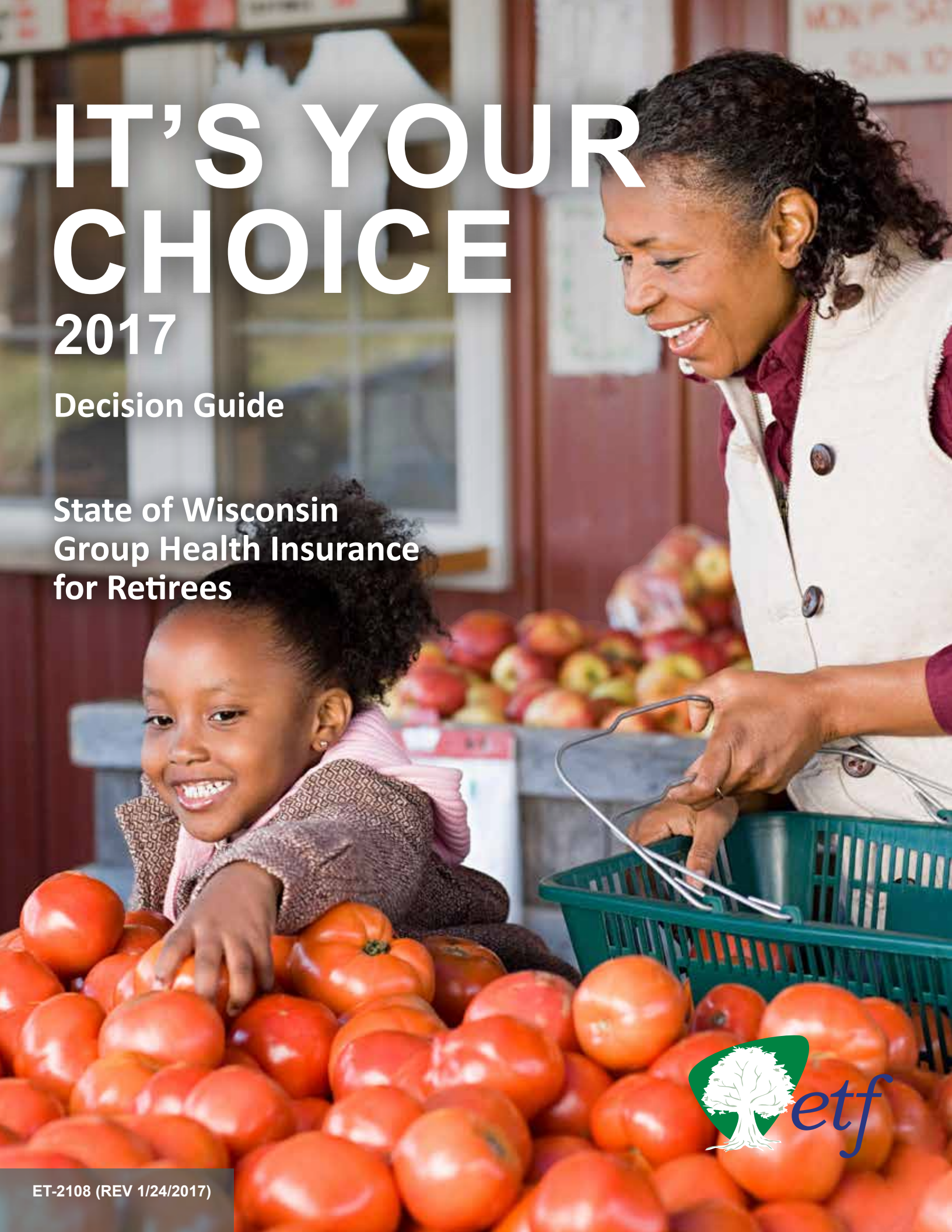
IT'S YOUR CHOICE 2017

Decision Guide

State of Wisconsin Group Health Insurance for Retirees



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ET-2108 (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, 2016 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.

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. ETF offices will be open to accept applications.

