

It's Your Choice 2016 Important Changes: State Active

IT'S YOUR CHOICE IMPORTANT CHANGES 2016

Open Enrollment: October 5 - 30, 2015

Changes Effective: January 1, 2016



Welcome to the It's Your Choice 2016 Important Changes presentation. Note that the It's Your Choice open enrollment period is from October 5 through October 30, 2015. Any changes made to insurance coverage during this time will be effective January 1, 2016.

The ETF website contains complete information on the plan changes and all are encouraged to visit it. Please note. At any time during the presentation, you can click on the menu button to return to this screen. Once here, you may click on any button to go directly to the corresponding section.

STATE OF WISCONSIN GROUP HEALTH INSURANCE PROGRAM

2016 Changes for Active Employees

IT'S YOUR CHOICE

Open Enrollment: October 5 - 30, 2015

Changes Effective: January 1, 2016

This section is for active state employees, including those who work for UW. Please click menu on the upper right of this presentation if you reached this section in error.

The following presentation highlights changes to the Wisconsin Group Health Insurance Program for 2016.

Note that the It's Your Choice open enrollment period is from October 5 through 30, 2015, and any changes will be effective January 1, 2016.

TAKING ACTION DURING OPEN ENROLLMENT

Open Enrollment: October 5 - 30, 2015
Changes effective January 1, 2016

Action Needed:

- Changing current health plan
- Changing coverage
- Opting out of dental
- Enrolling in a pre-tax flexible spending account or transit/parking benefits

Visit It's Your Choice 2016 at etf.wi.gov to understand how coverage may change in 2016

The It's Your Choice 2016 open enrollment period is **October 5-30, 2015**. This is members opportunity to change health plans, change from family to individual coverage, enroll if they had previously deferred coverage, cancel coverage and more, including enrolling in a pre-tax flexible spending account.

Open enrollment is available to all who are eligible under the State of Wisconsin Group Health Insurance Program. This includes employees, retirees, currently insured COBRA continuants, surviving spouses and dependents. Changes in coverage become effective January 1, 2016.

Generally, if members plan to stay with their current health plan, are not changing coverage and are not opting out of dental, they don't need to do anything during the It's Your Choice open enrollment period. However, all members should still visit It's Your Choice 2016 at etf.wi.gov to understand how their coverage may change in 2016.

An easy way to visit the website is by clicking on ETF Website in the upper right of this presentation.

PLENTY OF PLAN OPTIONS



It's Your Choice Health Plan
(formerly *Coinsurance Uniform Benefits*)



It's Your Choice High Deductible Health Plan
(formerly *High Deductible Health Plan*)



It's Your Choice Access Health Plan
(formerly *Standard Plan*)



It's Your Choice Access High Deductible Health Plan
(formerly *High Deductible Standard Plan*)

While the basic plan structures remain constant, there are changes to the names of the health plans. The names of the new health plans are as follows:

HDHP ELIGIBILITY

The following are eligible to participate in the high deductible health plans:

State employees who are not covered by any other medical health insurance program, except those eligible for the graduate assistant/short-term academic staff benefits

Limited-term employees eligible for the State of Wisconsin Group Health Insurance Program

Retirees younger than age 65

The following members are eligible to participate in the high deductible health plans:

IT'S YOUR CHOICE HEALTH PLAN (IYC HEALTH PLAN)

Formerly Coinsurance Uniform Benefits

Choose from a variety of health plan providers who offer the same uniform benefits package

The majority of members choose this plan



With the It's Your Choice Health Plan-*formerly Coinsurance Uniform Benefits*-members can choose from a variety of plan providers that offer the same uniform benefits package. Most of the State of Wisconsin Group Health Insurance members are covered under this plan.

IT'S YOUR CHOICE HIGH DEDUCTIBLE HEALTH PLAN (IYC HDHP)

Formerly *High Deductible Health Plan*

Same uniform benefits package and health plan providers as IYC Health Plan

Higher deductible and out-of-pocket limits, in exchange for a lower monthly premium cost

Paired with Health Savings Account

- Employer Contribution:
\$750 Individual \$1,500 Family

Action Needed: Make a new election to participate in the ERA

[Click to see if you are eligible](#)



The It's Your Choice High Deductible Health Plan-*formerly High Deductible Health Plan*-provides the same uniform benefits package and health plan providers as the It's Your Choice Health Plan.

