

KNOW YOUR BENEFIT ENROLLMENT OPPORTUNITIES

There are certain times throughout the year when you may enroll in health and supplemental insurance benefits, or change your coverage. Visit It's Your Choice 2019 at etf.wi.gov/IYC2019 to learn more about choices available to you, view an eLearning and see instructions on how to enroll. You can also request a paper application from your payroll or benefits office.



OPEN ENROLLMENT: OCTOBER 1 - 26, 2018

This is your opportunity to change health plans, change from family to individual coverage, enroll if you had previously deferred coverage, cancel coverage for yourself or an adult dependent child and more.

Open enrollment is available to employees, retirees, currently insured COBRA continuants, surviving spouses and dependents. Changes become effective January 1, 2019.

Generally, if you are not changing coverage, you don't need to do anything. Be aware available supplemental benefits are changing for 2019; review important changes. You must re-enroll in employee reimbursement accounts each year.



NEW EMPLOYEES

If you are electing health insurance coverage, you must enroll within 30 days of your date of hire (in an eligible position), or first eligible appointment. Coverage will be effective on the first of the month on or following your hire date, or on the date you are eligible for an employer contribution, whichever you choose. Check with your payroll or benefits office to find out when your employer contribution begins. If you choose to start your coverage before you receive employer contributions, you will pay the full premium.

UW graduate assistants and Wisconsin Retirement System employees: If this is not your first eligible appointment, you may still be eligible for the initial 30-day enrollment period if you have a 30-day employment break between appointments.



LIFE CHANGE EVENT

Did you recently have a change in marital status, add a dependent, have an eligible move to a new county or have another life change event? You may be able to enroll or change your coverage outside of the open enrollment period. There are various rules related to life change events. Check out the *Life Change Event Guide* on the Resources tab at etf.wi.gov/IYC2019 to see what your options are and how long you have to submit an application to enroll or make a change.



OPT-OUT INCENTIVE: ANNUAL ACTION NEEDED

If you are declining health insurance and electing to receive the \$2,000 opt-out incentive payment in 2019, you must complete a paper *Health Insurance Application/Change* (ET-2301) form and submit to your payroll or benefits office *during open enrollment*, or check with your employer to see if you can opt out electronically. You may be required to provide proof of other minimum health care coverage for yourself and your dependents.

Note: This is an annual requirement. Visit etf.wi.gov/IYC2019 for eligibility information.



TAKE ACTION CHECKLIST

STEP 1

Choose a Plan Design

Pages 3 - 4 highlight the differences between the available plan designs.

Visit etf.wi.gov/ALEX to use ALEX, a virtual benefits counselor, to help select a plan design that best fits your situation.



If you choose a High Deductible Health Plan (HDHP), you must enroll in the Health Savings Account (HSA) every year, even if you don't make any contributions yourself. See **page 14**.

If you choose an Access Plan, move on to step 3.

STEP 2

Choose a Health Plan

Pages 5 - 9 provide a map with available health plans and highlight health plan performance ratings.

Things to Consider:

- All health plans provide the same in-network benefits.
- Non-emergency out-of-network services are not covered by most plans. Check the provider directories on the Map tab at etf.wi.gov/ IYC2019 to ensure your plan covers providers where you receive services.
- Quality matters. Visit etf.wi.gov/IYC2019 to see health plan report cards for performance and quality ratings.

STEP 3

Consider Supplemental Benefits

Things to Consider:

- Do you want basic or supplemental dental coverage? See pages 11 - 12.
- Do you want to set aside money, pre-tax, to pay for health care, dependent care or parking/transit expenses? See page 14.
- Do you need vision coverage? See page 13.

Visit etf.wi.gov/ALEX for help choosing benefits that best fit your situation.

STEP 4

Take Action

Visit the Enrollment tab at etf.wi.gov/IYC2019 for instructions on how to enroll or make changes. Contact ETF or your payroll/benefits office if you have questions.

STEP 5

Stay Informed

Sign up for What's New and IYC E-Alerts: Health & Wellness. Visit etf.wi.gov and look for the red envelope for ETF E-mail Updates.

WHAT IS CHANGING

This section highlights the most significant changes for 2019. Visit etf.wi.gov/IYC2019 for complete information.