NEW RETIREE

When you retire, your health insurance plan (if you are enrolled) will automatically continue in most circumstances. If you terminate employment after 20 years of creditable service but are not eligible for an immediate annuity, you may continue your coverage by filing a *Continuation-Conversion Notice* (ET-2311) form with ETF within 90 days of your employment termination date. This form is available online or by contacting ETF.

If you are enrolled in any optional insurance plans that you wish to continue, you must return a continuation form directly to the insurance vendor.

NEW TO MEDICARE

If you are eligible for Medicare, you and your Medicare-eligible dependents must be enrolled in the hospital (Part A) and medical (Part B) portions of Medicare at the time of your retirement, as soon as you turn age 65 or have another Medicare enrollment opportunity. You will then automatically be enrolled in the prescription drug (Part D) plan, Navitus MedicareRx (PDP), offered by Navitus and underwritten by Dean Health Insurance Inc. Because all It's Your Choice plans have coverage options that are coordinated with Medicare, you will remain covered by your health plan even after you enroll in Medicare. Please contact ETF if you do not receive the required *Medicare Eligibility Statement* (ET-4307) at least one month before your 65th birthday, or if you have been on Social Security disability for 24 months.

LIFE CHANGE EVENT

Did you recently have a change in marital status, enter into a domestic partnership, 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.

Note: Individuals enrolled in the IYC Medicare Advantage Plan are not eligible for the Well Wisconsin incentive, but will have access to the online wellness tools and services.

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.

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.

MEDICAL BENEFITS

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

Note: It's Your Choice Medicare Plus pays only for services that Medicare covers. Please contact WPS at 1-800-634-6448 if you have a specific question about benefits.

INCREASED HSA CONTRIBUTION LIMIT

The individual contribution limit will increase by $50, to $3,400. The family contribution limit will not change. The annual catch-up contribution limit for those between 55-65 years old will not change.

OPTIONAL PLANS

EPIC Dental Wisconsin and EPIC Benefits+ will both offer special enrollment for retirees during IYC in 2017.

EPIC Dental Wisconsin, EPIC Benefits+ and Anthem DentalBlue have rate changes for 2017.

$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 below.

STEP 2. FIND PLANS IN YOUR AREA

Use the interactive health plan map at It's Your Choice 2017 at etf.wi.gov/IYC2017 or the table on Page 5 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 premium and out-of-pocket costs (Pages 7-13). Also learn about ways to supplement your coverage on Page 6.

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, or from ETF.

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 a high deductible health plan; see etf.wi.gov/IYC2017 for eligibility information.You can find helpful comparison charts on Pages 7-13.

RETIREES WITH MEDICARE

IT'S YOUR CHOICE HEALTH PLAN MEDICARE

This plan offers uniform benefits and is coordinated with your Medicare coverage, allowing you to choose from a variety of health plan providers.

IT'S YOUR CHOICE MEDICARE ADVANTAGE

This plan is offered by Humana and allows members to use any health care provider in the United States that accepts Medicare. Benefits are the same in- and out-of-network. If you decide to seek care from an out-of-network provider, your share of the costs may be slightly higher for medical equipment or supplies.

IT'S YOUR CHOICE MEDICARE PLUS

This is a fee-for-service Medicare supplement plan administered by WPS. This plan is available to eligible retirees enrolled in Medicare Parts A and B and generally only pays Medicare deductibles and coinsurance. It's Your Choice Medicare Plus permits you and your eligible dependents to receive care from any qualified health care provider nationwide, or during worldwide travel, for treatment covered by the plan.

RETIREES WITHOUT MEDICARE

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 is available to retirees younger than age 65. It provides you with 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 this plan, you must open and contribute to the HSA. (You can find more information on page 6.)

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, your monthly premium cost is higher.

