

2020 Health Benefits Decision Guide

State of Wisconsin Group Health Insurance for Retirees



About This Guide

This guide provides a high-level overview of benefits available to you for 2020; open enrollment is September 30 - October 25, 2019. For complete information, visit **etf.wi.gov/benefits-by-employer**

What's Changing in 2020

Health Plans

Changes can happen each year. Use the health plan search on our website to find health plans and covered providers where you receive care.

No Longer Available

- Security Health Plan Central
- Security Health Plan Valley

If you are currently enrolled in one of the health plans above, you must enroll in a new plan during open enrollment. If you do not, you will not have coverage as of January 1, 2020. Find health plans available in your area on pages 9-12. Provider directories are available on our website.

Service Area Changes

Dean Health Plan - Prevea360 will expand to include the following western counties: Barron, Buffalo, Chippewa, Dunn and Eau Claire. Prevea360 will also offer limited provider availability in Pepin County.

WEA Trust - East will expand to include the following counties: Langlade, Lincoln, Oneida, Price, Taylor and Vilas. WEA Trust - East will also offer limited provider availability in Forest County.

The State Maintenance Plan (SMP) will continue to be offered in Forest County for 2020. There will be fewer providers; make sure your providers are in-network or select another plan.

Easy Virtual Benefits Counselor Now Available for All Retirees

Not sure which plan is right for you? ALEX®, our virtual benefits counselor, will add up the dollars and cents to show you which plan makes the most sense for your wallet. Visit etf.wi.gov/ALEX to get started. Works on all computers, tablets and smart phones. No need to download anything or log in. Completely anonymous!

Pharmacy Benefits

Vaccines at Pharmacies Covered

New Medical Benefit

Bariatric surgery and weight loss services will be provided for participants with a body mass index (BMI) of 35 or greater, or as determined by your health plan.

New Enrollment Option for Retirees

Families with Medicare & Non-Medicare Members

Are there people on your health insurance that are not enrolled in Medicare? Now, when you enroll in Medicare Advantage or Medicare Plus, you can enroll in a second health plan for your non-Medicare members.

Why make a change? This option may help you save on monthly premiums, since both plans have low premiums. To see if this could save you money, turn to pages 14-15.

New Life Event for Retirees

Becoming Medicare Eligible or Ineligible

When you or someone on your health insurance becomes eligible for Medicare or no longer eligible, you can now choose a new health plan or plan design.

You must file an application within 30 days of the Medicare coverage change. This is **not** an opportunity to enroll.

New Administrator for Health Savings Account (HSA)

ConnectYourCare® will administer the HSA starting in 2020. See page 16.

You should have received information in the mail about your option to transfer any current HSA balance with TASC to ConnectYourCare. Contact ConnectYourCare with questions at 1-833-881-8158.

Uniform Dental Benefits

New benefits include:

- No-cost periodontal maintenance
- Pulp vitality test (helps a dentist determine a treatment plan)
- Caries assessments (helps predict future dental health)

Preventive Dental Plan

Preventive Dental Plan

Provides the same Uniform Dental Benefits and is available to participants not enrolled in health insurance through ETF.

The plan offers coverage for basic procedures such as cleanings, fluoride treatment, fillings and orthodontics. Learn more on pages 17-18.

Your Enrollment Checklist

I'm happy with my benefits

- ☐ Review changes for next year
 Each year there are changes to your
 benefits. Make sure that your plan is still
 available in your area.
- ☐ Make sure your doctors are still covered

Go to our website to see the provider directory for your health plan.

If you are not changing health coverage, no action is needed.

HDHP participants only

☐ Re-enroll in your Health Savings Account (HSA)

You must re-enroll each year. Visit our website for enrollment instructions.

?

Do you have questions? Contact ETF at 1-877-533-5020.

I'd like to make a change or I'm new

☐ Learn the way that works best for you, either:



Use ALEX, our virtual benefits counselor. He will ask you a few questions about your health care needs, crunch some numbers and point out what benefits make the most sense for you.

