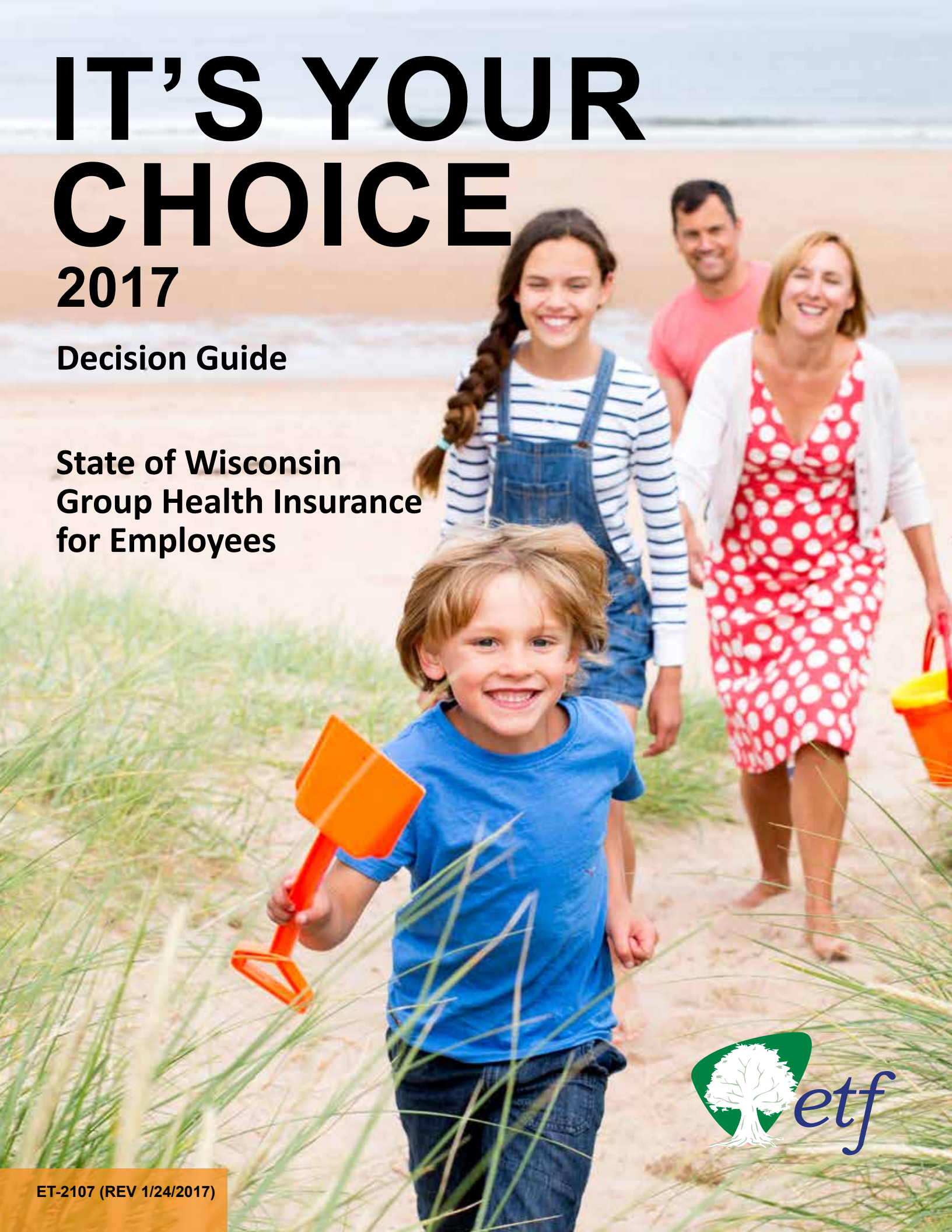
IT'S YOUR CHOICE

2017

Decision Guide

State of Wisconsin Group Health Insurance for Employees



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ET-2107 (REV 1/24/2017)

KNOW YOUR BENEFIT ENROLLMENT POINTS

There are certain times throughout the year when you may enroll for health and supplemental insurance benefits, or change your coverage. Visit It's Your Choice 2017 at etf.wi.gov/IYC2017 to learn more about the choices available to you.