IT'S YOUR CHOICE ACCESS HIGH DEDUCTIBLE HEALTH PLAN

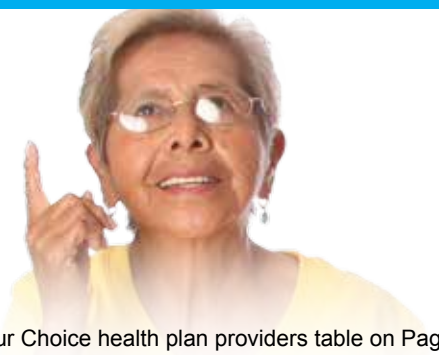
This plan is available to retirees younger than age 65. It provides freedom of choice of doctors and hospitals across the country, along with a higher deductible and out-of-pocket limits. In exchange for the increased cost sharing, this plan offers a lower monthly premium cost and is paired with a Health Savings Account (HSA). If you decide to enroll in this plan, you must open and contribute to the HSA. (You can find more information on Page 6.)

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



*See the It's Your Choice health plan providers table on Page 5 or the interactive health plan map at etf.wi.gov/IYC2017 to see which plans are available in your county.

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
- ✓ options to supplement your coverage

For more information, or if you want to make changes, 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 STAY INFORMED ABOUT IMPORTANT UPDATES?

A 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.

Q WHAT IF I DO NOT HAVE ACCESS TO THE INTERNET?

A You can contact ETF using the contact information on the back of this guide to request printed information to be mailed to you.

Q HOW DO I ENROLL OR MAKE CHANGES?

A Visit It's Your Choice 2017 at etf.wi.gov/IYC2017 to find out how you can enroll or make changes online or download a *Health Insurance Application/Change* (ET-2301) form anytime at etf.wi.gov/publications/et2301.pdf or request this form by contacting ETF.

Q WHERE CAN I FIND NOTICES?

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

Visit It's Your Choice 2017 at etf.wi.gov/IYC2017 for more FAQs

WHAT HEALTH PLAN PROVIDERS ARE NEAR ME?

The table below shows health plan availability by county; health plans in red have limited provider availability in that area.

It's Your Choice Access, Medicare Advantage and Medicare Plus plans are available in all counties.

Visit It's Your Choice 2017 at etf.wi.gov/IYC2017 for an interactive health plan map.

Health Plan Codes

AE	Anthem Blue Preferred - Northeast	**HE**	Humana - Eastern	**SMP**	State Maintenance Plan - WPS
AH	Arise Health Plan	**HW**	Humana - Western	**UH**	UnitedHealthcare of Wisconsin
D	Dean Health Insurance	**MA**	Medical Associates Health Plans	**UC**	Unity Health Insurance - Community
D3	Dean Health Insurance - Prevea360	**MC**	MercyCare Health Plans	**UW**	Unity Health Insurance - UW Health
GEC	GHC of Eau Claire	**NN**	Network Health Northeast	**WT**	WEA Trust - East
GSC	GHC of South Central Wisconsin	**NS**	Network Health Southeast	**WV**	WEA Trust - Northwest Chippewa Valley
G	Gundersen Health Plan	**PP**	Physicians Plus	**WM**	WEA Trust - Northwest Mayo Clinic Health System
HT	Health Tradition Health Plan	**SC**	Security Health Plan - Central		
HP	HealthPartners Health Plan	**SV**	Security Health Plan - Valley		