The difference is that this plan option has a higher deductible and out-of-pocket limit. In exchange for the increased cost sharing, this design is paired with a Health Savings Account into which employers deposit money for eligible members. For 2016, employers will increase their Health Savings Account contributions to \$750 per individual plan and \$1,500 per family for those enrolled in the high deductible health plans.

This plan design offers a lower monthly premium cost than the other health plan designs.

IT'S YOUR CHOICE ACCESS HEALTH PLAN (IYC ACCESS HEALTH PLAN)

Formerly the *Standard Plan*

Freedom of choice for doctors and hospitals across the country, in exchange for a higher monthly premium



The It's Your Choice Access Health Plan-*formerly the Standard Plan*-provides freedom of choice for doctors and hospitals across the country. In exchange for the increased flexibility in medical providers, the monthly premium cost for the IYC Access Health Plan is more than that of the It's Your Choice Health Plan and the It's Your Choice High Deductible Health Plan design options.

IT'S YOUR CHOICE ACCESS HIGH DEDUCTIBLE HEALTH PLAN (IYC HDHP)

Formerly *High Deductible Standard Plan*

Freedom of choice for doctors and hospitals across the country, in exchange for a higher deductible and out-of-pocket limits

Paired with Health Savings Account

- Employer Contribution: \$750 Individual \$1,500 Family

Action Needed: Make a new election to participate in the ERA

[Click to see if you are eligible](#)



The It's Your Choice Access High Deductible Health Plan-formerly the *High Deductible Standard Plan*-provides freedom of choice for doctors and hospitals across the country, along with a higher deductible and out-of-pocket limit. In exchange for the increased cost sharing, this design is paired with a Health Savings Account into which employers deposit money for eligible members.

For 2016, employers will increase their Health Savings Account contributions to \$750 per individual plan and \$1,500 per family for those enrolled in the high deductible health plans.

The member's monthly premium cost is less than the It's Your Choice Access Health Plan design option.

RATES EFFECTIVE JANUARY 1, 2016

When you select medical coverage you are automatically enrolled in dental, but you may opt out of dental.

	It's Your Choice Health Plan* Medical with Dental	
	Single Rate	Family Rate
	\$86.00	\$217.00
UW Graduate Assistants**		
Single Rate		Family Rate
\$44.50		\$112.50
	It's Your Choice Health Plan* Medical without Dental	
	Single Rate	Family Rate
	\$83.00	\$209.00
UW Graduate Assistants**		
Single Rate		Family Rate
\$41.50		\$104.50
	It's Your Choice HDHP* Medical with Dental	
	Lower premium, higher deductible & OOPL	
	Single Rate	Family Rate
\$32.00		\$81.00
	It's Your Choice HDHP* Medical without Dental	
	Lower premium, higher deductible & OOPL	
	Single Rate	Family Rate
\$29.00		\$73.00

UW Graduate Assistants are not eligible for the It's Your Choice HDHP

	It's Your Choice Access Health Plan* Medical with Dental	
	Higher premium, increased provider flexibility	
	Single Rate	Family Rate
\$253.00		\$632.00
UW Graduate Assistants**		
Single Rate		Family Rate
\$128.00		\$320.00
	It's Your Choice Access Health Plan* Medical without Dental	
	Higher premium, increased provider flexibility	
	Single Rate	Family Rate
\$250.00		\$624.00
UW Graduate Assistants**		
Single Rate		Family Rate
\$125.00		\$312.00
	It's Your Choice Access HDHP* Medical with Dental	
	Increased provider flexibility, lower premium, higher deductible & OOPL	
	Single Rate	Family Rate
\$199.00		\$496.00
	It's Your Choice Access HDHP* Medical without Dental	
	Increased provider flexibility, lower premium, higher deductible & OOPL	
	Single Rate	Family Rate
\$196.00		\$488.00

HDHP = High Deductible Health Plan
OOPL = out-of-pocket limit

Employees appointed to work fewer than 1,040 hours or less than 50% of full time will pay 50% of the total monthly premium.

Employees of the University of Wisconsin Hospital & Clinics or other quasi-governmental authorities should direct questions about their premium contribution amounts to their benefits, payroll, or personnel office.

Graduate assistants are not eligible for the It's Your Choice High Deductible Health Plan.