HEALTH PLAN CHANGES

Changes can happen each year. Use the interactive map at etf.wi.gov/IYC2019 to find health plans and covered providers where you receive care.

New Plans

HealthPartners has added a new health plan option, **Robin with HealthPartners**, with coverage in northeast Wisconsin. See health plan coverage areas on pages 5 - 8.

Plan Changes

The State Maintenance Plan (SMP) will be newly available in Forest County. SMP is no longer available in Florence County. Make sure your providers are in-network for 2019 or select another plan.

SUPPLEMENTAL BENEFIT CHANGES

Plans Not Available in 2019 - Coverage under these plans will end December 31, 2018.

- Current Anthem DentalBlue participants in any of the three Anthem plans must choose a new Delta Dental plan to have supplemental dental coverage in 2019.
- Current EPIC Benefits+ participants
 must choose a new Delta Dental plan
 to have supplemental dental for 2019,
 VSP to have supplemental vision
 coverage and Zurich for Accidental
 Death and Dismemberment coverage.
 There will be no hospital and surgical
 indemnity coverage option for 2019.
- Current EPIC Dental Wisconsin participants must choose a new plan to have supplemental dental for 2019.
- Current Mutual of Omaha Long-Term Care Insurance (administered by HealthChoice) participants can continue their long-term care policies and do not need to take any action. If you want to make changes or cancel, contact HealthChoice at 1-800-833-5823.

New Plans for 2019

You have two new supplemental dental options to choose from. See page 11.

Vision and Accidental Death and Dismemberment plans have some enhanced benefits at no additional cost. See page 13.

What is Changing continued on page 10

STEP 1

CHOOSE A PLAN DESIGN

No matter which of the It's Your Choice (IYC) plan design option or health plan you choose, **the in-network coverage is the same (Uniform Benefits)**. The main differences are deductibles, copays and premiums. Choose a plan design option that fits best with your situation. Visit etf.wi.gov/ALEX for your virtual benefits counselor and help choosing your benefits.

Visit etf.wi.gov/IYC2019 for all plans, premiums with dental and full premium rates.

	IYC Health Plan	Access Plan	High Deductible Health Plan (HDHP)	Access High Deductible Health Plan (HDHP)
Monthly Payment (Premium) Individual / Family UW Grad Assistant Individual / Family Premiums do not include Uniform Dental; see page 11 for details	\$85 / \$211 \$42.50 / \$105.50	\$263 / \$656 \$131.50 / \$328	\$30 / \$74 Not eligible	\$208 / \$519 Not eligible
Cost-Per-Visit See next page	\$\$ \$\$	\$\$ \$\$	\$\$\$\$	\$\$\$\$
Health Plan Selection See etf.wi.gov/IYC2019 for provider directories	See pages 5 - 8 for available health plans	Administered by WEA Trust	See pages 5 - 8 for available health plans	Administered by WEA Trust
Statewide / Nationwide Access All plans include nationwide pharmacy coverage; visit www.navitus.com for in-network pharmacies	Local, county-based coverage area See pages 5 - 8	Statewide/ nationwide	Local, county-based coverage area See pages 5 - 8	Statewide/ nationwide
Out-of-Network Benefits	Emergency and urgent care only	Out-of-network benefits	Emergency and urgent care only	Out-of-network benefits
Health Savings Account (HSA) Required See page 14 for details	Not allowed with this plan design	Not allowed with this plan design	Employer may contribute \$	Employer may contribute \$

Employees appointed fewer than 1,040 hours (50% of full time) pay 50% of the total monthly premium; visit etf.wi.gov/IYC2019 for full premium amounts. If you are a continuant, visit etf.wi.gov/IYC2019 for rates specific to you.

UW System, UW Hospital and Clinics or other quasi-governmental authorities: Direct premium contribution amount questions to your benefits/payroll/personnel office.