ADAMS D, PP, SC, UC, WT	**FLORENCE** SMP, AH	**MARATHON** AH, GEC, HP, SC, WT	**RUSK** SC, WV, HP
ASHLAND GEC, HP, SC, WV	**FOND DU LAC** AE, AH, D, HE, NN, UC, UH, WT	**MARINETTE** AE, AH, HE, UH, D3, NN	**SAUK** D, G, GSC, HT, PP, UC
BARRON HP, HW, SC, WM, WV	**FOREST** SMP, AH, SC	**MARQUETTE** SMP, AH, D, PP, SV, UC, UH, WT	**SAWYER** GEC, HP, SC
BAYFIELD SMP, GEC, HP, SC, WV	**GRANT** D, G, HT, MA, PP, UC, AH	**MENOMINEE** SMP, AH, WT	**SHAWANO** AE, AH, HE, SV, UH, WT, NN, SC
BROWN AE, AH, D3, HE, NN, SV, UH, WT	**GREEN** D, HE, PP, UC, MC	**MILWAUKEE** AH, HE, NS, UH, WT	**SHEBOYGAN** AE, AH, D3, HE, NN, UH, WT
BUFFALO SMP, HT, WM	**GREEN LAKE** AE, AH , HE, SV, UH, WT, D, NN, PP	**MONROE** G, HP, HT, WM, AH	**ST. CROIX** HP, HW, WV, WM
BURNETT GEC, HP, SC	**IOWA** D, MA, PP, UC	**OCONTO** AE, AH, D3, HE, NN, SV, UH, WT	**TAYLOR** AH, GEC, SC, HP
CALUMET AE, HE, NN, UH, AH, WT	**IRON** SMP, GEC, WV	**ONEIDA** GEC, HP, SC, AH	**TREMPEALEAU** AH, G, HT, HP, SC, WM
CHIPPEWA G, HP, HW, SC, WM, WV	**JACKSON** G, HP, HT, SC, WV	**OUTAGAMIE** AE, AH, HE, NN, SV, UH, WT, D3	**VERNON** G, HT, UC, WM, AH, D, PP
CLARK GEC, HP, SC, WV, AH, G	**JEFFERSON** D, HE, MC, PP, UC, UH, WT, AH	**OZAUKEE** AH, HE, NS, UH, WT	**VILAS** SC, AH, GEC, HP
COLUMBIA D, GSC, PP, UC, WT, AH	**JUNEAU** G, HT, PP, SC, UC, WT, AH, D	**PEPIN** SMP, HT, HW, HP, SC, WV	**WALWORTH** AH, HE, MC, UC, UH, WT, D, PP
CRAWFORD G, HP, HT, MA, AH, WM UC	**KENOSHA** AH, HE, UH	**PIERCE** HP, WV, HW, WM	**WASHBURN** GEC, HP, SC, WV
DANE D, GSC, PP, UW	**KEWAUNEE** AE, AH, UH, WT, D3, HE, NN, SV	**POLK** HP, HW, WV	**WASHINGTON** AH, HE, NS, UH, WT
DODGE AH, D, HE, NN, PP, UH, UC, WT	**LA CROSSE** G, HP, HT, WM, AH	**PORTAGE** HP, SC, WT, AH, NN	**WAUKESHA** AH, D, HE, NS, UC, UH, WT, PP
DOOR AE, AH, HE, NN, UH, WT, D3	**LAFAYETTE** MA, PP, D, UC	**PRICE** GEC, SC, AH, HP	**WAUPACA** AE, AH, HE, SV, UH, WT, NN, SC
DOUGLAS GEC, HP, HW, SC, WV	**LANGLADE** AH, GEC, SC, HP	**RACINE** HE, NS, UH, AH	**WAUSHARA** AH, AE, HE, PP, SV, UH, WT, NN
DUNN HP, HW, WM, WV	**LINCOLN** GEC, HP, SC, AH	**RICHLAND** D, G, HT, PP, UC	**WINNEBAGO** AE, AH, HE, NN, UH, WT, SV
EAU CLAIRE G, HP, HW, SC, WM, WV, AH	**MANITOWOC** AE, AH, D3, HE, NN, UH, WT	**ROCK** D, HE, MC, UC, UH, WT, PP	**WOOD** AH, SC, WT, HP, PP, UC

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.

	Anthem DentalBlue *Enroll if a qualifying event occurs* ***No open enrollment for 2017***	Dental coverage plan options to supplement Uniform Dental Benefits. A variety of provider and pricing options, including major procedures. Waiting periods may apply.
	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.
	EPIC Benefits+ *Will offer new enrollment during 2017 open enrollment for retirees. Coverage will continue for those who are currently enrolled.*	Basic and major dental coverage (not preventive care), hospital and surgical indemnity, and optional vision benefits.
	EPIC Dental Wisconsin *Will offer new enrollment during 2017 open enrollment for retirees. Coverage will continue for those who are currently enrolled.*	Dental coverage options to supplement Uniform Dental Benefits. Members can see any dentist. Includes major procedures. Waiting periods may apply.