OPEN ENROLLMENT: OCT 17 - NOV 11

The It's Your Choice 2017 open enrollment period is **October 17 through November 11, 2016**. This is your opportunity to change health plans, change from family to single coverage, enroll if you had previously deferred coverage, cancel coverage for yourself or an adult dependent child and more.

Visit etf.wi.gov/IYC2017 for It's Your Choice enrollment information. You can also request a paper application from your payroll or benefits office, or download a copy from the ETF website.

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, 2017.

Due to November 11 being a federal holiday, mailed applications must be postmarked by November 10, 2016.

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.

Visit etf.wi.gov/IYC2017 for more information, including rates and It's Your Choice enrollment information. You can also request a *Health Insurance Application/ Change* (ET-2301) form from your payroll or benefits office, or download a copy from the ETF website.

UW graduate assistants: 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, enter into a domestic partnership, have a baby, have an eligible move to a new county or have another life change event? You may have the opportunity 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 Changes and Coverage Changes* chart on the Helpful Info tab at etf.wi.gov/IYC2017 to see what your options are and how long you have to submit an application to enroll or make a change.

WHAT IS CHANGING IN 2017

This section highlights the most significant changes for 2017. Visit etf.wi.gov/IYC2017 for complete information.

WELL WISCONSIN PROGRAM

The $150 Well Wisconsin incentive will continue to be available to you and your enrolled spouse or domestic partner. Starting in 2017, all aspects of the Well Wisconsin Program, including payment of the incentive, will be administered by StayWell®, not your health plan.

PROVIDER NETWORK CHANGES

Network Health will no longer cover services by ThedaCare providers.

Health plans can change provider networks each year. Check out the interactive map at etf.wi.gov/IYC2017 to confirm your health plan service area and provider network is available for 2017.

HEALTH PLAN CHANGES TO NOTE

- A new offering by Security Health Plan in the Fox Valley, called Security Health Plan - Valley
- WEA Trust South Central, covering Dane County, will no longer be available
- Anthem Blue Preferred Southeast will no longer be available
- Arise Health Plan - Aspirus Arise will no longer be available
- HealthPartners Health Plan will no longer be covering Grant or Vernon counties
- State Maintenance Plan (SMP) will no longer be available in Vilas County

If you are enrolled in one of the health plans that will no longer be available, you will need to choose a different plan during It's Your Choice open enrollment. Check out the Compare Plans tab at etf.wi.gov/IYC2017 to help you select a new health plan.

OPT-OUT INCENTIVE: ANNUAL ACTION NEEDED

If you are declining health insurance and electing to receive the $2,000 opt-out incentive payment in 2017, you must complete a paper *Health Insurance Application/ Change* (ET-2301) form and submit it to your payroll or benefits office during open enrollment. You may be required to provide proof of other minimum health care coverage for yourself and your dependents.

Note: Check eligibility information at etf.wi.gov/IYC2017

MEDICAL BENEFITS

There will no longer be an exclusion related to benefits or services based on gender identity.

INCREASED HSA EMPLOYEE CONTRIBUTION LIMIT

The individual contribution limit will increase by $50, to $3,400. The family contribution limit will not change.

OPTIONAL PLANS*

Zurich North America will be replacing Hartford as the insurer for accidental death and dismemberment coverage. Current Hartford subscribers will automatically be enrolled in Zurich for 2017, unless they cancel during IYC open enrollment.

Transamerica Long-Term Care Insurance will not be offered in 2017. Mutual of Omaha continues to be available.

Anthem Dental Blue, EPIC Dental Wisconsin and EPIC Benefits+ have rate changes.

Open enrollment is available for Anthem Dental Blue and EPIC Dental Wisconsin.

* Different optional plans may be available for UW and UWHC employees.

