It's Your Choice 2019

Decision Guide

State of Wisconsin
Group Health Insurance for Employees

Meet Alex!
A virtual benefits counselor to help you learn more about your benefits in a personalized way. See page 9.
KNOW YOUR BENEFIT ENROLLMENT OPPORTUNITIES

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

OPEN ENROLLMENT: OCTOBER 1 - 26, 2018

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

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

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

NEW EMPLOYEES

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

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

LIFE CHANGE EVENT

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

OPT-OUT INCENTIVE: ANNUAL ACTION NEEDED

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

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

STEP 1  Choose a Plan Design

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

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

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

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

STEP 2  Choose a Health Plan

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

Things to Consider:

- All health plans provide the same in-network benefits.
- Non-emergency out-of-network services are not covered by most plans. Check the provider directories on the Map tab at etf.wi.gov/IYC2019 to ensure your plan covers providers where you receive services.

STEP 3  Consider Supplemental Benefits

Things to Consider:

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

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

STEP 4  Take Action

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

STEP 5  Stay Informed

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

WHAT IS CHANGING

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

HEALTH PLAN CHANGES

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

New Plans

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

Plan Changes

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

SUPPLEMENTAL BENEFIT CHANGES

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

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

New Plans for 2019

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

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

What is Changing continued on page 10
No matter which of the It’s Your Choice (IYC) plan design option or health plan you choose, the in-network coverage is the same (Uniform Benefits). The main differences are deductibles, copays and premiums. Choose a plan design option that fits best with your situation. Visit etf.wi.gov/ALEX for your virtual benefits counselor and help choosing your benefits.

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

### Monthly Payment (Premium)

<table>
<thead>
<tr>
<th>Plan Design</th>
<th>Individual / Family</th>
<th>UW Grad Assistant Individual / Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>IYC Health Plan</td>
<td>$85 / $211</td>
<td>$42.50 / $105.50</td>
</tr>
<tr>
<td>Access Plan</td>
<td>$263 / $656</td>
<td>$131.50 / $328</td>
</tr>
<tr>
<td>High Deductible Health Plan (HDHP)</td>
<td>$30 / $74</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Access High Deductible Health Plan (HDHP)</td>
<td>$208 / $519</td>
<td>Not eligible</td>
</tr>
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</table>

Premiums do not include Uniform Dental; see page 11 for details.

### Cost-Per-Visit

<table>
<thead>
<tr>
<th>Plan Design</th>
<th>Individual / Family</th>
<th>UW Grad Assistant Individual / Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>IYC Health Plan</td>
<td>$$$</td>
<td>$$$</td>
</tr>
<tr>
<td>Access Plan</td>
<td>$$$$</td>
<td>$$$$$</td>
</tr>
<tr>
<td>High Deductible Health Plan (HDHP)</td>
<td>$$$$</td>
<td>$$$$$</td>
</tr>
<tr>
<td>Access High Deductible Health Plan (HDHP)</td>
<td>$$$$</td>
<td>$$$$$</td>
</tr>
</tbody>
</table>

See next page.

### Health Plan Selection

| Plan Design                | IYC Health Plan Access Plan High Deductible Health Plan (HDHP) Access High Deductible Health Plan (HDHP) |
|---------------------------|--------------------------------------------------------|--------------------------------------------------------|
| IYC Health Plan           | Administered by WEA Trust                              | Administered by WEA Trust                              |
| Access Plan               | See pages 5 - 8 for available health plans             | See pages 5 - 8 for available health plans             |
| High Deductible Health Plan (HDHP) | See pages 5 - 8 for available health plans | Administered by WEA Trust                              |
| Access High Deductible Health Plan (HDHP) | See pages 5 - 8 for available health plans | Administered by WEA Trust                              |

### Statewide / Nationwide Access

| Plan Design                | IYC Health Plan Access Plan High Deductible Health Plan (HDHP) Access High Deductible Health Plan (HDHP) |
|---------------------------|--------------------------------------------------------|--------------------------------------------------------|
| IYC Health Plan           | Local, county-based coverage area See pages 5 - 8      | Statewide/nationwide                                   |
| Access Plan               | Local, county-based coverage area See pages 5 - 8      | Statewide/nationwide                                   |
| High Deductible Health Plan (HDHP) | Local, county-based coverage area See pages 5 - 8 | Statewide/nationwide                                   |
| Access High Deductible Health Plan (HDHP) | Local, county-based coverage area See pages 5 - 8 | Statewide/nationwide                                   |