Visit **etf.wi.gov/ALEX** to get started. Or follow along in this guide. There are steps and guidance throughout.

Are you a retiree with Medicare and non-Medicare members on your health insurance?

Pick the Medicare health plan first.

- If Medicare Advantage or Medicare Plus is selected, then pick a second plan for your non-Medicare members.
- If Health Plan Medicare is selected, your non-Medicare members will have the same health plan, just the non-Medicare version.

☐ Enroll

Once you've used ALEX or followed the steps in this book, go to our website to learn how to enroll or complete a paper application.



For Participants <u>without</u> Medicare Step 1: Choose a Plan Design

A plan design determines:

- How much you pay per month
- How much you pay when you visit a provider
- Whether you can see providers locally or nationwide
- If you can see providers out-of-network

Quick Comparison

A high-level overview of the available plan designs. See the next page for a breakdown of costs when you visit the doctor, have labs drawn or fill a prescription

	IYC Health Plan	High Deductible Health Plan (HDHP)	Access Plan	Access HDHP
Monthly Cost (Premium)	\$\$ \$\$	\$ \$\$\$	\$\$\$\$	\$\$\$ \$
Cost Per Visit	\$\$ \$\$	\$\$\$\$	\$\$ \$\$	\$\$\$\$
Provider Availability	Local	Local	Nationwide	Nationwide
Nationwide Pharmacies	~	~	~	~
Out-of-Network Benefits	Emergency and urgent care	Emergency and urgent care	~	~
Available Health Plan(s)	9 plans	9 plans	WEA Trust	WEA Trust
Save money pre-tax in a Health Savings Account (required to have open account)		✓		✓

Breakdown of Your Medical Costs

The table below lists how much you will pay for common services received in-network.

	IYC Health Plan	Access Plan	HDHP	Access HDHP
Annual Medical Deductible Individual / Family Counts toward out-of-pocket limit (OOPL)	\$250 / \$500 Office visit copays, preventive services and prescription drugs do not count toward your deductible		\$1,500 / Families: Must n deduc	neet full family
Annual Medical Out-of-Pocket Limit (OOPL) Individual / Family The most you will pay in a year for covered medical services	\$1,250 / \$2,500		\$2,500 / Families: Must n OOPL before your	neet full family
Medical Coinsurance Applies to services beyond the office visit copay such as X-rays and lab work	100% until deductible met After deductible: 10%		100% until de After deduc	
Preventive Services See healthcare.gov/preventive-care-benefits	\$0 Plan pays 100%		\$0 Plan pay	
Telehealth Visit	\$	0	100% until de After dedu	
Primary Care Office Visit	\$15 c		100% until de After deductib	
Specialty Provider Office Visit	\$25 c	opay oward deductible	100% until de After deductib	
Urgent Care	\$25 c	. ,	100% until de After deductib	
Emergency Room Copay waived if admitted to inpatient directly from emergency room or for observation for 24 hours or longer		. ,	100% until de After deductibl coinsurance app beyond th	e: \$75 copay, lies to services



The Access Plan and Access HDHP offer out-of-network benefits. To learn about the out-of-network benefits, visit our website.

Breakdown of Your Pharmacy Costs

You must use an in-network pharmacy. Visit **etf.benefits.navitus.com** to find an in-network pharmacy near you. In-network pharmacies are available nationwide.