HOW TO CHOOSE A HEALTH PLAN

1. Choose a plan design
2. Find plans in the area
3. Choose a health plan
4. Enroll or make a change by visiting etf.wi.gov
 - It's Your Choice 2016 then click on myETF Benefits
 - Or Submit a health insurance application/change form to ETF
 - UW System: www.wisconsin.edu/ohrwd/benefits
 - UW Hospital and Clinics: paper application submitted to HR
5. Stay up to date by signing up for e-alerts on health and wellness benefits by visiting etf.wi.gov
 - ETF E-mail Updates 

Here are the steps that members should take when choosing their health plan.

It is also important that members stay up to date by signing up for e-alerts on health and wellness benefits by visiting etf.wi.gov.

INCREASED COST SHARING

Added deductibles

Copayments for office visits

Coinsurance for certain prescription drugs

Increased medical and prescription drug out-of-pocket limits

In general, changes for 2016 include increased cost sharing for members in the forms of:

Members will need to meet a medical deductible before the health plan will start paying towards certain medical expenses (except for office visits).

Copayments will be paid for office visits.

Coinsurance, rather than copayments, will be charged for certain prescription drugs.

Medical and prescription drug out-of-pocket limits are increasing.

DEFINITIONS

Coinsurance

The member's share of the costs of a covered health care service or prescription drug, calculated as a percent of the amount for the service or cost of the drug.

Copayment

A fixed amount paid for a covered health care service, usually due at the time the service is received.

Deductible

The amount one must pay out-of-pocket for the full cost of certain health care services before the health plan begins to pay.

Out-of-Pocket-Limit (OOPL)

A plan provision that limits the members' cost-sharing. The OOPL is the maximum amount that a member will pay for in-network covered services during a plan year (calendar year).

Coinsurance is the member's share of the costs of a covered health care service, calculated as a percent of the amount for the service or cost of the drug. Example: If a diagnostic test costs \$100, and the deductible has been met, then the coinsurance payment of 10% would be \$10 (10% of \$100). The health plan pays the rest of the cost (\$90).

A copayment is a fixed amount paid for a covered health care service, usually due at the time the service is received. One example is paying a \$15 copayment for a primary care visit.

A deductible is the amount one must pay out-of-pocket for the full cost of certain health care services before the health plan begins to pay.

An out-of-pocket limit (OOPL) is a plan provision that limits the members' cost-sharing. The OOPL is the maximum amount that a member will pay for in-network covered services during the plan year, which is the same as the calendar year. The state programs have OOPLs in place that apply to certain medical and prescription drug out-of-pocket costs. The federal government also enforces maximum out-of-pocket limits that are much higher than the OOPLs of the State Group Health Insurance Programs. For any medical and prescription drug out-of-pocket costs that do not stop at the program OOPL, or Level 3 and Level 4 prescription drugs that do not apply to the group health insurance program's OOPL, the federal maximum out-of-pocket limits provide a safety net that does not allow members to incur any out-of-pocket expenses more than \$6,850 individual coverage or \$13,700 family coverage.

MEDICAL DEDUCTIBLE

The amount one must pay out-of-pocket for the full cost of certain health care services before the health plan begins to pay

IYC Health Plan:

- \$250 Individual
- \$500 Family

Other plan deductibles remain the same

A deductible is the amount one must pay out-of-pocket for the full cost of certain health care services before the health plan begins to pay.

The It's Your Choice Health Plan has deductibles of \$250 per individual and \$500 per family. Deductibles for the other plans have not changed.

MEDICAL COPAYMENT

A fixed amount paid for a covered health care service, usually due at the time the service is received.

Primary Care Office Visit

\$15 per visit for all plans in-network

Specialty Care Office Visit

\$25 per visit for all plans in-network

Copayments do not count towards the deductible, and will stop once the out-of-pocket limit is reached

Out-of-network costs for other plans vary
See website for complete details

A copayment is a fixed amount paid for a covered health care service which is usually due at the time the service is received.

All plans will have a primary care office visit copayment of \$15. Therapy also falls into this category. Urgent and specialty care office visit copayments are \$25 in-network. Click on the office visit boxes to see other examples of applicable visits.

Copayments do not count towards the deductible and will stop once the out-of-pocket limit is reached.

See website for complete details.