### Out-of-Network Benefits

| Plan Design                | IYC Health Plan Access Plan High Deductible Health Plan (HDHP) Access High Deductible Health Plan (HDHP) |
|---------------------------|--------------------------------------------------------|--------------------------------------------------------|
| IYC Health Plan           | Emergency and urgent care only                         | Out-of-network benefits                                |
| Access Plan               | Emergency and urgent care only                         | Out-of-network benefits                                |
| High Deductible Health Plan (HDHP) | Emergency and urgent care only | Out-of-network benefits                                |
| Access High Deductible Health Plan (HDHP) | Emergency and urgent care only | Out-of-network benefits                                |

### Health Savings Account (HSA) Required

| Plan Design                | IYC Health Plan Access Plan High Deductible Health Plan (HDHP) Access High Deductible Health Plan (HDHP) |
|---------------------------|--------------------------------------------------------|--------------------------------------------------------|
| IYC Health Plan           | Not allowed with this plan design                      | Not allowed with this plan design                      |
| Access Plan               | Not allowed with this plan design                      | Not allowed with this plan design                      |
| High Deductible Health Plan (HDHP) | Employer may contribute $ | Employer may contribute $ |
| Access High Deductible Health Plan (HDHP) | Employer may contribute $ | Employer may contribute $ |

Employees appointed fewer than 1,040 hours (50% of full time) pay 50% of the total monthly premium; visit etf.wi.gov/IYC2019 for full premium amounts.

If you are a continuant, visit etf.wi.gov/IYC2019 for rates specific to you.

UW System, UW Hospital and Clinics or other quasi-governmental authorities: Direct premium contribution amount questions to your benefits/payroll/personnel office.
# Breakdown of Your Costs by Plan Design

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

<table>
<thead>
<tr>
<th></th>
<th><strong>IYC Health Plan</strong></th>
<th><strong>Access Plan</strong></th>
<th><strong>HDHP</strong></th>
<th><strong>Access HDHP</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Annual Medical Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$250 / $500</td>
<td></td>
<td>$1,500 / $3,000</td>
<td></td>
</tr>
<tr>
<td>Counts toward out-of-pocket limit (OOPL)</td>
<td>Medical deductible does not apply to office visit copays, preventive services or prescription drugs</td>
<td></td>
<td>Must be met before coverage begins</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care Office Visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional services such as lab work, X-rays, etc., count toward the deductible and coinsurance</td>
<td>$15 copay per visit up to OOPL</td>
<td>Does not count toward deductible</td>
<td>You pay 100% until deductible met</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>After deductible: $15 copay per visit up to OOPL</td>
<td></td>
</tr>
<tr>
<td><strong>Specialty Office Visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional services such as lab work, X-rays, etc., count toward the deductible and coinsurance</td>
<td>$25 copay per visit up to OOPL</td>
<td>Does not count toward deductible</td>
<td>You pay 100% until deductible met</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>After deductible: $25 copay per visit up to OOPL</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Medical Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies to medical services except for office visit or emergency room copayments and preventive services</td>
<td>After deductible you pay 10% until OOPL is met</td>
<td></td>
<td>After deductible you pay 10% until OOPL is met</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See healthcare.gov/preventive-care-benefits</td>
<td>Plan pays 100%</td>
<td></td>
<td>Plan pays 100%</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copay waived if admitted to inpatient directly from emergency room or for observation for 24 hours or longer</td>
<td>$75 copay per visit</td>
<td>Deductible and coinsurance applies to services beyond the copay up to OOPL</td>
<td>You pay 100% until deductible met</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>After deductible: $75 copay per visit, coinsurance applies to services beyond the copay up to OOPL</td>
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</tr>
<tr>
<td><strong>Annual Medical Out-of-Pocket Limit (OOPL)</strong></td>
<td>$1,250 / $2,500</td>
<td></td>
<td>$2,500 / $5,000</td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td></td>
<td></td>
<td>Families: Must meet full family OOPL before your plan pays 100%</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>None</td>
<td></td>
<td>Included in medical deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Copay</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1 / 2 / 3</td>
<td>$5 / 20% ($50 max) / 40% ($150 max)*</td>
<td>$50 copay (Must fill at Lumicera or UW specialty pharmacies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 4 Specialty Preventive</td>
<td></td>
<td></td>
<td>Plan pays 100%, regardless of deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Out-of-Pocket Limit</strong></td>
<td>$600 / $1,200</td>
<td>$6,850 / $13,700</td>
<td>$1,200 / $2,400</td>
<td>Included in medical OOPL</td>
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<tr>
<td>Levels 1 &amp; 2 - Individual / Family</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3 - Individual / Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 4 - Individual / Family</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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

The Access Plan & Access HDHP plans are administered by WEA Trust and are available in all counties. These plans also offer nationwide provider access.