	IYC Health Plan	Access Plan	HDHP	Access HDHP
Prescription Deductible (Individual / Family)	None		Combined medi \$1,500 / You pay 100% of costs until ded	\$3,000 most pharmacy
Prescription Copay / Coinsurance				
Level 1	\$5 or	less	After deductil	ole: \$5 or less
Level 2	20% (\$50 max)		After deductible	: 20% (\$50 max)
Level 3	40% (\$150 max) ²		After deductible:	40% (\$150 max) ²
Level 4	\$50 copay³		After deductib	le: \$50 copay³
Preventive (As federally required)	\$0 - Plan pays 100%		\$0 - Plan p	pays 100%
Prescription Out-Of-Pocket Limit				
Levels 1 & 2 (Individual / Family)	\$600/	\$1,200	Combined medical & pharmac \$3,000 / \$5,000	
Level 3 (Individual / Family)	\$6,850 /	\$13,700		
Level 4 (Individual / Family)	\$1,200 /	\$2,400		

¹Before you meet your deductible, preventive drugs are covered 100% and certain maintenance medications only require a copayment or coinsurance. See our website for more information.

³Must fill at Lumicera specialty pharmacy or UW Health Specialty Pharmacies



Mail-Order Pharmacy

Why use a mail-order pharmacy?

- You'll pay less
 Only 2 copays for a 3-month supply
- It's safe and confidential
 Your medications are delivered in a confidential and weather-resistant package
- You're supported
 Have a question about your medication?

 Pharmacists are available 24/7

For more information, visit **serve-you-rx.com/navitus** or call **1-800-481-4940**



Vaccines at Pharmacies

Get vaccinated at any in-network pharmacy using your pharmacy benefit.

- How much does it cost? \$0, it's free!
- Which vaccines are available? Influenza, Pneumonia, Tetanus, Hepatitis, Shingles, Measles, Mumps, Human Papillomavirus (HPV), Pertussis, Varicella, Meningitis

Just show your Navitus card at the pharmacy. If you prefer, you can still get vaccinated at your doctor's office using your medical benefit.

²For Level 3 "Dispense as Written" or "DAW-1" drugs, your doctor must submit a one-time FDA MedWatch form to Navitus. If there is no form on file with Navitus, you will pay more. Contact Navitus for details.



For Participants with Medicare

Step 1: Choose a Plan Design

A plan design determines:

- How much you pay per month
- How much you pay when you visit a provider
- Whether you can see providers locally or nationwide
- If your health plan will help pay for services not covered by Medicare

Quick Comparison

A high-level overview of the available It's Your Choice plan designs. See the next page for a breakdown of costs when you visit the doctor, have labs drawn or fill a prescription.

	Medicare Advantage	Medicare Plus	Health Plan Medicare
Monthly Cost (Premium)	\$ \$\$	\$\$ \$	\$\$\$
Provider Availability (Provider must accept Medicare payments)	Nationwide	Worldwide	Local
Nationwide Pharmacies	✓	✓	~
Available Health Plan(s)	UnitedHealthcare	WEA Trust	9 plans
Helps Pay for Services Not Covered by Medicare	Also helps pay for: hearing aids, routine hearing and vision exams, durable medical equipment not covered by Medicare	None	Also helps pay for: hearing aids, routine hearing and vision exams, durable medical equipment not covered by Medicare
Covered Length of Stay at a Skilled Nursing Facility	120 days at any facility	120 days at a Medicare- approved facility, or 30 days at a facility not approved by Medicare	120 days at any facility

