

WCSD Open Enrollment Guide

Welcome to Open Enrollment! Open Enrollment is a key time that occurs once a year, which allows you to review your health insurance and make any necessary changes to your plan for the following calendar year (2025). Beginning this fall, the WCSD Benefits Department will be handling open enrollment internally through an online submission process. This new approach will streamline the experience for employees, improve internal processing times, ensure consistent communication, and maintain compliance with Board Policy and Administrative Regulations.

This Open Enrollment Guide is meant to serve as a tool while you complete our new Open Enrollment Form. If you have any questions after reviewing, please email us at benefits@washoeschools.net

Prior to starting the Open Enrollment Form:

- 1. Log into your WCSD email:** You will be required to log into your WCSD email to complete the form.
- 2. Locate your WCSD Open Enrollment Notification:** On Saturday, September 28, you should have received an email from bpwfprod@washoeschools.net detailing your current WCSD policies.
- 3. Review the WCSD Benefits Website:** There is information explaining the importance of Open Enrollment, the differences between the two plans we offer, and more.
- 4. Prepare your dependent documentation:** If you are planning to add or drop dependents, we encourage you to gather copies of their birth certificates, your marriage license, or your most recent tax return. Information included on those documents will help you fill out the form. In addition, once your form is submitted, you will need to send a copy of this documentation to officially add dependents to your plan.
- 5. Supplemental Policies:** Please note, this form will determine your health insurance for 2025. Additional information and guidance will be coming on how to enroll and/or continue any supplemental policies you have with other vendors (ex. American Fidelity).

Section 1:

Section 1 is focused on your coverage as an employee. In section 1 you will enter demographic information, select your plan for 2025, and review the premium rates for 2025.

WCSD Open Enrollment Notification: On Saturday, September 28, you should have received an email from bpwfprod@washoeschools.net detailing your current WCSD policies. Below is an example of what notification. If you would like your WCSD policies to stay the same as what is outlined in this notification, you have the option to do so.

Subject: WCSD Open Enrollment Notification

PLEASE DO NOT RESPOND TO THIS E-MAIL AS THIS ACCOUNT IS NOT MONITORED.

Hello NAME,

Below you will find your 2024 Benefit Insurance coverage that you are currently enrolled in. You will need the information below to assist you in completing your Microsoft Open Enrollment Form, the selections you make on the form will be effective January 1, 2025.

You are enrolled in the following plans:

Employee Information:

- Name: First, Last
- Employee ID: E000xxxxx
- Employee Type: CL09, CL10, CL11, CL12, CERT, ADM

Insurance Details:

- Medical, Dental and Vision Insurance Plan: C2-PP-SPOUSE-PRE TAX
- Life Insurance Plan:
 - [CL09,CL10,CL11,CL12 \$40,000]
 - [CERT \$50,000]
 - [ADM \$250,000]

If you have any questions or need further assistance regarding your coverage, please feel free to reach out to the Benefits Office at 775-348-0321 or at benefits@washoeschools.net

Selecting your plan for 2025:

We offer two plan types, a PPO and a HDHP. Below is a high-level description of the differences between the plans. Choosing between these two plans depends on your healthcare needs, financial situation, and your dependents.

PPO	HDHP
Higher monthly premium	Lower monthly premium
Lower deductible	Higher deductible
Lower out-of-pocket maximum	Higher out-of-pocket maximum
Access to the GAP plan	Access to a Health Savings Account (HSA)

Key Terms:	PPO Example:	HDHP Example:
Co-Pay: Your co-pay is the predetermined amount you will pay when seeing a provider that is in-network. Your co-pay does not count towards your deductible.	When you go to visit your Primary Care Physician you pay a \$35 at your appointment.	When you go to visit your Primary Care Physician you pay for your appointment in full. You could use your HSA funds or pay out of pocket.
Deductible: Your deductible is the amount you must pay before your insurance starts to pay. Examples of payments that count towards your deductible include,	In-Network: Individual: \$500 Family: \$1,000	In-Network: Individual: \$3,300 Family: \$5,000
Co-Insurance: Once your deductible is met, the co-insurance is the percentage you pay.	In-Network: Member Portion: 20% WCSD Portion: 80%	In-Network: Member Portion: 20% WCSD Portion: 80%
Out-of-Pocket Maximum: Your out-of-pocket maximum is the amount you will pay before your health insurance will pay 100%.	Individual: \$4,000 Family: \$8,000	Individual: \$6,550 Family: \$13,100