Use the interactive map at etf.wi.gov/IYC2019 to find major providers and provider directories for health plans in your county.
Adams
- Dean Health Insurance
- Quartz - Community*
- Security Health Plan - Central
- WEA Trust - East

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

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

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

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

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

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

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

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

Juneau
- Dean Health Insurance
- HealthPartners Health Plan
- Quartz - Community
- WEA Trust - East

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

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

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

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

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

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

*limited provider availability
### CHOOSE A HEALTH PLAN, CONTINUED

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

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

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

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

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

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

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

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

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

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

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

**St. Croix**
- HealthPartners Health Plan
- Security Health Plan - Central
- WEA Trust West - Mayo Clinic Health System
- WEA Trust West - Chippewa Valley

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

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

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

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

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

*limited provider availability*
Brown
- Dean Health Insurance - Prevea360
- Network Health
- Robin with HealthPartners
- Security Health Plan - Valley
- WEA Trust - East

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

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

Fond du Lac
- Dean Health Insurance
- Network Health
- Quartz - Community
- WEA Trust - East

Green Lake
- Dean Health Insurance
- Network Health
- Robin with HealthPartners
- Security Health Plan - Valley
- WEA Trust - East

Kenosha
- Network Health
- WEA Trust - East

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

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

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

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

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

Milwaukee
- Network Health
- WEA Trust - East

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

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

Ozaukee
- Network Health
- WEA Trust - East

Racine
- Network Health
- WEA Trust - East

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

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

Washington
- Network Health
- WEA Trust - East

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

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

Waushara
- Network Health
- WEA Trust - East

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

*limited provider availability
Plan Ratings
The overall performance ratings chart below is based on several quality measures.

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

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

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

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

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

Anything you tell ALEX remains anonymous, so don’t be afraid to really let loose about that weird tooth thing. Get started with ALEX at etf.wi.gov/ALEX
What is Changing  continued from page 2

PHARMACY BENEFITS

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

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

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

MEDICAL BENEFIT CHANGES

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

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

WELLNESS

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

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

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

Example of “DAW-1” Cost Sharing
Your doctor prescribes you BrandNameStatin and marks it “DAW-1.”

30-Day Supply Costs
BrandNameStatin:
- With insurance, FDA MedWatch Form Submitted: $150
- With Insurance, No FDA MedWatch Form: $1,250
- Before insurance: $2,000

Generic equivalent:
- With Insurance: $5
- Before insurance: $900

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

BrandNameStatin Cost Calculation
$2,000 x 40% = $800 → $150
You pay 40% of the original drug price. There is a limit of $150. This is your total cost if a FDA MedWatch form is submitted.

$2,000 - $900 = $1,100
If no FDA MedWatch form is submitted, you also pay the cost difference between the brand name drug and generic equivalent.

$150 + $1,100 = $1,250
Your total cost if no FDA MedWatch form is submitted.

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

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

wellwisconsin.staywell.com | 1-800-821-6591
StayWell® is a registered trademark of StayWell® Company, LLC. All health and wellness incentives paid to ETF members by 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.
Dental Benefit Options

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

**Uniform Dental**
See Delta Dental PPO or Premier providers
Covers diagnostic, preventive, basic and children’s orthodontics services

**Delta Dental PPOSM - Select Plan**
Must see a Delta Dental PPO provider
Covers additional major/restorative services.

**Delta Dental PPO Plus Premier™ - Select Plus Plan**
See Delta Dental PPO or Premier providers
Covers additional major/restorative services and orthodontics at any age.

**Things to Note**

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

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

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

**Supplemental Dental**
There are two new offerings for the 2019 plan year:
- Delta Dental PPO™ Select Plan
- Delta Dental PPO™ Plus Premier - Select Plus Plan

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

If you were previously enrolled in supplemental dental, you must enroll in a new plan to continue coverage.
In future years, your supplemental coverage will continue unless you cancel it during open enrollment.

**Plan Administrator**

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

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

- Find in-network providers
- Print ID cards
- View your benefits and claims
- Find valuable dental health resources
- Ask questions
The table below lists the most commonly used benefits to help you compare dental options. Visit etf.wi.gov/IYC2019 for complete information, including limitations and benefit exclusions.