OFFICE VISITS:

PRIMARY CARE

\$15 Copayment:

- Internist
- General Physician
- Family Practitioner
- Pediatrician
- Gynecologist/Obstetrician
- Nurse Practitioner
- Physician Assistant
- Chiropractor
- Physical/Occupational/
Speech/Therapy in an office
visit setting
- Mental Health Provider

SPECIALTY CARE:

\$25 Copayment

- Specialty Providers
- Urgent Care
- Vision Exam in an office visit
setting

EMERGENCY ROOM COPAYMENT

A fixed amount paid for a covered health care service, usually due at the time the service is received

IYC Health Plan:

\$75 copayment per visit, then the deductible and coinsurance apply to services beyond the ER visit up to the out-of-pocket limit

Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or more

A copayment is a fixed amount paid for a covered health care service, usually due at the time the service is received. The It's Your Choice health plan has a \$75 copayment per emergency room visit. Then the deductible and coinsurance apply to services beyond the \$75 copayment up to the out-of-pocket limit.

The \$75 emergency room copayment is waived if the member is admitted as an inpatient directly from the emergency room or for observation for 24 hours or more.

UNIFORM DENTAL BENEFIT DETAILS

Must have Medical

Must be enrolled in medical plan to elect the Uniform Dental Benefit

Opt Out of Dental

Individuals on state health plan will need to opt out if they do not want dental coverage

Those who do not opt out will have coverage

Login to myETF benefits to opt out or submit health insurance application/change form

Corresponding Plan

Family medical coverage = family dental coverage

Individual medical coverage = individual dental coverage

Supplemental dental insurance (Epic, Dental Wisconsin, Anthem DentalBlue) remain separate optional plan offerings

Beginning January 1, 2016, members can choose health insurance, with or without Uniform Dental Benefits. Members must have medical coverage under the State of Wisconsin Group Health Insurance Program in order to elect Uniform Dental Benefit plan coverage.

Members currently enrolled in a health plan will automatically be enrolled in Uniform Dental Benefits and can choose to opt out during the It's Your Choice open enrollment period.

Members on the state plan will need to **opt out** of the Uniform Dental Benefit during the It's Your Choice open enrollment period if they do not want the coverage. Those who do not opt out will be defaulted to have the coverage. A member who elects family medical coverage with dental will be enrolled in the family dental coverage. Similarly, a member who elects individual medical coverage with dental will be enrolled in the individual dental coverage.

Supplemental dental insurance (i.e. Epic, Dental Wisconsin, and Anthem DentalBlue) will remain separate optional plan offerings.

UNIFORM DENTAL BENEFIT

Delta Dental

Administered by Delta Dental of Wisconsin

Two Provider Networks:

1. *Delta Dental PPO*
2. *Delta Dental Premier*

Medical coverage with Uniform Dental Benefit or medical coverage without Uniform Dental Benefit

Action Needed

Visit [Delta Dental's website](#) for specific provider information

Delta Dental has two provider networks available under the Uniform Dental Benefit: Delta Dental PPO and Delta Dental Premier. Providers covered under these networks are considered “in-network” under the Uniform Dental Benefit.

Members are encouraged to search Delta Dental’s website to see if their current providers are in-network before deciding on dental benefits during the It’s Your Choice open enrollment period and before receiving dental services in 2016.

There is no benefit for out-of-network providers.

PAYING FOR UNIFORM DENTAL BENEFIT

Premiums

Not electing the Uniform Dental Benefit coverage will result in lower health insurance premiums

Deductibles

Dental expenses are not subject to a deductible

None of the medical deductibles (including the High Deductible Health Plan option) apply to dental expenses

Covered Services

See Uniform Dental Benefits Certificate

No changes to covered services, copayments and/or coinsurance

The Uniform Dental Benefit premium will be included in the medical health insurance premium.

Dental expenses, including those for the High Deductible Health Plan, are **separate** from medical benefits and will **not** be subject to a deductible.

All covered services, copayments and/or coinsurance will be outlined in the Uniform Dental Benefit Certificate at It’s Your Choice 2016 at etf.wi.gov and on Delta Dental’s website and enrollment materials. There are no changes to the covered dental services, copayments and/or coinsurance for 2016.

ANNUAL MEDICAL OUT-OF-POCKET-LIMIT (OOPL)

The OOPL is the maximum amount that a member will pay for in-network covered services during a plan year

IYC Health Plan:

- \$1,250 Individual
- \$2,500 Family

Out-of-pocket limits for the other plans have not changed

An out-of-pocket limit (OOPL) is a plan provision that limits the members' cost-sharing.

The OOPL is the maximum amount that a member will pay for in-network covered services during a plan year (same as a calendar year). The state programs have out-of-pocket limits in place that apply to certain medical and prescription drug out-of-pocket costs. The It's Your Choice Health Plan has annual medical out-of-pocket limits of \$1,250 for the individual plan and \$2,500 for the family plan. Out-of-pocket limits of the other plans have not changed.

