online at <https://hr.madison.k12.wi.us/benefits>

For additional questions, please contact the Benefits Helpdesk at [benefits@madison.k12.wi.us](mailto:benefits@madison.k12.wi.us) or at (608) 663-1692.