$150 WELL WISCONSIN INCENTIVE - NEW VENDOR

StayWell® and Well Wisconsin

Starting in 2017, the State of Wisconsin Group Health Insurance Program will be contracting with StayWell® for administration of the Well Wisconsin Program and new disease management programs. The mobile-friendly StayWell® wellness portal will provide you with access to the tools and resources you need to earn the $150 incentive and support your health goals, including health coaching and integration with your fitness tracker. Watch for more information from StayWell® on how to access the new portal and earn your 2017 incentive. StayWell® is a registered trademark of StayWell® Company, LLC.

Visit wellwisconsin.wi.gov for more information.

All health and wellness incentives paid to ETF members by the health plan or StayWell® are considered taxable income to the subscriber and are reported to your employer. Health information, including individual responses to the health survey, are protected by federal law and will not be shared with ETF or your employer.

WELL WISCONSIN
Healthier starts with you

HOW TO CHOOSE YOUR HEALTH PLAN

Now that you know when you can enroll and make changes, take these steps for choosing a plan.

STEP 1. CHOOSE A PLAN DESIGN

Consider the different plan design options and employee premium contribution rates for 2017. See Pages 3-8.

STEP 2. FIND PLANS IN YOUR AREA

Use the interactive health plan map at It's Your Choice 2017 at etf.wi.gov/IYC2017 to determine which plans and providers are available in your county.

STEP 3. CHOOSE A HEALTH PLAN

Check out each plan's overall performance rating (Page 4), and compare benefits and your out-of-pocket costs (Pages 5-8). Also learn about ways to supplement your coverage on Pages 9-10.

STEP 4. ENROLL OR MAKE A CHANGE

Visit It's Your Choice 2017 at etf.wi.gov/IYC2017 for information on how to enroll online. A paper *Health Insurance Application/Change* (ET-2301) form is also available online, from ETF or from your benefits office.

STEP 5. STAY UP TO DATE

Sign up for It's Your Choice e-alerts on health and wellness benefits and related topics of interest. Visit etf.wi.gov and look for ETF E-mail Updates.

PLAN DESIGN OPTIONS

Below are the health plan designs you have to choose from. Take a moment to read about these options and see which one is best for you. Not everyone is eligible for HDHP, see etf.wi.gov/IYC2017 for eligibility information.

IT'S YOUR CHOICE HEALTH PLAN

This plan allows you to choose from a variety of health plan providers that offer the same uniform benefits package.

IT'S YOUR CHOICE HIGH DEDUCTIBLE HEALTH PLAN

This 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 has a higher deductible and out-of-pocket limits. In exchange for the increased cost sharing, this plan offers a lower monthly premium cost and is paired with a required Health Savings Account (HSA). If you decide to enroll in the HDHP, you must open and contribute to the HSA. If you are eligible, your employer may contribute up to $750 individual/$1,500 family. Not everyone is eligible for this plan. Visit etf.wi.gov/IYC2017 for more information.

IT'S YOUR CHOICE ACCESS HEALTH PLAN

This plan provides freedom of choice of doctors and hospitals across the country. In exchange for the increased flexibility in medical providers, there is a higher monthly premium.

IT'S YOUR CHOICE ACCESS HIGH DEDUCTIBLE HEALTH PLAN

This plan provides freedom of choice of doctors and hospitals across the country, along with a higher deductible and out-of-pocket limits. In exchange for the increased cost sharing, this plan offers a lower monthly premium cost and is paired with a required Health Savings Account (HSA). If you decide to enroll in the HDHP, you must open and contribute to the HSA. If you are eligible, your employer may contribute up to $750 individual/$1,500 family. Not everyone is eligible for this plan. Visit etf.wi.gov/IYC2017 for more information.

OPT-OUT INCENTIVE: ANNUAL ACTION NEEDED

If you are declining health insurance and electing to receive the $2,000 opt-out incentive payment in 2017, you must complete a paper *Health Insurance Application/Change* (ET-2301) form and submit to your payroll or benefits office *during open enrollment*. 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/IYC2017 for eligibility information.

CONTRIBUTION RATES

Below are monthly contribution rates. Visit It's Your Choice 2017 at etf.wi.gov/IYC2017 for all plans and full premium rates.