PRESCRIPTION COST FROM PHARMACY

Covered under the State Group Health Insurance Program

Navitus Health Solutions is your Pharmacy Benefit Manager

Need to know the Navitus discounted cost of the drug, not the full retail cost

Then, multiply the total cost of the drug by the appropriate coinsurance percentage to arrive at the amount you will pay for your drug

One of the cost saving measures that we discussed earlier is that coinsurance, rather than copayments will be charged for certain prescription drugs. Because coinsurance is a percentage of total cost, the cost of the drug will impact how much you pay.

One option to find the total cost of your drug is to contact your pharmacist and ask what the total cost is. If you take this approach, show your pharmacist your Navitus ID card if necessary and be sure to inform your pharmacist that...

-You are a state group health insurance program member, Navitus Health Solutions is your Pharmacy Benefit Manager, You need to know the Navitus discounted cost of the drug - not the full retail cost. You can then multiply the total cost of the drug by the appropriate coinsurance percentage to arrive at the amount you will pay for your drug. For example, if the Navitus discounted cost of a Level 2 drug is \$200, your cost would be \$40 ($\$200 \times 20\%$). The most you will pay for a level 2 drug is \$50 based on the maximum Level 2 coinsurance of \$50 established by the Group Insurance Board.

Note: If you are enrolled in an HDHP you will pay the full discounted price until your deductible has been met.

You may also find the total cost of your prescribed drug on the documents and/or receipts you receive with your prescription.

HOW MUCH WILL MY PRESCRIPTION COST? LOGIN TO MEMBER PORTAL: NAVITUS.COM



Another option to find the total cost of your drug is to review your medication history for 2015 via the Navi-Gate for Members portal on Navitus' web site. Go to navitus.com, click on the "Members" option on the left side of the screen, then register or log on.

Navigate your way to the "Medication History" page where you can find the amount the plan has paid and the amount you have paid for prescription drug claims processed by Navitus. The sum of these two amounts is the total cost of your drug.

PHARMACY: DEDUCTIBLE

The amount one must pay out-of-pocket for the full cost of certain health care services before the health plan begins to pay

IYC Health Plan	IYC HDHP	IYC Access Health Plan In-Network	IYC Access Health Plan Out-of-Network	IYC Access HDHP In-Network	IYC Access HDHP Out-of-Network
None	\$1,500 / \$3,000 (combined medical & Rx)	None	None	\$1,700 / \$3,400 (combined medical & Rx)	\$2,000 / \$4,000 (combined medical & Rx)

Deductibles only apply to pharmacy benefits when a member elects to enroll in a High Deductible Health Plan, and then medical and prescription drug costs are combined to meet that deductible.

Prescription drug out-of-pocket limits, which are higher for the High Deductible Health Plans, must still be met. But the prescription drug costs applied to the deductible are also simultaneously applied to the out-of-pocket limit.

PHARMACY: COPAYMENT & COINSURANCE

Copayment: A fixed amount paid for a covered health care service, usually due at the time the service is received

Coinsurance: The member's share of the costs of a covered health care service or prescription drug, calculated as a percent of the amount for the service or cost of the drug

	IYC Health Plan	IYC HDHP	IYC Access Health Plan In-Network	IYC Access Health Plan Out-of-Network	IYC Access HDHP In-Network	IYC Access HDHP Out-of-Network
Level 1	\$5	\$5	\$5	\$5	\$5	\$5
Level 2	20% (\$50 max)					
Level 3	40% (\$150 max) ²	40% (\$150 max)	40% (\$150 max) ²	40% (\$150 max) ²	40% (\$150 max)	40% (\$150 max)
Level 4 Preferred drugs	\$50 ³ or 40% (\$200 max)					
Level 4 Non-preferred drugs⁴	40% (\$200 max)					

Complete information about the footnotes referenced in this chart can be found on ETF's website.

Level 1 drugs include most generic drugs and some low-cost brand name drugs. Level 1 drugs will maintain their \$5 copayment in 2016. Level 1 copayments apply to the Level 1 and 2 out-of-pocket limit.

Levels 2 - 4 include most brand name drugs and some high-cost generic drugs. Level 2 drugs require the member to pay 20% of the cost of the drug up to a \$50 maximum per fill. Level 2 coinsurance applies to the Level 1 and 2 out-of-pocket limit.