Breakdown of Your Costs by Plan Design

The information below will help you compare the benefits available through the different It's Your Choice (IYC) plan design options. This list contains only the most commonly used benefits. **Complete information is available online.**

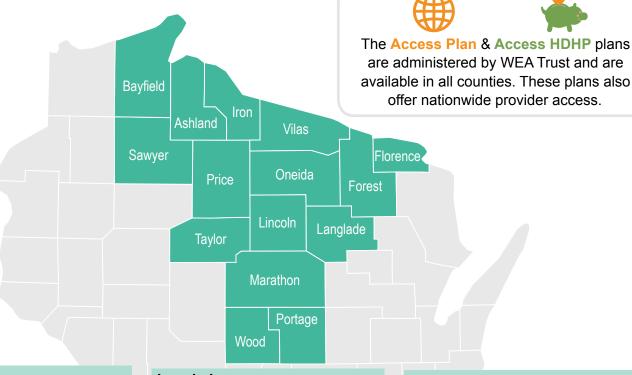
	IYC Health Plan	Access Plan	HDHP	Access HDHP
Annual Medical Deductible Individual / Family Counts toward out-of-pocket limit (OOPL)	\$250 / \$500 Medical deductible does not apply to office visit copays, preventive services or prescription drugs		\$1,500 / \$3,000 Must be met before coverage begins Families: Must meet full family deductible	
Primary Care Office Visit Additional services such as lab work, X-rays, etc., count toward the deductible and coinsurance	\$15 copay per visit up to OOPL Does not count toward deductible		You pay 100% until deductible met After deductible: \$15 copay per visit up to OOPL	
Specialty Office Visit Additional services such as lab work, X-rays, etc., count toward the deductible and coinsurance	\$25 copay per visit up to OOPL Does not count toward deductible		You pay 100% until deductible met After deductible: \$25 copay per visit up to OOPL	
Annual Medical Coinsurance Applies to medical services except for office visit or emergency room copayments and preventive services	After deductible you pay 10% until OOPL is met		After deductible you pay 10% until OOPL is met	
Preventive Services See healthcare.gov/preventive-care-benefits	Plan pays 100%		Plan pays 100%	
Emergency Room Copay waived if admitted to inpatient directly from emergency room or for observation for 24 hours or longer	\$75 copay per visit Deductible and coinsurance applies to services beyond the copay up to OOPL		You pay 100% until deductible met After deductible: \$75 copay per visit, coinsurance applies to services beyond the copay up to OOPL	
Annual Medical Out-of-Pocket Limit (OOPL) Individual / Family	\$1,250 <i>i</i>	/ \$2,500	Families: Must me	/ \$5,000 et full family OOPL an pays 100%
Prescription Deductible	No	one		dical deductible re coverage begins
Prescription Copay Level 1 / 2 / 3 Level 4 Specialty Preventive	\$5 / 20% (\$50 max) / 40% (\$150 max)* \$50 copay (Must fill at Lumicera or UW specialty pharmacies) Plan pays 100%, regardless of deductible			
Prescription Out-of-Pocket Limit Levels 1 & 2 - Individual / Family Level 3 - Individual / Family Level 4 - Individual / Family	\$600 / \$6,850 / \$1,200 /		Included in n	nedical OOPL



*Level 3 "Dispense as Written" or "DAW-1" drugs may cost more - see What is Changing on page 10 or contact Navitus for details

Plan features out-of-network benefits. Learn more at etf.wi.gov/IYC2019

CHOOSE A HEALTH PLAN



Ashland

- · GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central
- · WEA Trust West Chippewa Valley

Bayfield

- · GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central*
- WEA Trust West Chippewa Valley

Florence

- · Robin with HealthPartners
- · Security Health Plan Central*

Forest

- · HealthPartners Health Plan*
- · Security Health Plan Central*
- State Maintenance Plan (SMP) by WEA Trust

Iron

- · GHC of Eau Claire
- HealthPartners Health Plan*
- · Security Health Plan Central*
- WEA Trust West Chippewa Valley*

Langlade

- · GHC of Eau Claire
- · HealthPartners Health Plan
- Security Health Plan Central

Lincoln

- · GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central

Marathon

- · GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust East

Oneida

- · GHC of Eau Claire
- HealthPartners Health Plan
- · Security Health Plan Central

Portage

- · HealthPartners Health Plan
- Network Health
- · Security Health Plan Central
- WEA Trust East

Price

- GHC of Eau Claire
- HealthPartners Health Plan*
- · Security Health Plan Central

Sawyer

- GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central
- · WEA Trust West Chippewa Valley

Taylor

- · GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan Central

Vilas

- · GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central

Wood

- · HealthPartners Health Plan
- · Quartz Community*
- · Security Health Plan Central
- · WEA Trust East

*limited provider availability



Use the interactive map at etf.wi.gov/IYC2019 to find major providers and provider directories for health plans in your county.