	Single Rate	Family Rate
It's Your Choice Health Plan* Medical with Dental	$88.00	$219.00
UW Graduate Assistants**	$45.50	$113.50
It's Your Choice Health Plan* Medical without Dental	$85.00	$211.00
UW Graduate Assistants**	$42.50	$105.50
It's Your Choice HDHP* Medical with Dental, Lower premium; higher deductible & OOPL	$33.00	$82.00
It's Your Choice HDHP* Medical without Dental, Lower premium; higher deductible & OOPL	$30.00	$74.00
It's Your Choice Access Health Plan* Medical with Dental, Higher premium, increased provider flexibility	$266.00	$664.00
UW Graduate Assistants**	$134.50	$336.00
It's Your Choice Access Health Plan* Medical without Dental, Higher premium, increased provider flexibility	$263.00	$656.00
UW Graduate Assistants**	$131.50	$328.00
It's Your Choice Access HDHP* Medical with Dental, Increased provider flexibility, lower premium, higher deductible & OOPL	$211.00	$527.00
It's Your Choice Access HDHP Medical without Dental, Increased provider flexibility, lower premium, higher deductible & OOPL	$208.00	$519.00

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

If you are a continuant, visit etf.wi.gov/IYC2017 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.

** Not eligible for the It's Your Choice HDHP.

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

PLAN RATINGS

The overall performance ratings chart below is based on several quality measures. Visit It's Your Choice 2017 at etf.wi.gov/IYC2017 to see detailed health plan report cards.

HEALTH PLAN PROVIDER RATINGS Health Plan Options	Overall Performance Rating (5 ★ is highest)
Anthem Blue	★★★☆☆
Arise Health Plan	★★☆☆☆
Dean Health Insurance	★★★★★
GHC of Eau Claire	★★★☆☆
GHC of South Central Wisconsin	★★★☆☆
Gundersen Health Plan	★★★★☆
Health Tradition Health Plan	★★★☆☆
HealthPartners Health Plan	★★★★★
Humana	★★☆☆☆
Medical Associates Health Plans	★★☆☆☆
MercyCare Health Plans	★★★☆☆
Network Health	★☆☆☆☆
Physicians Plus	★★★☆☆
Security Health Plan	★★★★☆
State Maintenance Plan	Not available
UnitedHealthcare of Wisconsin	★☆☆☆☆
Unity Health Insurance	★★★☆☆
WEA Trust	★★★☆☆

For health plans available in your county and more details, visit It's Your Choice 2017 at etf.wi.gov/IYC2017

Not all health plans are available in every county. See the interactive health plan map at etf.wi.gov/IYC2017 to see which plans are available in your county.

MEDICAL BENEFITS AT A GLANCE

The information below will help you compare the benefits available through the different It's Your Choice

	Most members are in this plan → IYC Health Plan	IYC HDHP
Annual Medical Deductible	$250 individual / $500 family After an individual within a family plan meets the $250 deductible, benefits apply as described below Deductible applies to annual out-of-pocket limit (OOPL) Medical deductible does not apply to office visit copayments, preventive services* or prescription drugs	$1,500 individual / $3,000 family The deductible must be met before coverage begins; for family coverage, the full family deductible must be met The deductible includes prescription drugs and applies to OOPL
Primary Care Physician Office Visit Copayment includes: • Internist • General Physician • Family Practitioner • Pediatrician • Gynecologist/Obstetrician • Nurse Practitioner • Physician Assistant • Chiropractor • Physical/Occupational/Speech Therapy in an office visit setting	You pay $15 copayment per visit up to OOPL Office visit copayments are not subject to the deductible Additional services such as lab work, X-rays, etc., are subject to the deductible and coinsurance	You pay the full allowed amount of an office visit until deductible is met After deductible: You pay $15 copayment per office visit up to OOPL Coinsurance will apply to additional services such as lab work, X-rays, etc.
Specialty Office Visit Copayment includes: • Specialty Providers • Urgent Care • Vision Exam in an office visit setting	You pay $25 copayment per visit up to OOPL Office visit copayments are not subject to the deductible Additional services such as lab work, X-rays, etc., are subject to the deductible and coinsurance	You pay the full allowed amount of an office visit until deductible is met After deductible: You pay $25 copayment per office visit up to OOPL Coinsurance will apply to additional services such as lab work, X-rays, etc.
Annual Medical Coinsurance	After deductible: You pay 10% coinsurance up to OOPL Applies to medical services except for office visit or emergency room copayments and preventive services*	You pay the full allowed amount of services until deductible is met After deductible: You pay 10% coinsurance up to OOPL Applies to medical services except for office visit or emergency room copayments and preventive services*
Annual Medical Out-of-Pocket Limit (OOPL)	$1,250 individual / $2,500 family	$2,500 individual / $5,000 family For family coverage, you must meet the full family OOPL before your plan pays 100%
Routine, preventive services as required by federal law	Plan pays 100%, not subject to deductible For details visit www.healthcare.gov/preventive-care-benefits/	Plan pays 100%, not subject to deductible For details visit www.healthcare.gov/preventive-care-benefits/
Illness/injury related services beyond the office visit copayment (if applicable)	After deductible: You pay 10% coinsurance up to OOPL Applies to medical services except for office visit or emergency room copayments	You pay the full allowed amount of services until deductible is met After deductible: You pay 10% coinsurance up to OOPL Applies to medical services except for office visit or emergency room copayments
Emergency Room Copayment (waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer)	You pay $75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to OOPL	You pay the full allowed amount of services until deductible is met After deductible: You pay $75 copayment per visit, then coinsurance applies to services beyond the copayment up to OOPL