Level 3 drugs require the member to pay 40% of the cost of the drug up to a \$150 maximum per fill. (Note Level 3 drugs do not count toward any out-of-pocket limit.)

Level 4 drugs require the member to pay 40% of the cost of the drug up to a \$200 maximum per fill. A reduced \$50 Level 4 copayment is available for members who have their Preferred Specialty Drugs filled by the Preferred Specialty Pharmacy which is Diplomat.

Level 4 coinsurance and copayments for Preferred Specialty Drugs apply to the Level 4 out-of-pocket limit, which is separate from the Level 1 and 2 out-of-pocket limit. Level 4 coinsurance and copayments for Non-Preferred Specialty Drugs do not apply to any out-of-pocket limit.

PHARMACY: OUT-OF-POCKET LIMITS

The maximum amount that a member will pay for in-network covered services during a plan year (calendar year).

	IYC Health Plan	IYC HDHP	IYC Access Health Plan In-Network	IYC Access Health Plan Out-of-Network	IYC Access HDHP In-Network	IYC Access HDHP Out-of-Network
Levels 1 & 2	\$600 / \$1,200 ⁵	\$2,500 / \$5,000 (combined medical & Rx)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$3,500 / \$7,000	\$3,800 / \$7,600
Level 3	\$6,850 / \$13,700 ^{2,6}		\$6,850 / \$13,700 ^{2,6}	None		
Level 4 ⁴	\$1,200 / \$2,400		\$1,200 / \$2,400	\$1,200 / \$2,400		

Complete information about the footnotes referenced in this chart can be found on ETF's website.

The out-of-pocket limit is the maximum amount that a member will pay for in-network covered services during a plan year, which happens to coincide with a calendar year.

The Level 1 and 2 out-of-pocket limit is separate and distinct from the Level 4 out-of-pocket limit.

Scenarios

Please click on topics of interest to see payments needed. These scenarios are not applicable to those with Medicare nor to those insured under the Wisconsin Public Employer Group Health Insurance Program.

Preventive Care

Q: I am a state employee with the It's Your Choice Health Plan with family coverage. My daughter just turned 3 years old and is going in for her 3 year-old check up. No one in the family has had any medical claims. What will I have to pay for this visit?

A: A check up for a 3-year-old is considered a preventive service under the Affordable Care Act and is covered 100% by your health plan. Routine immunizations typically given at a check up are also covered at 100%.

Click on the Resources Tab for a link of preventive services.

Office Visit and Deductible

Q: I have health insurance in the It's Your Choice Health Plan with individual coverage. I have diabetes and will be seeing an endocrinologist. How much will I pay for this visit?

A: You will pay a \$25 specialist office visit copayment. If the doctor has lab work done as a part of this visit, you will pay up to your \$250 individual deductible, followed by 10% coinsurance for those (non-office visit) medical services. You will not pay more than \$1,250 (individual) for medical out-of-pocket costs in a year in copayments, deductible and coinsurance. Remember that prescription drugs apply to separate out-of-pocket limits.

*Family coverage has a \$500 deductible and a maximum out-of-pocket limit of \$2,500.

Determining Cost of Prescription Drugs

Q. I have health insurance in the It's Your Choice Health Plan with individual coverage. I need to pick up a Level 2 prescription drug that I have taken before. How do I know how much it will cost me?

A. You may look at the member portal on the Navitus Health Solutions website (Navi-gate for Members) or you may visit or call your pharmacist to learn the total negotiated cost of the prescription drug. Tell them that you are a State of Wisconsin member and your pharmacy benefit manager is Navitus. You will pay 20% of the total negotiated cost of the prescription drug. For example, if the total negotiated cost is \$500, you will pay \$50 ($\$500 \times 20\% = \100 ; maximum Level 2 coinsurance is \$50).

Preventive Drugs with HDHP

Q: I am a state employee with the IYC High Deductible Health Plan with individual coverage. I have paid \$1,000 toward my deductible so far this year. I need to pick up a Level 1 prescription that is on Navitus' Preventive Drug list. How much will I pay for this medication?

A: Since your medication is considered a preventive drug under the Affordable Care Act (ACA), the deductible doesn't apply. You will only pay the Level 1 copay (\$5 per fill) for this medication. Note: Certain preventive prescription drugs are covered 100% as required by the ACA.

Click on the Resources Tab for a link of preventive services.