PRE-TAX SAVINGS

FOR RETIREES ENROLLED IN ONE OF THE HIGH DEDUCTIBLE HEALTH PLANS

HEALTH SAVINGS ACCOUNT (HSA)

Keep more money in your pocket! An HSA is an individually-owned savings account that you ***must*** enroll in if you are enrolled in one of the High Deductible Health Plans. This benefit is established exclusively for the purpose of paying qualified medical expenses.

What are the benefits of an HSA?

- HSA contributions are tax deductible
- Money used for qualified medical expenses is tax-free
- Unused funds roll over year to year
- Interest earned in an HSA is tax-free

Visit etf.wi.gov/IYC2017 for more information on HSA eligibility and enrollment. If you are already enrolled in the HSA, you ***must*** re-enroll each year to continue participation. Elections do not carry forward from year to year.

2017 MEDICAL BENEFITS AT A GLANCE

With Medicare

This comparison chart is not intended to be a complete description of coverage. The Certificate of Coverage found at etf.wi.gov/IYC2017 includes a detailed benefit description. Only medically necessary services and equipment are paid by your health plan. Custodial care is excluded.

Your out-of-pocket costs are indicated in the "You pay" line.

	Most Medicare members are in IYC Medicare IYC Medicare & IYC Medicare Advantage	IYC Medicare Plus[2]
Annual Medical Deductible[1]	**Medicare pays:** Allowable services after Part A ($1,288) and Part B ($166) deductibles **Plan pays:** Part A inpatient hospital deductible of $1,288 and Part B deductible of $166 **You pay:** $0	**Medicare pays:** Allowable services after Part A ($1,288) and Part B ($166) deductibles **Plan pays:** Part A inpatient hospital deductible of $1,288 and Part B deductible of $166 **You pay:** $0
Annual Medical Coinsurance[1]	**Medicare pays:** For Part A, varying coinsurance as listed below for hospital inpatient and skilled nursing facility care. After Part B deductible, 80% **Plan pays:** Part B deductible and 20% coinsurance **You pay:** $0	**Medicare pays:** For Part A, varying coinsurance as listed below for hospital inpatient and skilled nursing facility care. After Part B deductible, 80% **Plan pays:** Part B deductible and 20% coinsurance **You pay:** $0
Annual Medical Out-of-Pocket Limit (OOPL)	None	None
Outpatient illness/injury related services	**Medicare pays:** After Part B deductible, 80% **Plan pays:** Part B deductible and 20% coinsurance **You pay:** $0	**Medicare pays:** After Part B deductible, 80% **Plan pays:** Part B deductible and 20% coinsurance **You pay:** $0
Emergency Room Copay	**Medicare pays:** After Part B deductible, 80% **Plan pays:** Part B deductible and 20% coinsurance **You pay:** $60 copayment (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	**Medicare pays:** After Part B deductible, 80% **Plan pays:** Part B deductible and 20% coinsurance **You pay:** $0
Hospital Semiprivate room and board, and miscellaneous hospital services and supplies such as drugs, X-rays, lab tests and operating room. "Lifetime reserve" days are a one-time additional 60 days of hospital coverage paid by Medicare.	**Medicare pays:** After Part A deductible; full cost for the first 60 days 61st to 90th day, all but $322 per day 91st to 150th day, all but $644 per day (if using "lifetime reserve"), if "lifetime reserve" days are exhausted, $0 **Plan pays:** 100% as medically necessary, plan providers only. No day limit **You pay:** $0	**Medicare pays:** After Part A deductible; full cost for the first 60 days 61st to 90th day, all but $322 per day 91st to 150th day, all but $644 per day (if using "lifetime reserve), if "lifetime reserve" days are exhausted, $0 **Plan pays:** Initial Part A deductible of $1,288 for the first 60 days 61st to 90th day, $322 per day 91st to 150th day, $644 per day if under "lifetime reserve" period **You pay:** $0 for first 90 days of confinement, and up to 150 under "lifetime reserve." Once "lifetime reserve" is exhausted, you pay the full cost after 90 days

OOPL = out-of-pocket limit

[1]Medicare deductible and coinsurance amounts listed are from 2016. After Medicare releases the 2017 amounts in the late fall, ETF will update this chart online. Medicare deductible amounts are listed only to describe how your benefits work under the available plan designs. Your out-of-pocket costs are indicated in the "You pay" line.
[2]IYC Medicare Plus pays only for services that Medicare covers. You pay the full cost of any non-covered services.