Breakdown of Your Medical Costs

	Medicare Advantage & Health Plan Medicare	Medicare Plus
Annual Medical Deductible	\$0	\$0
Annual Medical Coinsurance	\$0*	\$0*
Annual Medical Out-of- Pocket Limit (OOPL)	None*	None*
Outpatient illness/injury related services	\$0	\$0
Emergency Room Copay	\$60 copay (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer)	\$0
Licensed Skilled Nursing Facility Medicare-covered services in a Medicare-approved facility	\$0 for the first 120 days, 100% after 120 days 3-day hospital stay required for Health Plan Medicare (Not required for Medicare Advantage)	\$0 for the first 120 days, 100% after 120 days Requires a 3-day hospital stay
Licensed Skilled Nursing Facility (Non-Medicare approved facility) If admitted within 24 hours following a hospital stay	\$0 for the first 120 days, 100% after 120 days	\$0 for eligible expenses for the first 30 days, 100% after 30 days
Hospital Semiprivate room and board, and miscellaneous hospital services and supplies such as drugs, X-rays, lab tests and operating room	\$0 Must be medically necessary and in- network unless emergency	\$0 for first 90 days and up to 150 days with "lifetime reserve" "Lifetime reserve" days are a one- time additional 60 days of hospital coverage paid by Medicare Once "lifetime reserve" is exhausted, you pay 100% after 90 days
Medical Supplies Durable medical equipment, durable diabetic equipment and related supplies	Medicare-approved supplies: 20% up to \$500 OOPL per individual, after OOPL: \$0 Supplies NOT covered by Medicare: 20% up to \$500 OOPL per individual, after OOPL: \$0	Medicare-approved supplies: \$0 Supplies NOT covered by Medicare: 100%
Routine Hearing Exam	\$0	100%
Hearing Exam for Illness or Disease	\$0	\$0

	Medicare Advantage & Health Plan Medicare	Medicare Plus
Hearing Aid per ear, every 3 years	20% until plan pays \$1,000, then 100% of the costs	100%
Home Health Care If receiving care under a doctor for part-time skilled nursing care, part-time home health aide care, physical therapy, occupational therapy, speech-language pathology services, medical social services	Medicare pays: 100% for visits considered medically necessary by Medicare, generally fewer than 7 days a week, less than 8 hours a day and 28 or fewer hours per week for up to 21 days Plan pays: 100% for 50 visits per year, plan may approve an additional 50 visits Medicare Advantage has no visit limits You pay: Full costs of visits not covered by Medicare and the plan beyond the 50 (or if approved, 100) visits per year	Medicare pays: 100% for visits considered medically necessary by Medicare, generally fewer than 7 days a week, less than 8 hours a day and 28 or fewer hours per week for up to 21 days Plan pays: 100% for up to 365 visits per year You pay: Full costs of visits beyond 365 visits per year

^{*}Different for medical supplies and hearing aids.

Breakdown of Your Pharmacy Costs

You must use an in-network pharmacy. Visit **members.navitus.com** to find an in-network pharmacy near you. In-network pharmacies are available nationwide. All It's Your Choice Medicare plan designs have the same pharmacy benefits.

Prescription Deductible	None		
Prescription Copay / Coinsurance			
Level 1	Up to \$5		
Level 2	20% (\$50 max)		
Level 3	40% (\$150 max)		
Level 4	\$50*		
Preventive As federally required	\$0 - Plan pays 100%		
Prescription Out-Of-Pocket Limit			
Levels 1 & 2 (Individual / Family)	\$600 / \$1,200		
Level 3 (Individual / Family)	\$6,850 / \$13,700		
Level 4 (Individual / Family)	\$1,200 / \$2,400		

^{*}Price if you fill at Lumicera specialty pharmacy or UW Health Specialty Pharmacies. If you do not fill at one of these pharmacies, you will pay 40% (\$200 max). The amounts paid will not apply to the Level 4 OOPL, rather, to a limit of \$6,850 individual / \$13,700 family.



For <u>all</u> participants

Step 2: Choose a Health Plan

Complete this step if you selected the IYC Health Plan, HDHP or Health Plan Medicare. Skip the map and turn to pages 13-15 for rates if you selected an Access Plan design, Medicare Advantage or Medicare Plus.

A health plan determines:

- Where you can receive care
- What providers you can see

Provider directories can be found on our website. Some plans let you see providers in nearby states.