Dental

Q. I have health insurance in the state's group program with the Uniform Dental Benefit plan, and I have no supplemental dental insurance (e.g., EPIC Benefits). I need to see my in-network dentist for a cleaning, two fillings, and a root canal. I haven't used any of my dental benefit so far this year. How much will I pay for this visit?

A. Your cleaning and fillings are covered at 100% under the Uniform Dental Benefit. However, root canal treatment is not covered under this benefit. You will be responsible for the full cost of the root canal, as billed by your dentist. Remember that you can set aside pre-tax funds to pay for this sort of expense with a flexible spending account if you are a state employee.

Emergency Room Visit

Q: I am a retired state employee who is not eligible for Medicare and is enrolled in IYC Health Plan with individual coverage. I did not have any medical claims this year. I received emergency room medical care, but was not admitted to the hospital. How much will I pay for this visit?

A: Emergency room visits require a \$75 copayment. After that copayment, you will also be responsible for meeting your deductible and for coinsurance (percent of charges after the deductible). You will pay your \$75 copayment, \$250 deductible, and the 10% coinsurance of any charges remaining after the deductible. You will not pay more than \$1,250 (individual) for medical out-of-pocket costs in a year in copayments, deductible and coinsurance. Remember that prescription drugs apply to separate out-of-pocket limits.

Office Visit for Pregnancy

Q. I am a state employee with the IYC Health Plan with family coverage. My family has already paid \$400 toward the \$500 family deductible for non-office visit medical services in 2016. I am pregnant and want to know how much my pregnancy check-up visits will cost.

A. The amount you pay for these visits will vary, based on how the provider charges you. Some providers will charge you for the visits at the end of pregnancy. In this case, you will pay the \$100 remaining family deductible as well as 10% coinsurance up to the out-of-pocket-limits of \$1,250 individual and \$2,500 family. If your provider charges you a copayment at each visit, you will pay the \$15 office visit copayment at each visit up to the out-of-pocket limit of \$1,250 individual. The deductible and coinsurance apply to other non-preventive services including your hospital stay.

ADDED BENEFITS

Advanced Care Planning

Palliative care

Any member diagnosed with a terminal illness

Make treatment decisions based on individual values and goals of care

Habilitative Services

Keep, learn or improve skills and functions for daily living

A new covered benefit in 2016 is advance care planning. Members diagnosed with a terminal illness may be offered advance care planning and/or a palliative care consultation so they are fully informed of their care options.

Habilitative services that help individuals keep, learn, or improve skills and functions for daily living have also been added.

Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

OPT-OUT INCENTIVE

Employees who were enrolled in state group health insurance program in 2015 who elect not to enroll for 2016

Will receive \$2,000 if they do not enroll in 2016 and are not a covered dependent

The 2015-2017 State Budget, contains a provision offering a \$2,000 opt-out incentive for certain state employees who choose not to enroll in the group health insurance program. Members are ineligible for this incentive if they were not enrolled in the state group health insurance program in 2015. Employers will be able to identify members who are eligible for this incentive.

SUPPLEMENTAL OPTIONS



VSP

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



**Anthem
DentalBlue**

Dental coverage options to supplement Uniform Dental Benefits. A variety of provider and pricing options. Waiting periods may apply.



**EPIC Dental
Wisconsin**

Dental coverage options to supplement Uniform Dental Benefits. Members can see any dentist. Waiting periods may apply.



**Hartford Accidental
Death &
Dismemberment**

Payments based on salary for specific amputation injuries, or for accidental death including travel insurance.

Aflac will no longer be offered as of December 31, 2015.

Optional insurance plans are available for members of all state agencies to supplement their uniform health and dental insurance. For 2016, most state agencies will offer each of these plans. The University of Wisconsin System and University Hospital and Clinics offer some different choices members should check with employers to learn more about those differences.

VSP Vision Service Plan and Anthem DentalBlue are available to both active and retired state members for open enrollment during this year's IYC period. EPIC Dental Wisconsin is also offering open enrollment to active members only.

EPIC Benefits+ will continue for those already enrolled, unless they choose to cancel during the It's Your Choice open enrollment period.

Cancelling any of these optional plans during this year's It's Your Choice open enrollment period will be effective December 31, 2015. Remember that once enrolled for payroll deduction, members must stay enrolled for the full year. The Hartford Accidental Death and Dismemberment allows enrollment or cancellation at any time during the year for active members and dependents.