Adams

- · Dean Health Insurance
- · Quartz Community*
- · Security Health Plan Central
- · WEA Trust East

Columbia

- · Dean Health Insurance
- GHC of South Central Wisconsin
- Quartz Community
- · WEA Trust East

Crawford

- Dean Health Insurance*
- · HealthPartners Health Plan
- Medical Associates Health Plans
- · Quartz Community
- WEA Trust West Mayo Clinic Health System

Dane

- Dean Health Insurance
- · GHC of South Central Wisconsin
- · Quartz UW Health

Dodge

- Dean Health Insurance
- Network Health
- · Quartz Community
- WEA Trust East

Grant

- · Dean Health Insurance
- · HealthPartners Health Plan
- · Medical Associates Health Plans
- Quartz Community

Green

- Dean Health Insurance
- · MercyCare Health Plans*
- Quartz Community

Iowa

- Dean Health Insurance
- Medical Associates Health Plans
- · Quartz Community

Jefferson

- · Dean Health Insurance
- MercyCare Health Plans
- · Quartz Community
- WEA Trust East

Juneau

- Dean Health Insurance
- HealthPartners Health Plan
- Quartz Community
- · Security Health Plan Central
- · WEA Trust East

Lafavette

- Dean Health Insurance
- · Medical Associates Health Plans
- Quartz Community

Richland

- Dean Health Insurance
- HealthPartners Health Plan*
- · Quartz Community

Rock

- · Dean Health Insurance
- MercyCare Health Plans
- · Quartz Community
- · WEA Trust East

Sauk

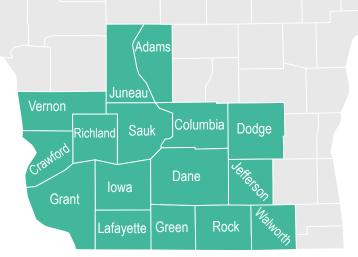
- · Dean Health Insurance
- GHC of South Central Wisconsin
- · Quartz Community

Vernon

- · Dean Health Insurance*
- · HealthPartners Health Plan
- · Quartz Community
- WEA Trust West Mayo Clinic Health System

Walworth

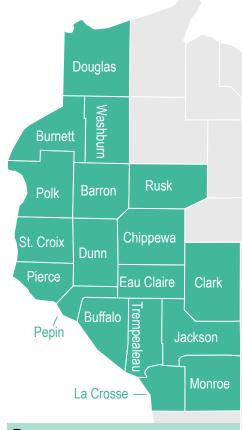
- Dean Health Insurance
- MercyCare Health Plans
- · Quartz Community
- WEA Trust East



*limited provider availability

STEP 2

CHOOSE A HEALTH PLAN, CONTINUED



Barron

- · HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Buffalo

- HealthPartners Health Plan
- Security Health Plan Central*
- WEA Trust West Mayo Clinic Health System*

Burnett

- · GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central
- · WEA Trust West Chippewa Valley

Chippewa

- HealthPartners Health Plan
- Quartz Community
- Security Health Plan Central
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Clark

- GHC of Eau Claire
- · HealthPartners Health Plan
- Quartz Community*
- · Security Health Plan Central
- · WEA Trust West Chippewa Valley

Douglas

- · GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan Central
- · WEA Trust West Chippewa Valley

Dunn

- · HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Eau Claire

- HealthPartners Health Plan
- Quartz Community
- · Security Health Plan Central
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Jackson

- · HealthPartners Health Plan
- · Quartz Community
- · Security Health Plan Central
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

La Crosse

- HealthPartners Health Plan
- Quartz Community
- WEA Trust West Mayo Clinic Health System

Monroe

- · HealthPartners Health Plan
- Quartz Community
- Security Health Plan Central
- WEA Trust West Mayo Clinic Health System

Pepin

- · HealthPartners Health Plan
- Security Health Plan Central
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System*

Pierce

- · HealthPartners Health Plan
- · Security Health Plan Central*
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System*

Polk

- HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust West Chippewa Valley

Rusk

- · HealthPartners Health Plan*
- · Security Health Plan Central*
- WEA Trust West Chippewa Valley