HDHP = High Deductible Health Plan OOPL = out-of-pocket limit *Routine, preventive services as required by federal law

(IYC) health plan design options. This list contains the most commonly used benefits. **Complete information is available online.**

IYC Access Health Plan In-Network	IYC Access Health Plan Out-of-Network	IYC Access HDHP In-Network	IYC Access HDHP Out-of-Network
$250 individual / $500 family After an individual within a family plan meets the $250 deductible, coinsurance will apply to covered medical services except for office visit copayments Deductible applies to annual OOPL Medical deductible does not apply to prescription drugs	$500 individual / $1,000 family After an individual within a family plan meets the $500 deductible, coinsurance will apply to covered medical services Deductible applies to annual OOPL Medical deductible does not apply to prescription drugs	$1,700 individual / $3,400 family The deductible must be met before coverage begins; for family coverage, the full family deductible must be met The deductible includes prescription drugs and applies to OOPL	$2,000 individual / $4,000 family The deductible must be met before coverage begins; for family coverage, the full family deductible must be met The deductible includes prescription drugs and applies to OOPL
You pay $15 copayment per visit up to OOPL Office visit copayments are not subject to the deductible Additional services such as lab work, X-rays, etc., are subject to the deductible and coinsurance	After deductible: You pay 30% coinsurance up to OOPL	You pay the full allowed amount of an office visit until deductible is met After deductible: You pay $15 copayment per office visit up to OOPL Coinsurance will apply to additional services such as lab work, X-rays, etc.	You pay the full allowed amount of an office visit until deductible is met After deductible: You pay 30% coinsurance up to OOPL
You pay $25 copayment per visit up to OOPL Office visit copayments are not subject to the deductible** Additional services such as lab work, X-rays, etc., are subject to the deductible and coinsurance	After deductible: You pay 30% coinsurance up to OOPL**	You pay the full allowed amount of an office visit until deductible is met After deductible: You pay $25 copayment per office visit up to OOPL** Coinsurance will apply to additional services such as lab work, X-rays, etc.	You pay the full allowed amount of an office visit until deductible is met After deductible: You pay 30% coinsurance up to OOPL**
After deductible: You pay 10% coinsurance up to OOPL Applies to medical services except for office visit or emergency room copayments and preventive services*	After deductible: You pay 30% coinsurance up to OOPL Applies to medical services except for emergency room copayments	You pay the full allowed amount of services until deductible is met After deductible: You pay 10% coinsurance up to OOPL Applies to medical services except for office visit or emergency room copayments and preventive services*	You pay the full allowed amount of services until deductible is met After deductible: You pay 30% coinsurance up to OOPL Applies to medical services except for emergency room copayments
$1,000 individual / $2,000 family	$2,000 individual / $4,000 family	$3,500 individual / $6,550 family For family coverage, you must meet the full family OOPL before your plan pays 100%	$3,800 individual / $7,600 family For family coverage, you must meet the full family OOPL before your plan pays 100%
Plan pays 100% For details visit www.healthcare.gov/preventive-care-benefits/	Subject to the deductible and coinsurance	Plan pays 100% For details visit www.healthcare.gov/preventive-care-benefits/	Subject to the deductible and coinsurance
After deductible: You pay 10% coinsurance up to OOPL Applies to medical services except for office visit or emergency room copayments	After deductible: You pay 30% coinsurance up to OOPL Applies to medical services except for emergency room copayments	You pay the full allowed amount of services until deductible is met After deductible: You pay 10% coinsurance up to OOPL Applies to medical services except for office visit or emergency room copayments	You pay the full allowed amount of services until deductible is met After deductible: You pay 30% coinsurance up to OOPL Applies to medical services except for emergency room copayments
You pay $75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to OOPL	You pay $75 copayment per visit, then in-network deductible and coinsurance applies to services beyond the copayment up to OOPL	You pay the full allowed amount of services until deductible is met After deductible: You pay $75 copayment per visit, then coinsurance applies to services beyond the copayment up to OOPL	You pay the full allowed amount of services until deductible is met After deductible: You pay $75 copayment per visit, then coinsurance applies to services beyond the copayment up to OOPL