	IYC Medicare & IYC Medicare Advantage	IYC Medicare Plus[2]
Licensed Skilled Nursing Facility Medicare covered services in a Medicare approved facility	**Medicare pays:** Requires a 3-day period of hospital stay, 100% for the first 20 days 21st to 100th days, all but $161 per day Beyond 100 days, $0 **Plan pays:** 100% as medically necessary, for the first 120 days per benefit period; plan providers only Beyond 120 days, $0 **You pay:** $0 for the first 120 days, full cost after 120 days	**Requires a 3-day period of hospital stay** **Medicare pays:** 100% for the first 20 days 21st to 100th days, all but $161 per day Beyond 100 days, $0 **Plan pays:** 21st to 100th days, $161 per day 101st to 120th days, all covered services up to a maximum of 120 days per benefit period Beyond 120 days, $0 **You pay**: $0 for the first 120 days, full cost after 120 days
Licensed Skilled Nursing Facility (Non-Medicare approved facility) If admitted within 24 hours following a hospital stay	**Medicare pays:** $0 **Plan pays:** 120 days per benefit period for skilled care in a facility licensed in a state **You pay:** Full cost after 120 days	**Medicare pays:** $0 **Plan pays:** Maximum daily rate for up to 30 days per confinement; covers only the same type of expenses normally covered by Medicare in a Medicare-approved facility **You pay:** $0 for eligible expenses for the first 30 days, full cost after 30 days
Medical Supplies, Durable Medical Equipment and Durable Diabetic Equipment and Related Supplies	For Medicare-approved supplies: **Medicare pays:** After Part B deductible, 80% **Plan pays:** If you have not met the Part B deductible, 80% If you have met the Part B deductible, but you have not met the $500 OOPL per participant, 0% If you have met the Part B deductible, and also the $500 OOPL per participant, 20% **You pay:** 20% up to $500 OOPL per participant, after OOPL, $0	For Medicare-approved supplies: **Medicare pays:** After Part B deductible, 80% **Plan pays:** Part B deductible and 20% coinsurance **You pay:** $0
	For supplies NOT covered by Medicare: **Medicare pays:** None **Plan pays:** If you have not met the $500 OOPL per participant, 80% If you have met the $500 OOPL per participant, 100% **You pay:** 20% up to $500 OOPL per participant, after OOPL, $0	For supplies NOT covered by Medicare: **Medicare pays:** None **Plan pays:** None **You pay:** Full cost of supplies
Home Health Care Under an approved plan of care, part-time services of an RN, LPN or home health aide; physical, respiratory, speech or occupational therapy; medical supplies, drugs, lab services and nutritional counseling.	**Medicare pays:** 100% of charges for visits considered medically necessary by Medicare, generally 5 visits per week for 2 to 3 weeks; or 4 or fewer visits per week as long as required **Plan pays:** 100% for 50 visits per year, plan may approve an additional 50 visits IYC 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% of charges for visits considered medically necessary by Medicare, generally 5 visits per week for 2 to 3 weeks; or 4 or fewer visits per week as long as required **Plan pays:** 100% for up to 365 visits per year **You pay:** Full costs of visits beyond 365 per year
Hearing Exam	For routine exams: **Medicare pays:** None **Plan pays:** 100% **You pay:** $0	For routine exams: **Medicare pays:** None **Plan pays:** None **You pay:** Full cost of hearing exam
	For illness or disease: **Medicare pays:** After Part B deductible, 80% **Plan pays:** Deductible and 20% coinsurance **You pay:** $0	For illness or disease: **Medicare pays:** After Part B deductible, 80% **Plan pays:** Deductible and 20% coinsurance **You pay:** $0
Hearing Aid (per ear)	**Medicare pays:** No coverage for adults **Plan pays:** 80% for adults up to plan paid $1,000 every three years (does not count toward OOPL) **You pay:** 20% coinsurance and 100% of costs exceeding plan payment of $1,000	**Medicare pays:** No coverage for adults **Plan pays:** None **You pay:** Full cost of hearing aid

MEDICAL BENEFITS AT A GLANCE

Without Medicare

The information below will help you compare the benefits available through the different

	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

It's Your Choice (IYC) health plan design options for retirees without Medicare. **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.