St. Croix

- · HealthPartners Health Plan
- · WEA Trust West Chippewa Valley

Trempealeau

- · HealthPartners Health Plan
- Quartz Community
- Security Health Plan Central
- WEA Trust West Mayo Clinic Health System

Washburn

- · GHC of Eau Claire
- HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust West Chippewa Valley

*limited provider availability

Brown

- · Dean Health Insurance Prevea360
- Network Health
- · Robin with HealthPartners
- Security Health Plan Valley
- · WEA Trust East

Calumet

- · Network Health
- Robin with HealthPartners
- · WEA Trust East

Door

- · Dean Health Insurance Prevea360
- · Network Health
- · WEA Trust East

Fond du Lac

- Dean Health Insurance
- Network Health
- · Quartz Community
- · WEA Trust East

Green Lake

- · Dean Health Insurance
- Network Health
- · Robin with HealthPartners
- · Security Health Plan Valley*
- WEA Trust East

Kenosha

- · Network Health
- · WEA Trust East

Kewaunee

- · Dean Health Insurance Prevea360
- Network Health
- Robin with HealthPartners
- Security Health Plan Valley
- WEA Trust East

Manitowoc

- Dean Health Insurance Prevea360
- Network Health
- Robin with HealthPartners
- WEA Trust East

Marinette

- Dean Health Insurance Prevea360*
- Robin with HealthPartners
- Security Health Plan Valley*
- WEA Trust East

Marquette

- · Dean Health Insurance
- Network Health*
- Robin with HealthPartners
- Quartz Community
- Security Health Plan Valley*
- WEA Trust East

Menominee

- Dean Health Insurance Prevea360
- · Network Health*
- Robin with HealthPartners
- · WEA Trust East

Milwaukee

- · Network Health
- WEA Trust East

Oconto

- Dean Health Insurance Prevea360
- Network Health
- · Robin with HealthPartners
- Security Health Plan Valley
- WEA Trust East

Outagamie

- Dean Health Insurance Prevea360*
- · Network Health
- · Robin with HealthPartners
- · Security Health Plan Valley
- WEA Trust East

Ozaukee

- Network Health
- WEA Trust East

Racine

- Network Health
- WEA Trust East

Shawano

- Dean Health Insurance Prevea360*
- Network Health
- · Robin with HealthPartners
- Security Health Plan Central*
- Security Health Plan Valley
- WEA Trust East

Sheboygan

- · Dean Health Insurance Prevea360
- Network Health
- WEA Trust East

Washington

- Network Health
- WEA Trust East

Waukesha

- Dean Health Insurance
- · Network Health
- Quartz Community
- WEA Trust East

Waupaca

- · Network Health
- Robin with HealthPartners
- · Security Health Plan Central*
- Security Health Plan Valley
- WEA Trust East

Waushara

- Network Health*
- Robin with HealthPartners
- Security Health Plan Central*
- Security Health Plan Valley
- WEA Trust East

Winnebago

- Network Health
- · Robin with HealthPartners
- Security Health Plan Valley
- WEA Trust East



*limited provider availability

CHOOSE A HEALTH PLAN, CONTINUED

Plan Ratings

The overall performance ratings chart below is based on several quality measures.

Health Plan	Overall Performance
Access Plan by WEA Trust	****
Dean Health Insurance	****
Dean Health Insurance - Prevea360	****
GHC of Eau Claire	***
GHC of South Central Wisconsin	****
HealthPartners Health Plan	****
Medical Associates Health Plans	***
MercyCare Health Plans	****
Network Health	***
Quartz - Community*	****
Quartz - UW Health*	****
Robin with HealthPartners	not yet rated
Security Health Plan - Central	****
Security Health Plan - Valley	****
State Maintenance Plan (SMP) by WEA Trust	****
WEA Trust - East	****
WEA Trust West - Chippewa Valley	****
WEA Trust West - Mayo Clinic Health System	****

For health plans available in your county, information on performance ratings and more details, see the Map tab at etf.wi.gov/IYC2019

^{*} Rating for Quartz (all plans) is a weighted average of data provided by Physicians Plus and Unity.



MEET ALEX®!

ALEX is an online tool that will help you select the best benefit plan for you and your family.

ALEX will ask you a few questions about your health care needs, crunch some numbers and point out what makes the most sense for you.