** Note: Routine vision exams are not covered.

UNIFORM DENTAL BENEFITS

Administered by Delta Dental of Wisconsin

Questions? Visit www.deltadentalwi.com/state-of-wi or call Delta Dental at 1-844-337-8383.

Medical Coverage Required

Uniform Dental Benefits are ***only*** available if you enroll in medical coverage under the State of Wisconsin Group Health Insurance Program. If you elect family medical coverage with dental, you will be enrolled in the family dental coverage. Similarly, if you elect single medical coverage with dental, you will be enrolled in the single dental coverage.

Search Dental Providers

You must visit a provider in the Delta Dental PPO or Delta Dental Premier networks to receive coverage. See www.deltadentalwi.com/provider-search/ for the Provider Directory. There is no benefit for out-of-network providers.

View Your Benefits

There are no changes to the benefits for 2017. Visit Delta's website at www.deltadentalwi.com/state-of-wi for more information. Be sure to login or create an account to print ID cards, view your benefits and claims, and ask questions. Visit www.deltadentalwi.com/create-account to create your account.

To learn more about dental benefits, visit

It's Your Choice 2017 at etf.wi.gov/IYC2017

DENTAL BENEFITS AT A GLANCE

This chart highlights the major dental benefits. The dental plan is available for you, your spouse/domestic partner and dependents until age 26. Visit www.deltadentalwi.com/state-of-wi for complete benefit information.

Benefit	In-Network Coverage	Examples and Limitations of Covered Services
Deductible	$0	
Annual Benefit Maximum	$1,000 per participant	
Diagnostic/Preventive/ Basic Services	100%	Exams, cleanings, X-rays, fluoride, sealants, fillings
Orthodontics	50%	Lifetime maximum of $1,500 per participant; children under 19 years of age only

HOW MUCH ARE MY PRESCRIPTION DRUGS?

The 2017 Pharmacy Benefit Plan comparison table below shows what amount or percentage you would pay for prescription drugs under each plan. For example, with the It's Your Choice Health Plan, the out-of-pocket limit (OOPL), or maximum, you would pay for Levels 1 and 2 drugs is $600 for an individual and $1,200 for family coverage. All covered prescription drugs (Rx) fall into one of four cost-sharing levels, including Level 1 for most generic drugs and Levels 2, 3 and 4 for most brand-name drugs.