MEDICAL WITH DENTAL COVERAGE

The non-Medicare and Medicare rates below reflect health care coverage that includes medical **with dental**. These are the total monthly premium rates that you would pay.

Health Plan Name	Non-Medicare Rates				Medicare Rates		
	IYC Health Plan		HDHP[1]		IYC Health Plan Medicare[1]		
	Single	Family	Single	Family	Medicare Single	Medicare 1[2]	Medicare 2[3]
Anthem Blue Preferred Northeast	793.86	1,960.48	688.84	1,697.88	573.94	1,351.64	1,145.66
Arise Health Plan	809.46	1,999.48	702.34	1,731.68	581.94	1,375.24	1,161.66
Dean Health Insurance	653.76	1,610.18	568.44	1,396.88	477.34	1,114.94	952.46
Dean Health Insurance - Prevea 360	713.96	1,760.68	620.14	1,526.18	527.64	1,225.44	1,053.06
GHC of Eau Claire	786.56	1,942.18	682.64	1,682.38	528.24	1,298.64	1,054.26
GHC of South Central Wisconsin	657.06	1,618.48	571.24	1,403.88	505.74	1,146.64	1,009.26
Gundersen Health Plan	819.56	2,024.68	710.94	1,753.18	496.04	1,299.44	989.86
Health Tradition Health Plan	811.66	2,004.98	704.24	1,736.38	469.04	1,264.54	935.86
HealthPartners Health Plan	736.96	1,818.18	639.94	1,575.68	545.74	1,266.54	1,089.26
Humana - Eastern	822.36	2,031.68	713.44	1,759.38	439.84	1,246.04	877.46
Humana - Western	879.76	2,175.18	762.74	1,882.68	439.84	1,303.44	877.46
IYC Access Health Plan *and* IYC Medicare Plus[4]	1,400.42	3,494.94	1,185.52	2,957.68	397.02	1,804.08	802.34
Medical Associates Health Plans	721.16	1,778.68	626.34	1,541.68	434.24	1,139.24	866.26
MercyCare Health Plans	652.26	1,606.48	567.14	1,393.68	456.34	1,092.44	910.46
Network Health Northeast	782.86	1,932.98	679.44	1,674.38	503.64	1,270.34	1,005.06
Network Health Southeast	773.56	1,909.68	671.44	1,654.38	477.64	1,235.04	953.06
Physicians Plus	692.66	1,707.48	601.84	1,480.38	465.14	1,141.64	928.06
Security Health Plan - Central	867.46	2,144.48	752.14	1,856.18	610.94	1,462.24	1,219.66
Security Health Plan - Valley	841.56	2,079.68	729.94	1,800.68	598.04	1,423.44	1,193.86
State Maintenance Plan (SMP)	868.56	2,165.18	738.06	1,838.98	397.02	1,266.14	802.34
Unitedhealthcare of Wisconsin	789.26	1,948.98	684.94	1,688.18	571.84	1,344.94	1,141.46
Unity Health Insurance - Community	765.16	1,888.68	664.24	1,636.38	505.14	1,254.14	1,008.06
Unity Health Insurance - UW Health	679.56	1,674.68	590.54	1,452.18	470.04	1,133.44	937.86
WEA Trust - East	823.26	2,033.98	714.14	1,761.18	489.14	1,296.24	976.06
WEA Trust - Northwest Chippewa Valley	864.46	2,136.98	749.64	1,849.88	503.54	1,351.84	1,004.86
WEA Trust - Northwest Mayo Clinic Health Sys.	864.46	2,136.98	749.64	1,849.88	503.54	1,351.84	1,004.86

[1]Medicare rates do not apply to the HDHP.
[2]Medicare 1 = Family coverage with at least one insured family member enrolled in Medicare Parts A, B and D.
[3]Medicare 2 = Family coverage with all insured family members enrolled in Medicare Parts A, B and D.
[4]Members with IYC Access Health Plan or SMP coverage who become enrolled in Medicare Parts A and B will automatically be moved to the IYC Medicare Plus plan. All other non-Medicare family members will remain covered under the IYC Access Health Plan or SMP.