Anything you tell ALEX remains anonymous, so don't be afraid to really let loose about that weird tooth thing. Get started with ALEX at etf.wi.gov/ALEX

What is Changing continued from page 2

PHARMACY BENEFITS

Increased Cost Sharing for Brand Name Level 3 Drugs Some doctors write prescriptions as "DAW-1," or "dispense as written." This means the pharmacist will fill the brand name drug as written on the prescription and will not substitute a generic equivalent.

Starting in 2019, you will pay more for "DAW-1" brand name level 3 drugs unless you cannot take the generic equivalent due to a medical need. If you have medical need, your doctor must submit an FDA MedWatch form to Navitus for the prescription. Your doctor should contact Navitus for the form.

Without the form, you will pay the 40% coinsurance plus the cost difference between the brand name drug and its generic equivalent. With the form, you will pay a 40% coinsurance (with a limit of \$150), as you have in previous years for Level 3 drugs. Contact Navitus for details. See an example in the right column.

MEDICAL BENEFIT CHANGES

Added Benefits

Telehealth services will be covered 100% for non-HDHP options. HDHP participants pay the full cost until their deductible is met.

The exclusion related to benefits or services based on gender identity is removed for 2019.

WELLNESS

You and your enrolled spouse can still earn the \$150 Well Wisconsin Program incentive in 2019 if you complete a:

- health screening.
- health assessment, and a
- well-being activity through StayWell.

It is possible that the incentive could transition to a reduced health insurance premium in a future year. Watch for more information from StayWell.

Example of "DAW-1" Cost Sharing

Your doctor prescribes you BrandNameStatin and marks it "DAW-1."

30-Day Supply Costs

BrandNameStatin:

With insurance, FDA MedWatch Form Submitted: \$150

With Insurance, No FDA MedWatch Form: \$1,250

Before insurance: \$2,000

Generic equivalent:

With Insurance: \$5

• Before insurance: \$900

When having a brand name drug is not medically necessary, you can save money by getting a generic.

BrandNameStatin Cost Calculation

 $2.000 \times 40\% = 800 \rightarrow 150$

You pay 40% of the original drug price. There is a limit of \$150. This is your total cost if a FDA MedWatch form is submitted.

\$2.000 - \$900 = \$1.100

If no FDA MedWatch form is submitted, you also pay the cost difference between the brand name drug and generic equivalent.

\$150 + \$1.100 = \$1.250

Your total cost if no FDA MedWatch form is submitted.



Well Wisconsin Program

The Well Wisconsin Program, administered by StayWell®, supports you on your personal health journey and rewards you with a \$150 incentive. The deadline to earn the 2018 incentive is October 19, 2018. Visit wellwisconsin.staywell.com or call 1-800-821-6591 to participate.

Learn more about incentive eligibility and the free and confidential resources and services available to you through StayWell today.





wellwisconsin.staywell.com 1-800-821-6591

CONSIDER SUPPLEMENTAL BENEFITS

Dental Benefit Options

Below is an overview of dental plans offered, see the table on the next page for a more detailed breakdown of benefits.

Uniform Dental

See Delta Dental PPO or Premier providers

Covers diagnostic,
preventive, basic and
children's orthodontics services

Delta Dental PPOSM - Select Plan

Must see a
Delta Dental PPO provider

Covers additional major/ restorative services.

Delta Dental PPO Plus Premier™ -Select Plus Plan

See Delta Dental PPO or Premier providers

Covers additional major/ restorative services and orthodontics at any age.

Things to Note

Uniform Dental

Uniform Dental is only available if you enroll in health insurance under the State of Wisconsin Group Health Insurance Program.

Your dental coverage will mirror your health insurance; if you elect family health insurance with dental, you will be enrolled in family dental coverage. If you elect individual health insurance with dental coverage, you will be enrolled in individual dental coverage. Uniform Dental is added to your health insurance premium.

Enrollment continues each year unless you cancel during the open enrollment period.

Supplemental Dental

There are two new offerings for the 2019 plan year:

- Delta Dental PPOSM Select Plan
- Delta Dental PPO™ Plus Premier Select Plus Plan

You can enroll in a supplemental dental plan without enrolling in Uniform Dental. You may only enroll in one of these supplemental dental plans.



If you were previously enrolled in supplemental dental, you must enroll in a new plan to continue coverage.