Health Plans by County



*limited provider availability

Adams

- Dean Health Plan*
- Quartz Community
- WEA Trust East

Ashland

- GHC of Eau Claire
- HealthPartners Health Plan
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System*

Barron

- Dean Health Plan Prevea360
- HealthPartners Health Plan
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Bayfield

- GHC of Eau Claire
- HealthPartners Health Plan
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System*

Brown

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

Buffalo

- Dean Health Plan Prevea360
- HealthPartners Health Plan
- WEA Trust West Mayo Clinic Health System*

Burnett

- GHC of Eau Claire
- · HealthPartners Health Plan
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Calumet

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

Chippewa

- Dean Health Plan Prevea360
- HealthPartners Health Plan
- Quartz Community
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Clark

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

Columbia

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

Crawford

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

Dane

- Dean Health Plan
- GHC of South Central Wisconsin
- Quartz UW Health

Dodge

- · Dean Health Plan
- Network Health
- Quartz Community
- WEA Trust East
- WEA Trust West Mayo Clinic Health System*

Door

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

Douglas

- GHC of Eau Claire
- · HealthPartners Health Plan
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Dunn

- Dean Health Plan Prevea360
- HealthPartners Health Plan
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Eau Claire

- Dean Health Plan Prevea360
- HealthPartners Health Plan
- Quartz Community
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Florence

• Robin with HealthPartners

Fond du Lac

- · Dean Health Plan
- Network Health
- · Quartz Community
- Robin with HealthPartners
- WEA Trust East

Forest

- HealthPartners Health Plan*
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust East*

Grant

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

Green

- Dean Health Plan
- MercyCare Health Plan*
- Quartz Community

Green Lake

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

Iowa

- Dean Health Plan
- · GHC of South Central Wisconsin
- Medical Associates Health Plan
- Quartz Community

Iron

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

Jackson

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

Jefferson

- Dean Health Plan
- GHC of South Central Wisconsin
- MercyCare Health Plan
- Ouartz Community
- WEA Trust East

Juneau

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

Kenosha

- Network Health
- · WEA Trust East

Kewaunee

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

La Crosse

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

Lafayette

- · Dean Health Plan
- · Medical Associates Health Plan
- Quartz Community

Langlade

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

Lincoln

- GHC of Eau Claire
- HealthPartners Health Plan
- WEA Trust East

Manitowoc

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

Marathon

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

Marinette

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

Marquette

- Dean Health Plan*
- Network Health*
- Quartz Community
- Robin with HealthPartners*
- WEA Trust East

Menominee

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

Milwaukee

- Network Health
- · WEA Trust East

Monroe

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

Oconto

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

Oneida

- GHC of Eau Claire
- HealthPartners Health Plan
- WEA Trust East

Outagamie

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

Ozaukee

- Network Health
- · WEA Trust East

Pepin

- Dean Health Plan Prevea360*
- HealthPartners Health Plan
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System*

Pierce

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

Polk

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

Portage

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

Price

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

Racine

- · Network Health
- · WEA Trust East

Richland

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

Rock

- · Dean Health Plan
- MercyCare Health Plan
- Quartz Community
- WEA Trust East

Rusk

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

Sauk

- Dean Health Plan
- GHC of South Central Wisconsin
- Quartz Community

Sawyer

- GHC of Eau Claire
- HealthPartners Health Plan
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Shawano

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

Sheboygan

- Dean Health Plan Prevea360
- Network Health
- WEA Trust East

St. Croix

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

Taylor

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

Trempealeau

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

Vernon

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

Vilas

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

Walworth

- Dean Health Plan
- MercyCare Health Plan
- · Quartz Community
- WEA Trust East

Washburn

- · GHC of Eau Claire
- HealthPartners Health Plan
- WEA Trust West Chippewa Valley
- WEA Trust West Mayo Clinic Health System

Washington

- Network Health
- WEA Trust East

Waukesha

- Dean Health Plan
- Network Health
- Quartz Community
- WEA Trust East

Waupaca

- Network Health
- Robin with HealthPartners
- WEA Trust East

Waushara

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

Winnebago

- Network Health
- Robin with HealthPartners
- WEA Trust East

Wood

- · HealthPartners Health Plan
- Quartz Community
- WEA Trust East

Health Plan Ratings

Each year, participating health plans are evaluated on key care delivery areas, such as wellness, prevention, disease management and efficient use of resources. Use these ratings along with other information to make an informed decision. Full methodology and health plan report cards are available on our website.