MEDICAL WITHOUT DENTAL COVERAGE

The non-Medicare and Medicare rates below reflect health care coverage that includes medical **without dental**. These are the total monthly premium rates that you would pay. See footnotes on Page 11.

Health Plan Name	Non-Medicare Rates				Medicare Rates		
	IYC Health Plan		HDHP[1]		IYC Health Plan Medicare[1]		
	Single	Family	Single	Family	Medicare Single	Medicare 1[2]	Medicare 2[3]
Anthem Blue Preferred Northeast	766.02	1,890.86	661.00	1,628.26	546.10	1,295.96	1,076.04
Arise Health Plan	781.62	1,929.86	674.50	1,662.06	554.10	1,319.56	1,092.04
Dean Health Insurance	625.92	1,540.56	540.60	1,327.26	449.50	1,059.26	882.84
Dean Health Insurance - Prevea 360	686.12	1,691.06	592.30	1,456.56	499.80	1,169.76	983.44
GHC of Eau Claire	758.72	1,872.56	654.80	1,612.76	500.40	1,242.96	984.64
GHC of South Central Wisconsin	629.22	1,548.86	543.40	1,334.26	477.90	1,090.96	939.64
Gundersen Health Plan	791.72	1,955.06	683.10	1,683.56	468.20	1,243.76	920.24
Health Tradition Health Plan	783.82	1,935.36	676.40	1,666.76	441.20	1,208.86	866.24
HealthPartners Health Plan	709.12	1,748.56	612.10	1,506.06	517.90	1,210.86	1,019.64
Humana - Eastern	794.52	1,962.06	685.60	1,689.76	412.00	1,190.36	807.84
Humana - Western	851.92	2,105.56	734.90	1,813.06	412.00	1,247.76	807.84
IYC Access Health Plan *and* IYC Medicare Plus[4]	1,372.58	3,425.32	1,157.68	2,888.06	369.18	1,748.40	732.72
Medical Associates Health Plans	693.32	1,709.06	598.50	1,472.06	406.40	1,083.56	796.64
MercyCare Health Plans	624.42	1,536.86	539.30	1,324.06	428.50	1,036.76	840.84
Network Health Northeast	755.02	1,863.36	651.60	1,604.76	475.80	1,214.66	935.44
Network Health Southeast	745.72	1,840.06	643.60	1,584.76	449.80	1,179.36	883.44
Physicians Plus	664.82	1,637.86	574.00	1,410.76	437.30	1,085.96	858.44
Security Health Plan - Central	839.62	2,074.86	724.30	1,786.56	583.10	1,406.56	1,150.04
Security Health Plan - Valley	813.72	2,010.06	702.10	1,731.06	570.20	1,367.76	1,124.24
State Maintenance Plan (SMP)	840.72	2,095.56	710.22	1,769.36	369.18	1,210.46	732.72
Unitedhealthcare of Wisconsin	761.42	1,879.36	657.10	1,618.56	544.00	1,289.26	1,071.84
Unity Health Insurance - Community	737.32	1,819.06	636.40	1,566.76	477.30	1,198.46	938.44
Unity Health Insurance - UW Health	651.72	1,605.06	562.70	1,382.56	442.20	1,077.76	868.24
WEA Trust - East	795.42	1,964.36	686.30	1,691.56	461.30	1,240.56	906.44
WEA Trust - Northwest Chippewa Valley	836.62	2,067.36	721.80	1,780.26	475.70	1,296.16	935.24
WEA Trust - Northwest Mayo Clinic Health Sys.	836.62	2,067.36	721.80	1,780.26	475.70	1,296.16	935.24

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. Navitus is the plan administrator.

	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).

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

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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.