In future years, your supplemental coverage will continue unless you cancel it during open enrollment.

Plan Administrator

or



1-844-337-8383 deltadentalwi.com/state-of-wi

All plans are offered through Delta Dental. Visit their website and create an account to:

- Find in-network providers
- Print ID cards
- · View your benefits and claims
- · Find valuable dental health resources
- Ask questions



The table below lists the most commonly used benefits to help you compare dental options. Visit etf.wi.gov/IYC2019 for complete information, including limitations and benefit exclusions.

(I) = Individual (I+C) = Individual + Child(ren) (I+S) = Individual + Spouse (F) = Family

	Uniform Dental	Select Plan	Select Plus Plan
Monthly Payment (Premium) Uniform Dental is added to your health insurance premium. Supplemental dental is a separate deduction.	\$3 (I) \$8 (F)	\$8.55 (I) \$11.54 (I+C) \$17.10 (I+S) \$20.52 (F)	\$16.19 (I) \$29.95 (I+C) \$32.38 (I+S) \$49.38 (F)
In-Network Providers No out-of-network coverage	Delta Dental PPO or Premier providers	Delta Dental PPO	Delta Dental PPO or Premier providers
Annual Deductible	None	\$100 / person	\$25 / person
Annual Benefit Max	\$1,000 / person	\$1,000 / person	\$2,500 / person
Waiting Period	None	None	None
Diagnostic & Preventive Services			
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments	100%	No coverage	No coverage
Basic Services			
Fillings	100%	No coverage	No coverage
Anesthesia (general and IV sedation)	80%	50%	80%
Emergency pain relief	80%	No coverage	No coverage
Periodontal Maintenance	80%	No coverage	No coverage
Major / Restorative Services			
Crowns, bridges, dentures, implants	No coverage	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage	50%	80%
Non-surgical extractions (above gumline)	90%	No coverage	No coverage
Orthodontics			
Coverage	50% (Under age 19)	No coverage	50% (Regardless of age)
Lifetime Maximum	\$1,500	No coverage	\$1,500 (in addition to Uniform Dental)

STEP 3

SUPPLEMENTAL BENEFITS, CONTINUED

More choices mean more opportunities for better health and wellness. Visit etf.wi.gov/IYC2019 to see if you are eligible and when you can enroll. You can enroll in any of these plans when you are a new employee, when you experience a life change event or during It's Your Choice open enrollment. If you are currently enrolled, your enrollment will continue unless you cancel during It's Your Choice open enrollment.

Monthly Premium



VSP

Vision services from a nationwide network of providers. Annual frame replacement for children.

New in 2019:

- No charge for standard progressive lenses.
- Additional \$50 toward brand name frames.

Employees paid through STAR: staractives.vspforme.com UW System employees: uwsystem.vspforme.com/review All other employees: stateofwiemployees.vspforme.com

1-800-400-4569

Individual	\$6.38
Individual + Spouse	\$12.76
Individual + Child(ren)	\$14.38
Family	\$22.98
	\$0.028 per \$1,000 of coverage



Accidental Death and Dismemberment

Accident insurance. Payments for accidents that result in specific injuries, including loss of limb and for accidental death. Includes some supportive care related to accidental injuries and travel insurance.

New in 2019: Identity theft protection.

zurichplaninfo.qwikcoverage.com cms@zurichna.com

	\$0.028 per \$1,000 of coverag	e
Individual		

(\$0.046 per \$1,000 of coverage for protective category employees)

\$0.038 per \$1,000 of coverage

Family

(\$0.062 per \$1,000 of coverage for protective category employees)

Additional Benefits

Income continuation insurance (ICI), disability insurance, Wisconsin Public Employers Group Life Insurance and Wisconsin Deferred Compensation

Visit etf.wi.gov/IYC2019 for more information

UW System and UW Hospital and Clinics employees may have different supplemental plans available. Check with your human resources/benefits office for details and instructions for 2019. UW System employees may refer to: wisconsin.edu/ohrwd/benefits Zurich offers anytime enrollment for UW System employees.

Save on a wide variety of everyday medical, dental, vision, day care, parking and transit expenses. Your annual contribution is deducted pre-tax from your paycheck in equal amounts throughout the plan year. **You must re-enroll** each year to continue participation. Elections do not carry forward from year to year.