Most members are in this plan	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
Deductible[1] An annual fixed dollar amount a member pays before the plan pays.						
	None	$1,500 individual / $3,000 family (combined medical & Rx)	None	None	$1,700 individual / $3,400 family (combined medical & Rx)	$2,000 individual / $4,000 family (combined medical & Rx)
Copayment/Coinsurance A dollar amount or percentage a member pays for each covered drug.						
Level 1	$5	$5	$5	$5	$5	$5
Level 2	20% ($50 max)	20% ($50 max)	20% ($50 max)	20% ($50 max)	20% ($50 max)	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)	$50[3] or 40% ($200 max)	$50[3] or 40% ($200 max)	$50[3] or 40% ($200 max)	$50[3] or 40% ($200 max)	$50[3] or 40% ($200 max)
Level 4 Non-preferred drugs[4]	40% ($200 max)	40% ($200 max)	40% ($200 max)	40% ($200 max)	40% ($200 max)	40% ($200 max)
Out-of-Pocket Limits[5] The maximum amount of copayments, coinsurance or deductible that a member pays.						
Levels 1 & 2	$600 individual / $1,200 family	$2,500 individual / $5,000 family (combined medical & Rx)	$1,000 individual / $2,000 family	$1,000 individual / $2,000 family	$3,500 individual / $6,550 family (combined medical & Rx)	$3,800 individual / $7,600 family (combined medical & Rx)
Level 3	$6,850 individual / $13,700[2,6] family		$6,850 individual / $13,700[2,6] family	None		
Level 4[4]	$1,200 individual / $2,400 family		$1,200 individual / $2,400 family	$1,200 individual / $2,400 family		

[1] "Zero Dollar" preventive drugs identified by the Affordable Care Act (ACA) are paid for by the plan even if the deductible has not been met. "First Dollar" preventive drugs identified by the ACA are subject to copayment/coinsurance cost sharing, even if the deductible has not been met. After the deductible is met, the member is still responsible for the copayment/coinsurance until the OOPL is met.

[2] Level 3 coinsurance does not apply toward the group health insurance program's OOPL under a non-HDHP, only the federal maximum out-of-pocket.

[3] Reduced copayment of $50 applies only when **Preferred Specialty Drugs** are obtained from a **Preferred Specialty Pharmacy**. All other Level 4 drugs require coinsurance of 40% ($200 max).

[4] Level 4 coinsurance for **Non-preferred Specialty Drugs** does not apply to the group health insurance program's Level 4 OOPL, only the federal MOOP.

[5] Family OOPLs for non-HDHP plans are embedded. An individual within a family can reach an individual OOPL before the family OOPL is met and not have to pay any copayment/coinsurance. Family OOPLs for HDHP plans are not embedded and an individual will continue to pay until the family OOPL is met.

[6] Federal Maximum Out-of-Pocket Limit or federal maximum out-of-pocket (MOOP).

OPTIONS TO SUPPLEMENT YOUR COVERAGE

More choices mean more opportunities for better health and wellness. Visit It's Your Choice 2017 at etf.wi.gov/IYC2017 to see if you are eligible and when you can enroll. If you are currently enrolled, your enrollment will continue unless you cancel during It's Your Choice open enrollment.

To learn more about optional plan benefits, visit **It's Your Choice 2017 at etf.wi.gov/IYC2017**

Anthem DentalBlue *Enroll during open enrollment*	Dental coverage plan options to supplement Uniform Dental Benefits. A variety of provider and pricing options, including major procedures. Waiting periods may apply.
EPIC Benefits+ *Enroll during open enrollment, with graduated annual maximum for new enrollees*	Basic and major dental coverage (not preventive care), hospital and surgical indemnity, and optional vision benefits.
EPIC Dental Wisconsin *Enroll during open enrollment*	Dental coverage options to supplement Uniform Dental Benefits. Members can see any dentist. Includes major procedures. Waiting periods may apply.
Zurich Accidental Death and Dismemberment *Enroll during open enrollment* *If you are enrolled in Hartford AD&D, you will automatically be enrolled in Zurich unless you cancel during open enrollment*	Payments based on salary for accidents that result in loss of specific senses, use of limbs or permanent disability, or for accidental death. Includes travel insurance.
Mutual of Omaha *Enroll year-round*	Long-term care insurance for you, spouses, domestic partners and parents.
VSP *Enroll during open enrollment*	Vision services from a nationwide network of doctors. Annual frame replacement for children.
Wisconsin Deferred Compensation Program *Enroll year-round*	A supplemental retirement savings and investment program.
Wisconsin Public Employers Group Life Insurance *New hires, defined enrollment*	Life insurance coverage up to five times your annual earnings, plus optional spouse and dependent coverage. Offered by Securian Financial Group, Inc.