Dean Health Insurance Dean, Prevea360	****
GHC of Eau Claire	****
GHC of South Central Wisconsin	****
HealthPartners HealthPartners, Robin	****
Medical Associates	***
MercyCare	***

Network Health	***
Quartz Community, UW Health	****
WEA Trust Access Plan, East, West - Chippewa Valley, West - Mayo Clinic Health System, State Maintenance Plan (SMP)	****
UnitedHealthcare Medicare Advantage ¹	****

¹UnitedHealthcare score derived from Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System

Monthly Premiums (Retirees without Medicare)

Uniform Dental premiums are added to your medical premiums if you choose coverage.

See premiums on page 17.

	IYC Health Plan		HDHP	
	Individual	Family	Individual	Family
Dean Health Insurance	\$700.32	\$1,717.30	\$605.38	\$1,479.94
Dean Health Insurance - Prevea360	\$763.28	\$1,874.70	\$659.54	\$1,615.34
GHC of Eau Claire	\$871.60	\$2,145.50	\$752.68	\$1,848.20
GHC of South Central Wisconsin	\$664.26	\$1,627.14	\$574.38	\$1,402.44
HealthPartners Health Plan	\$807.26	\$1,984.64	\$697.36	\$1,709.90
Medical Associates Health Plans	\$719.86	\$1,766.14	\$622.18	\$1,521.94
MercyCare Health Plans	\$707.92	\$1,736.30	\$611.92	\$1,496.30
Network Health	\$821.76	\$2,020.90	\$709.82	\$1,741.04
Quartz - Community	\$803.62	\$1,975.54	\$694.22	\$1,702.04
Quartz - UW Health	\$691.54	\$1,695.34	\$597.84	\$1,461.10
Robin with HealthPartners Health Plan	\$807.26	\$1,984.64	\$697.36	\$1,709.90
State Maintenance Plan (SMP)¹ by WEA Trust	\$980.92	\$2,418.80	\$829.26	\$2,039.66
WEA Trust - East	\$826.56	\$2,032.90	\$713.96	\$1,751.40
WEA Trust West - Chippewa Valley	\$845.26	\$2,079.64	\$730.04	\$1,791.60
WEA Trust West - Mayo Clinic Health System	\$845.16	\$2,079.40	\$729.94	\$1,791.34
	Access Plan		Access	HDHP
	Individual	Family	Individual	Family
WEA Trust ¹	\$1,540.66	\$3,818.16	\$1,300.56	\$3,217.90

¹Members with the Access Plan or SMP coverage who enroll in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Access Plan or the State Maintenance Plan (SMP).

Monthly Premiums (Retirees with Medicare)

"Medicare All" is family coverage where all insured members are enrolled in Medicare Parts A, B and D.

Uniform Dental premiums are added to your medical premiums if you choose coverage.

See premiums on page 17.

See premiums on page 17.	Individual	Medicare Some	Medicare All
	Medicare Advantage		
UnitedHealthcare	\$236.04	See next page	\$449.74
	Medicare Plus		
WEA Trust	\$333.00	See next page	\$643.66
	Health Plan Medicar	e	
Dean Health Insurance	\$396.40	\$1,074.38	\$770.46
Dean Health Insurance - Prevea360	\$452.02	\$1,192.96	\$881.70
GHC of Eau Claire	\$462.62	\$1,311.88	\$902.90
GHC of South Central Wisconsin	\$410.32	\$1,052.24	\$798.30
HealthPartners Health Plan	\$359.42	\$1,144.34	\$696.50
Medical Associates Health Plans	\$325.82	\$1,023.34	\$629.30
MercyCare Health Plans	\$382.06	\$1,067.64	\$741.78
Network Health	\$414.62	\$1,214.04	\$806.90
Quartz - Community	\$417.44	\$1,198.72	\$812.54
Quartz - UW Health	\$371.50	\$1,040.70	\$720.66
Robin with HealthPartners Health Plan	\$359.42	\$1,144.34	\$696.50
State Maintenance Plan (SMP) by WEA Trust	\$333.00	\$1,291.58	\$643.66
WEA Trust - East	\$383.98	\$1,188.20	\$745.62
WEA Trust West - Chippewa Valley	\$390.38	\$1,213.30	\$758.42
WEA Trust West - Mayo Clinic Health System	\$390.22	\$1,213.04	\$758.10