Visit partners.tasconline.com/ETFEmployee to learn more. Additional restrictions may apply.

Employee Reimbursement Accounts



Health Care Flexible Spending Account (FSA)

You may set aside, for yourself and your tax dependents, pre-tax dollars each year for eligible health care expenses not covered by insurance.

Annual Contribution Limit: \$2,650 | Carryover Limit: \$500



Limited Purpose Flexible Spending Account (LPFSA)

You are eligible for this account if you enroll in a High Deductible Health Plan (HDHP) and participate in a Health Savings Account (HSA). It allows you to set aside additional money pre-tax for certain dental, vision and post-deductible medical expenses not covered by insurance.

Annual Contribution Limit: \$2,650 | Carryover Limit: \$500



Dependent Day Care Flexible Spending Account

Pre-tax dollars may be used for day care or elder care expenses for eligible dependents allowing you (or your spouse, if married) to work, look for work or attend school full-time.

Annual Contribution Limit: \$5,000 | Carryover Limit: \$0



Parking & Transit Accounts

A Parking Account allows you to pay for work-related eligible parking expenses with pre-tax dollars. With a Transit Account, pre-tax dollars can be used to pay for eligible transit expenses related to your commute to work. You can enroll and make changes anytime during the year. (If you park at your place of employment, your deductions may already be taken pre-tax. These deductions are not reimbursable through this program.)

Note: UW System and UW Hospital & Clinics employees are no longer eligible for this benefit.

Transit Monthly Contribution Limit: \$260 | Parking Monthly Contribution Limit: \$260 | Unlimited carryover

Health Savings Account



Health Savings Account (HSA)

An HSA is an individually-owned, tax-advantaged account you can use to pay for current or future eligible health care expenses. With an HSA, you can build savings for health care expenses or additional retirement savings through self-directed investment options. If you are eligible, your employer may make an employer contribution. All contributed HSA funds are yours, even if you leave the HDHP plan or state service.

Note: You **must** enroll in the HSA if you enroll in an It's Your Choice (IYC) High Deductible Health Plan (HDHP). You cannot enroll in the HSA without IYC HDHP enrollment.

Annual Contribution Limit: Individual: \$3,500 | Family: \$7,000

Annual Catch-Up Contribution Limit (Ages 55-65 only): \$1,000 | Unlimited carryover

Annual Employer Contribution (If eligible; paid in installments): Individual: \$750 | Family: \$1,500



IMPORTANT PROGRAM INFORMATION: ANNUAL ACTION NEEDED

Expense Deadline: For plan year 2019, you must incur all eligible expenses by December 31, 2019. **Claims Deadline:** For plan year 2019, you must submit all reimbursement requests by March 31, 2020. **Carryover:** Roll over unused funds into the next plan year. Certain plans are subject to carryover limits. **Enrollment:** You must re-enroll each year to continue participation. Elections do not carry forward from year to year.





1-877-533-5020 (toll free) 608-266-3285 (local Madison)

PO Box 7931 Madison, WI 53707-7931



Open Enrollment: October 1 - October 26, 2018

Mailed application must be postmarked by October 26, 2018.

Discrimination is Against the Law 45 C.F.R. §92.8(b)(1) & (d)(1) The Wisconsin Department of Employee Trust Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ETF does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact ETF's Compliance Officer, who serves as ETF's Civil Rights Coordinator.

If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Compliance Officer, Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 711; Fax: 608-267-4549; Email:

ETFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 711).

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-877-533-5020(TTY:711)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 711).

. 1-877-533-502(خدمة الصم والبكم: 711)

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услугиперевода. Звоните 1-877-533-5020 (телетайп: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-877-533-5020 (TTY: 711)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 711).

Pennsylvania Dutch: Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 711).

Laotian/Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-877-533-5020 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwońpod numer 1-877-533-5020 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 711) पर कॉल करें।

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë.

Telefononi në 1-877-533-5020 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 711).

For EEOC, COBRA, ACA marketplace and more federal and state notices, visit etf.wi.gov/IYC2019

Every effort has been made to ensure information in this guide is accurate. In the event of conflicting information, federal law, state statute, state health contracts and/or policies and provisions established by the State of Wisconsin Group Insurance Board shall be followed. The most current information can be found at etf.wi.gov.