UW System and UW Hospital and Clinics employees may have different optional plans available. Check with your human resources/benefits office for details and instructions for 2017. UW System employees may refer to www.wisconsin.edu/ohrwd/benefits

MORE OPTIONS

PRE-TAX SAVINGS

Keep more money in your pocket! With pre-tax savings accounts you save on a wide variety of everyday medical, dental, vision, daycare, parking and transit expenses that are IRS-approved. It's a tax break that is simple to use.
Visit etf.wi.gov/IYC2017 for more information on eligibility, pre-tax savings benefits and enrollment. ***These accounts require annual elections to participate.***

Health Care FSA

With the Health Care FSA, you may set aside, for yourself and your tax dependents, tax-free dollars each year for eligible health care expenses not covered by insurance.

Dependent Day Care FSA

With this account, pre-tax dollars may be used for day care expenses for eligible dependents so you (and your spouse, if married) can work, look for work or attend school full time.

Transit & Parking Benefits

A ***Parking Account*** allows you to pay for eligible parking expenses at your place of employment with pre-tax dollars. A ***Transit Account*** allows you to pay for your transit (bus, vanpool, train) expenses through automatic, pre-tax payroll deductions. You can enroll and make changes anytime during the year for both accounts.

Health Savings Account (HSA)

An HSA is an account you must enroll in if you enroll in one of the High Deductible Health Plans. You can save money tax-free to pay for eligible health care expenses not covered by insurance. Your employer may contribute funds, if you are eligible. This money is yours, even if you leave the HDHP plan or state service.

Limited Purpose FSA (LPFSA)

The LPFSA is an account you are eligible for if you enroll in one of the High Deductible Health Plans and participate in a Health Savings Account (HSA). It allows you to set aside additional money tax-free for certain dental, vision and preventive care services not covered by insurance.

QUESTIONS AND ANSWERS

Q DO I NEED TO DO ANYTHING DURING OPEN ENROLLMENT?

A Yes! Review important changes for 2017 and your:

- ✓ health plan provider network
- ✓ health plan service area
- ✓ plan design options
- ✓ dental options
- ✓ pre-tax savings options (annual election)
- ✓ options to supplement your coverage
- ✓ opt-out incentive opportunity

If you want to make changes or contribute to a pre-tax savings account(s), visit etf.wi.gov/IYC2017.

Generally, if you are not changing coverage, you don't need to do anything during open enrollment. You should still be sure you understand how your coverage may change in 2017.

Q HOW DO I ENROLL OR MAKE CHANGES?

A Visit etf.wi.gov/IYC2017 to find out how you can enroll or make changes online. You can request a *Health Insurance Application/Change* (ET-2301) form from your payroll or benefits office or download anytime at etf.wi.gov/publications/et2301.pdf

Q WHERE CAN I FIND NOTICES?

A Visit etf.wi.gov/IYC2017 for EEOC, COBRA, ACA marketplace and more federal and state notices.

PRSRT STD
U.S. POSTAGE
PAID
APPLETON, WI
PERMIT NO. 23

HAVE QUESTIONS?
etf.wi.gov/IYC2017

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

PO Box 7931
Madison, WI 53707-7931

@WI_ETF

Open Enrollment: October 17 - November 11, 2016

Mailed application must be postmarked by November 10, 2016.

Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) & (d)(1)
The 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, 801 West Badger Road, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 1-800-947-3529; 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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 1-800-833-7813).

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: 1-800-947-3529).

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：1-800-947-3529）

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك دون أي مصاريف: اتصل بالرقم
1-877-533-5020 (خدمة الصم والبكم: 1-800-947-3529)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529)번으로 전화해 주십시오.

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: 1-800-947-3529).

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: 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-877-533-5020 (TTY: 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwońpd numer 1-877-533-5020 (TTY: 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë.
Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

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: 1-800-947-3529).

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.