[&]quot;Medicare Some" is family coverage with at least one insured family member enrolled in Medicare Parts A, B and D. The "Medicare Some" rates below include the IYC Health Plan for non-Medicare members. For HDHP rates, visit our website.

Monthly Premiums

"Medicare Some" Rates for Medicare Plus & Medicare Advantage

When you select Medicare Advantage or Medicare Plus to coordinate with your Medicare coverage, you can select a different health plan for your non-Medicare members. The rates below are for the IYC Health Plan design. For HDHP rates, visit our website.

Uniform Dental premiums are added to your medical premiums if you choose coverage. See premiums on page 17.

Non-Medicare Health Plan	with Medicare Advantage	with Medicare Plus
Dean Health Insurance	\$914.02	\$1,010.98
Dean Health Insurance - Prevea360	\$976.98	\$1,073.94
GHC of Eau Claire	\$1,085.30	\$1,182.26
GHC of South Central Wisconsin	\$877.96	\$974.92
HealthPartners Health Plan	\$1,020.96	\$1,117.92
Medical Associates Health Plans	\$933.56	\$1,030.52
MercyCare Health Plans	\$921.62	\$1,018.58
Network Health	\$1,035.46	\$1,132.42
Quartz - Community	\$1,017.32	\$1,114.28
Quartz - UW Health	\$905.24	\$1,002.20
Robin with HealthPartners Health Plan	\$1,020.96	\$1,117.92
State Maintenance Plan (SMP) by WEA Trust	\$1,194.62	\$1,291.58
WEA Trust - East	\$1,040.26	\$1,137.22
WEA Trust West - Chippewa Valley	\$1,058.96	\$1,155.92
WEA Trust West - Mayo Clinic Health System	\$1,058.86	\$1,155.82
Access Plan by WEA Trust	\$1,754.36	\$1,851.32



For <u>all</u> participants

Step 3: Consider Supplemental Benefits

Get even more coverage by signing up for vision or dental insurance.

HDHP participants: don't forget to enroll in a Health Savings Account to save pre-tax money for health care expenses. You must enroll each year.

Vision Insurance

Vision services from a nationwide network of providers with over 667 in Wisconsin.

Coverage Includes:

- No charge for standard progressive lenses, scratch resistant coating
- Biannual WellVision Exams for children, annual for adults
- Annual contact lens exam and \$150 allowance for contacts or frames

Monthly Premium:

Retiree	Retiree + Spouse	Retiree + Child(ren)	Family
\$6.38	\$12.76	\$12.76	\$14.98



1-800-877-7195

state of wire tire es. vsp forme.com

HDHP participants only

Health Savings Account (HSA)

Use for health care expenses or additional retirement savings

What's special about the account:

- You own it the money stays with you even if you switch health plans
- Money in your account earns interest and when you have over \$1,000, you can invest your money in mutual funds
- Money is available as it is deposited
- After you turn 65, you can withdraw money for any purpose without penalty (though it will be taxed)

To be eligible, you cannot have any other health coverage that pays for out-of-pocket health care expenses before you meet your IYC HDHP deductible, including Medicare A and B.