9, 10 & 11 Month ESP Employee Rates (Per Paycheck)		
PPO Plan	Employee Health Insurance Premium (WCSD Pays)	Dependent Health Insurance Premium (Employee Pays)
EE Only	\$572.75	\$0
EE + Spouse	\$572.75	\$325.79
EE + 1 Child	\$572.75	\$202.82
EE + 2 Children	\$572.75	\$390.11
EE + Family	\$572.75	\$516.63
HDHP Plan	Employee Health Insurance Premium (WCSD Pays)	Dependent Health Insurance Premium (Employee Pays)
EE Only	\$449.65	\$0
EE + Spouse	\$449.65	\$166.19
EE + 1 Child	\$449.65	\$64.23
EE + 2 Children	\$449.65	\$221.57
EE + Family	\$449.65	\$321.11

12 Month ESP Employee Rates (Per Paycheck)		
PPO Plan	Employee Health Insurance Premium (WCSD Pays)	Dependent Health Insurance Premium (Employee Pays)
EE Only	\$396.52	\$0
EE + Spouse	\$396.52	\$225.55
EE + 1 Child	\$396.52	\$140.41
EE + 2 Children	\$396.52	\$270.08
EE + Family	\$396.52	\$357.67
HDHP Plan	Employee Health Insurance Premium (WCSD Pays)	Dependent Health Insurance Premium (Employee Pays)
EE Only	\$311.30	\$0
EE + Spouse	\$311.30	\$115.06
EE + 1 Child	\$311.30	\$44.47
EE + 2 Children	\$311.30	\$153.39
EE + Family	\$311.30	\$222.30

Certified, Admin, Pro-Tech, and Psychologist Employee Rates (Per Paycheck)		
PPO Plan	Employee Health Insurance Premium (WCSD Pays)	Dependent Health Insurance Premium (Employee Pays)
EE Only	\$859.13	\$0
EE + Spouse	\$859.13	\$488.69
EE + 1 Child	\$859.13	\$304.23
EE + 2 Children	\$859.13	\$585.17
EE + Family	\$859.13	\$774.95
HDHP Plan	Employee Health Insurance Premium (WCSD Pays)	Dependent Health Insurance Premium (Employee Pays)
EE Only	\$674.48	\$0
EE + Spouse	\$674.48	\$249.29
EE + 1 Child	\$674.48	\$96.35
EE + 2 Children	\$674.48	\$332.35
EE + Family	\$674.48	\$481.66

Premium Rates for 2025:

Below is a breakdown of the premium rates that will be in effect 1/1/25. Please note, the rates below show the amounts that you will see on each of your paychecks in 2025.

Section 2:

Section 2 is focused on your dependents. If you are not choosing to add or drop dependents, you will have the option to move past this section. If you are adding or dropping dependents, you will need to complete some basic demographic information.

IMPORTANT: If you are adding dependents to your plan, you will need to send documentation (birth certificates, marriage license, or your most recent tax return) to benefits@washoeschools.net. If you add dependents on the form but do not provide supporting documentation by **11/1/2024**, we will not be able to add your dependents to your plan in 2025.

Section 3:

Section 3 is focused on life insurance. WCSD pays for employees' life insurance in accordance to the position you currently hold. We also have options for supplemental life insurance. Supplemental Life Insurance is an affordable group term life insurance product that allows you to easily protect you and your family. You choose how much life coverage you need. If you would like to enroll in supplemental life insurance policies for an additional deduction on your paycheck, below is an overview of the options we have available.

Your Supplemental Life Insurance: You have the choice of a \$25,000 to a maximum of \$250,000 in \$25,000 increments. Below are the deductions you will see on your paycheck.

Spouse Supplemental Life Insurance: Choice of \$5,000 up to 50% of the employee's coverage not to exceed \$25,000. The employee must be covered by supplemental life to purchase this benefit for the spouse. Below are the deductions you will see on your paycheck.

To calculate your Supplemental Life Insurance Premium and your Spouse Supplemental Life Insurance Premium:

1. Find the rate for your age band. (Use the age you will be as of December 31, 2024.)
2. Multiply the policy amount by the rate you found for your age band.
3. Divide the total by \$1,000.
4. Example: Employee age 47 with \$50,000 policy would be \$11.90/month ($\$50,000 \times \$0.238 / \$1,000 = \11.90).

