HSA, FSA Accounts

PCSD#1 has options available for health saving and flex accounts. Please contact the payroll office if you would like more information regarding these options.

Wyoming NCPers Term Life

Through Wyoming Retirement System, PCSD#1 offers a supplemental survivors benefit for the cost of $16 per month. More details can be obtained at:

https://mybenesite.com/wy/

Wyoming Retirement System

PCSD#1 offers retirement benefits through the Wyoming Retirement System (WRS). The Wyoming Retirement System provides expert administration and responsible investment of Wyoming's public retirement and supplemental savings programs.

For 2018/2019, all employees will contribute 1.34% to the employee portion, and the district will pick up the remainder of the Public Employees' Pension (15.28%).

More information can be obtained at:
http://retirement.state.wy.us/

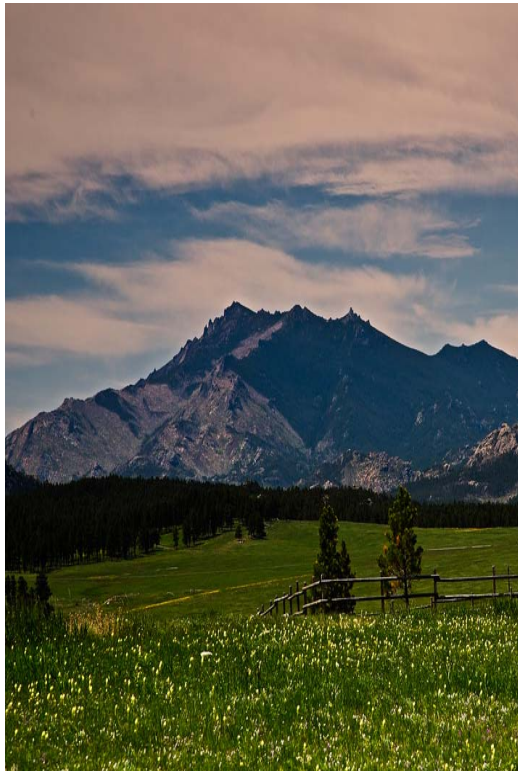
Payroll & Human Resources

Links and forms are available on our website at www.platte1.org under Business Office. Please stop in or e-mail Heidi Esselman with any questions.

Contact Us

Phone: 307-322-3175
Email: Heidi.Esselman@platte1.org
Web: www.platte1.org

PLATTE COUNTY SCHOOL DISTRICT #1
1350 Oak Street
Wheatland, WY
82201



PLATTE COUNTY SCHOOL DISTRICT #1

Benefits 2018-2019

Welcome to PCSD#1! The District-provided plans are designed to help you in the event of illness, injury, disability, or death, as well as to help you plan and save for retirement. This brochure will give a brief description of the benefit plans offered to you as a PCSD#1 employee.

When will my benefits become effective?

Certified: Benefits for new teachers begin on the first day of the first full month after work begins. Classified: Benefits for classified staff begin on the first day of the 3rd full month after the hire date. Ex: Hired March 19th, Benefits begin June 1st

All insurance premiums you sign up for will be deducted beginning the month before the benefits are effective. (Insurance billing is "pay ahead".)

Annual Open Enrollment & Deductible Change Period

The benefit plan choices you make when you are first hired can only be changed at the Deductible Change Period. During the month of May, for a July 1 change date, you can switch between options. During Open Enrollment, you can enroll in coverage if you previously waived coverage. You can also enroll or drop eligible dependents. Open Enrollment is held in November. Any changes you make will be effective the following January 1st.

Blue Cross Blue Shield of Wyoming

PCSD #1 has three plans through WEBT from which to choose. Full-Time Employees working more than 30 hours per week are eligible for coverage on the district's health plan.

Classified	Plan 3 $1000 deductible	Plan 4 $1500 deductible	$3500 HDHP
Single Plan	$57.05 per month	No Cost	No Cost
Adult + Dep	$159.33 per month	$80.00 per month	No Cost
2 Adults	$159.33 per month	$80.00 per month	No Cost
Family	$159.33 per month	$80.00 per month	No Cost
Certified	**Plan 3 $1000 deductible**	**Plan 4 $1500 deductible**	**$3500 HDHP**
Single Plan	$57.05 per month	No Cost	No Cost
Adult + Dep	$159.33 per month	No Cost	No Cost
2 Adults	$159.33 per month	No Cost	No Cost
Family	$159.33 per month	No Cost	No Cost

Please note your employee classification when looking at monthly costs. More information regarding BCBS can be obtained at: https://www.bcbswy.com/

For more details on plans and deductibles, please refer to the Summary of Benefits. For claim help and questions, contact our account manager at Willis/WEBT Dorothy Kouba at (307)634-5566 or e-mail her at dorothy.kouba@willistowerswatson.com

Long Term Disability

Through WEBT, PCSD#1 offers an employer paid benefit of Long-Term Disability. Active employees working 15 or more hours per week are eligible for coverage. All employees can decline coverage at time of hire.

More information can be obtained at: https://www.lincolnfinancial.com

Delta Dental of Wyoming

PCSD#1 dental plan is covered under Delta Dental of Wyoming. Benefits are available to part-time and full-time employees, spouses and children. Our coverage includes: 100% Coverage for Diagnostic and Preventive Services – not subject to deductible. 80% Coverage for Basic Services. 50% Coverage for Major Services. 50% Coverage for Orthodontics.

Monthly Costs are As Follows.

Description	Amount
EMPLOYEE	$33.70
EMPLOYEE & CHILDREN	$78.75
EMPLOYEE & SPOUSE	$67.60
FAMILY	$109.65

Vision Service Plan

PCSD#1 vision plan is covered under VSP. Our benefit plans are available to part-time and full-time employees, spouses and children. Coverage includes an annual WELLVISION® exam, an annual contact lens exam (in addition to the wellvision exam), and retinal screening (as needed). We also offer annual prescription lenses, frames (every 24 months), & contact lenses (annually).

Monthly Costs are As Follows.

Description	Amount
EMPLOYEE + ONE	$14.90
FAMILY	$26.72
SINGLE	$10.58

More information can be obtained at: https://www.vsp.com/