1-833-881-8158

www.connectyourcare.com

Annual Contribution Limit:

Individual: \$3,550 | Family: \$7,100

Carryover Limit:

Unlimited; All money carries over

Annual Catch-Up Contribution

Limit: (Age 55-65 only) \$1,000

Dental Insurance

Step 1: Sign up for basic coverage

Get covered for basic procedures such as cleanings, fluoride treatment, fillings and orthodontia

Uniform Dental

Only available to those **enrolled** in health insurance under the State of Wisconsin Group Health Insurance Program

New for 2020!

or

Delta Dental PPO Plus Premier™ – Preventive Plan

Only available to those **not enrolled** in health insurance through the program

Step 2: Add more coverage if needed

Get covered for items such as crowns, bridges, dentures, implants and root canals

Delta Dental PPO™ -Select Plan

or

Delta Dental PPO Plus Premier™ -Select Plus Plan

Monthly Cost (Premium)

The Uniform Dental premium is added to your health insurance premium. Preventive Plan, Select Plan and Select Plus Plan are separate deductions.

	Uniform Dental	Preventive Plan	Select Plan	Select Plus Plan
Retiree	\$30.20	\$30.20	\$15.44	\$27.06
Retiree + Child(ren)			\$21.19	\$50.06
Retiree + Spouse			\$31.39	\$54.12
Family	\$75.50*	\$75.50	\$37.67	\$82.54

^{*}Medicare Some or Medicare All recipients pay a family rate of \$60.40

Things to Note

- Uniform Dental coverage mirrors your health insurance coverage. Example: If you elect family health insurance with dental, you will be enrolled in family dental coverage.
- Enrollment continues each year unless you cancel during the open enrollment period.
- Make sure your dentist is covered. The Select Plan has fewer in-network dentists than the Select Plus, Uniform Dental and Preventive plans.

Plan Administrator



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 innetwork providers, print ID cards, view your claims and more!

What is Covered

	Uniform Dental & Preventive Plan	Select Plan	Select Plus Plan
In-Network providers (No out-of-network coverage)	Delta Dental PPO & Premier providers	Delta Dental PPO	Delta Dental PPO & 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
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests	100%	No coverage	No coverage
Fillings	100%	No coverage	No coverage
Anesthesia (general and IV sedation)	80%	50%	80%
Emergency pain relief	80%	No coverage	No coverage
Periodontal maintenance	100%	No coverage	No coverage
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% (Any age)
Orthodontics lifetime maximum	\$1,500	No coverage	\$1,500

Well Wisconsin

Well Wisconsin, administered by StayWell®, supports you on your personal health journey and rewards you with a \$150 incentive. Access free and confidential resources and services, such as health coaching, online challenges and more. **NEW FOR 2020**: An updated and improved StayWell website and app, plus a simpler way to receive your incentive.

Note: Retirees will see taxes removed from the total gift card amount. Medicare Advantage participants are not eligible for the Well Wisconsin incentive and have wellness incentives available through UnitedHealthcare.

wellwisconsin.staywell.com

1-800-821-6591

İiİ STAYWELL.

StayWell® is a registered trademark of StayWell® Company, LLC. All health and wellness incentives are considered taxable income to the subscriber and are reported to your employer. Personal health information is protected by federal law and will not be shared with ETF, the group insurance board, or your employer.

WELL WISCONSIN



Open Enrollment: September 30 - October 25, 2019

Mailed application must be postmarked by October 25, 2019



1-877-533-5020 7:00 a.m. to 5:00 p.m. (CST) Monday-Friday



PO Box 7931 Madison, WI 53707-7931





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 Office of Policy, Privacy & Compliance, which 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 Office, 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 Office 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).

Arabic: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك العجلة العربية، فهناك خدمة مساعدة متاحة بلغتك التحل بالرقم

711 (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, ການບໍລິການຊ່ວຍເຫຼືອ ດ້ານພາສາ, 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

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.