Employee and Spouse Bi-Weekly Rates (26 pay periods)

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000
<=24	\$0.77	\$1.55	\$2.32	\$3.09	\$3.87	\$4.64	\$5.41	\$6.18	\$7.73
25-29	\$0.77	\$1.55	\$2.32	\$3.09	\$3.87	\$4.64	\$5.41	\$6.18	\$7.73
30-34	\$1.22	\$2.45	\$3.67	\$4.89	\$6.12	\$7.34	\$8.56	\$9.78	\$12.23
35-39	\$1.38	\$2.77	\$4.15	\$5.54	\$6.92	\$8.31	\$9.69	\$11.08	\$13.85
40-44	\$1.52	\$3.05	\$4.57	\$6.09	\$7.62	\$9.14	\$10.66	\$12.18	\$15.23
45-49	\$2.75	\$5.49	\$8.24	\$10.98	\$13.73	\$16.48	\$19.22	\$21.97	\$27.46
50-54	\$4.27	\$8.54	\$12.81	\$17.08	\$21.35	\$25.62	\$29.88	\$34.15	\$42.69
55-59	\$7.63	\$15.25	\$22.88	\$30.51	\$38.13	\$45.76	\$53.39	\$61.02	\$76.27
60-64	\$11.76	\$23.52	\$35.27	\$47.03	\$58.79	\$70.55	\$82.30	\$94.06	\$117.58
65-69	\$16.93	\$33.85	\$50.78	\$67.71	\$84.63	\$101.56	\$118.49	\$135.42	\$169.27
70-74	\$20.15	\$40.29	\$60.44	\$80.58	\$100.73	\$120.88	\$141.02	\$161.17	\$201.46
75& over	\$23.95	\$47.91	\$71.86	\$95.82	\$119.77	\$143.72	\$167.68	\$191.63	\$239.54

Employee and Spouse Monthly Rates

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000
<=24	\$1.68	\$3.35	\$4.35	\$5.80	\$7.25	\$8.70	\$10.15	\$11.60	\$14.50
25-29	\$1.68	\$3.35	\$5.03	\$6.70	\$8.38	\$10.05	\$11.73	\$13.40	\$16.75
30-34	\$2.65	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90	\$18.55	\$21.20	\$26.50
35-39	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00	\$30.00
40-44	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$23.10	\$26.40	\$33.00
45-49	\$5.95	\$11.90	\$17.85	\$23.80	\$29.75	\$35.70	\$41.65	\$47.60	\$59.50
50-54	\$9.25	\$18.50	\$27.75	\$37.00	\$46.25	\$55.50	\$64.75	\$74.00	\$92.50
55-59	\$16.52	\$33.05	\$49.58	\$66.10	\$82.63	\$99.15	\$115.68	\$132.20	\$165.25
60-64	\$25.47	\$50.95	\$76.43	\$101.90	\$127.38	\$152.85	\$178.33	\$203.80	\$254.75
65-69	\$36.67	\$73.35	\$110.03	\$146.70	\$183.38	\$220.05	\$256.73	\$293.40	\$366.75
70-74	\$43.65	\$87.30	\$130.95	\$174.60	\$218.25	\$261.90	\$305.55	\$349.20	\$436.50
75& over	\$51.90	\$103.80	\$155.70	\$207.60	\$259.50	\$311.40	\$363.30	\$415.20	\$519.00

Child Supplemental Life Insurance: You have the choice of:

- \$1,000 policy for ages birth to 6 months. The cost is \$0.172 per paycheck for \$1,000 of coverage
- \$10,000 for ages 6 months to age 19 (25 if full time student). The cost is \$1.72 per paycheck for \$10,000 of coverage.

What happens next?

Once you submit the Open Enrollment form:

- You will have the option to have a copy of your responses. We encourage you to save a copy for your records.
- Each week, our Benefits Department will be sending out additional confirmations to ensure you have completed Open Enrollment.
- Additional information and guidance will be coming on how to enroll and/or continue any supplemental policies you have with other vendors (ex. American Fidelity).
- Later in November you will receive another detailed confirmation and information on the benefits that are available to you in 2025.

Thank you for participating in WCSD Open Enrollment!

If you have any questions please
email us at
benefits@washoeschools.net