Aflac Insurance will no longer be offered as an option for state employees as of December 31, 2015.

LONG-TERM CARE OPTIONAL PLANS



Mutual of Omaha

Long-term care insurance for members, spouses, domestic partners, parents of spouses and partners.



Transamerica

Long-term care insurance for members, spouses, domestic partners, parents of spouses and partners.

There are now two Long-Term Care Insurance plans for members, spouses or domestic partners, and parents: Transamerica is new, marketed by Senior Care. Mutual of Omaha, as offered by HealthChoice, added some new features during 2015.

OPTIONAL DENTAL



**Anthem
DentalBlue**

Three coverage plan options. A variety of provider and pricing options.



**EPIC Dental
Wisconsin**

Dental coverage options to supplement Uniform Dental Benefits. Members can see any dentist.



EPIC Benefits+

Multi-part plan, with dental and orthodontic benefits.

Major and complex restorations, including crowns

Anthem DentalBlue, EPIC Dental Wisconsin, along with EPIC Benefits+, offer dental coverage that may supplement the Uniform Dental Benefit that is linked to health insurance. All versions of these plans include supplemental coverage for major and complex restorations such as crowns, while implants are covered by only certain policies.

Members do not have to enroll in the same household configuration for a supplemental dental plan as they chose for health insurance. For instance, a member could have Family health insurance but just the 'parent plus child' dental supplement. Anthem DentalBlue and EPIC Dental Wisconsin both have enrollment opportunities during this year's It's Your Choice open enrollment period.

When deciding whether to enroll in an optional plan, please be sure to examine waiting periods, exclusions and maximum benefit limits. Remember that these optional dental plans are meant to supplement the Uniform Dental Benefit described earlier.

ADDITIONAL CHANGES

New effective date for new hires

First of the month on or following the hire date, or the date the employee is eligible for an employer contribution

New effective date for employees eligible for an increase in employer contribution

First of the month following the date in which an employee becomes eligible for an increase in employer contribution

Coverage end date in case of employee death

End of month death occurs and continuation for surviving dependents will begin the first of the month following

Employer remittances

Remittances shall be submitted to ETF no later than the 24th day of the month for the current month's coverage

New effective date for new hires: Coverage will now be effective on the first of the month on or following the hire date, or on the date the employee is eligible for an employer contribution. Previously, the effective date was the first of the month following employer's receipt of the application.

New effective date for employees eligible for an increase in employer contribution: Coverage will now be effective on the first of the month following the date in which an employee becomes eligible for an increase in employer contribution. Previously, the effective date was the first of the month following employer's receipt of the application.

Coverage end date in case of employee death: The employee's coverage will cease at the end of the month of death and

continuation for surviving dependents will begin the first of the month following. Previously, the effective date was dependent on whether premiums had been deducted.

Employer remittances: Employers' monthly payment to ETF applies to the current month's coverage: Remittances shall be submitted to ETF no later than the 24th day of the month for the current month's coverage. Previously, the employers paid ETF by the 24th of the month for the following month's coverage.

OTHER CHANGES TO NOTE	
Move to a new county	Members who move to a new county can now switch to any health plan
Dependents only covered once	No double coverage
Removal of 6 month waiting period for life insurance and Income Continuation Insurance (ICI)	No longer a six month waiting period before coverage is effective

Members who move to a new county can now switch to any health plan. Previously, the member was limited to the health plans offered in the new county.

Dependents can only be covered once within the program (including state or local). If determined that a dependent is double-covered, the members will have 30 days to determine who will cover the dependent and then one must file an application dropping the coverage. Previously, there was no double-coverage restriction.

There will no longer be a six month waiting period for Income Continuation Insurance and life insurance to become effective. This is effective January 1, 2016, for all employees with a hire date of July 1, 2015, or after.

WHO TO CONTACT	
Subscriber Information, Family Status or Provider Changes	Your benefits/payroll/personnel office Retirees and Continuants contact ETF
Benefits, Participating Providers, Exclusions and Limitations	Health Plan or Navitus
State-sponsored HSA, ERA or LPFSA	TASC (Total Administrative Services Corporation)
Applications, Eligibility, Enrollment and General Information	Your benefits/payroll/personnel office Retirees and Continuants contact ETF

ETF is always here to answer your questions and here are some other resources for more information.

Thank you for viewing this presentation on important changes for 2016. See the ETF website for complete details.

Survey Link: <https://www.surveymonkey.com/r/etf2016importantchanges>