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Uniform Dental</th>
<th>Select Plan</th>
<th>Select Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Payment (Premium)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uniform Dental is added to your health</td>
<td>$3 (I)</td>
<td>$8.55 (I)</td>
<td>$16.19 (I)</td>
</tr>
<tr>
<td>insurance premium. Supplemental dental is</td>
<td>$8 (F)</td>
<td>$11.54 (I+C)</td>
<td>$29.95 (I+C)</td>
</tr>
<tr>
<td>a separate deduction.</td>
<td></td>
<td>$17.10 (I+S)</td>
<td>$32.38 (I+S)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$20.52 (F)</td>
<td>$49.38 (F)</td>
</tr>
<tr>
<td><strong>In-Network Providers</strong></td>
<td>Delta Dental PPO or Premier providers</td>
<td>Delta Dental PPO</td>
<td>Delta Dental PPO or Premier providers</td>
</tr>
<tr>
<td>No out-of-network coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>None</td>
<td>$100 / person</td>
<td>$25 / person</td>
</tr>
<tr>
<td><strong>Annual Benefit Max</strong></td>
<td>$1,000 / person</td>
<td>$1,000 / person</td>
<td>$2,500 / person</td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Preventive Services</strong></td>
<td></td>
<td>100%</td>
<td>No coverage</td>
</tr>
<tr>
<td>Routine evaluations, dental cleanings,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sealants, bitewing and panoramic X-rays,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluoride treatments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td>100%</td>
<td>No coverage</td>
</tr>
<tr>
<td>Fillings</td>
<td></td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Anesthesia (general and IV sedation)</td>
<td>80%</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency pain relief</td>
<td>80%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>80%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td><strong>Major / Restorative Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns, bridges, dentures, implants</td>
<td>No coverage</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery</td>
<td>No coverage</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Non-surgical extractions (above gumline)</td>
<td>90%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage</td>
<td>50% (Under age 19)</td>
<td>No coverage</td>
<td>50% (Regardless of age)</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$1,500</td>
<td>No coverage</td>
<td>$1,500 (in addition to Uniform Dental)</td>
</tr>
</tbody>
</table>
More choices mean more opportunities for better health and wellness. Visit etf.wi.gov/IYC2019 to see if you are eligible and when you can enroll. You can enroll in any of these plans when you are a new employee, when you experience a life change event or during It’s Your Choice open enrollment. If you are currently enrolled, your enrollment will continue unless you cancel during It’s Your Choice open enrollment.

### VSP

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

**New in 2019:**
- No charge for standard progressive lenses.
- Additional $50 toward brand name frames.

Employees paid through STAR: staractives.vspforme.com

UW System employees: uwsystem.vspforme.com/review

All other employees: stateofwiemployees.vspforme.com

1-800-400-4569

<table>
<thead>
<tr>
<th>Premium Plan</th>
<th>Individual</th>
<th>Individual + Spouse</th>
<th>Individual + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision + Hearing</td>
<td>$6.38</td>
<td>$12.76</td>
<td>$14.38</td>
<td>$22.98</td>
</tr>
</tbody>
</table>

### Accidental Death and Dismemberment

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

**New in 2019:** Identity theft protection.

zurichplaninfo.qwikcoverage.com
cms@zurichna.com

<table>
<thead>
<tr>
<th>Premium Plan</th>
<th>Individual</th>
<th>Individual + Spouse</th>
<th>Individual + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium</td>
<td>$0.028 per $1,000 of coverage</td>
<td>($0.046 per $1,000 of coverage for protective category employees)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$0.038 per $1,000 of coverage</td>
<td>($0.062 per $1,000 of coverage for protective category employees)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Benefits

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

Visit etf.wi.gov/IYC2019 for more information

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

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

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

**Employee Reimbursement Accounts**

**Health Care Flexible Spending Account (FSA)**
You may set aside, for yourself and your tax dependents, pre-tax dollars each year for eligible health care expenses not covered by insurance.

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

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

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

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

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

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

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


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

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

- Annual Contribution Limit: Individual: $3,500  |  Family: $7,000
- Annual Catch-Up Contribution Limit (Ages 55-65 only): $1,000  |  Unlimited carryover
- Annual Employer Contribution (If eligible; paid in installments): Individual: $750  |  Family: $1,500

**IMPORTANT PROGRAM INFORMATION:** ANNUAL ACTION NEEDED

**Expense Deadline:** For plan year 2019, you must incur all eligible expenses by December 31, 2019.

**Claims Deadline:** For plan year 2019, you must submit all reimbursement requests by March 31, 2020.

**Carryover:** Roll over unused funds into the next plan year. Certain plans are subject to carryover limits.

**Enrollment:** You must re-enroll each year to continue participation. Elections do not carry forward from year to year.
Open Enrollment: October 1 - October 26, 2018

Mailed application must be postmarked by October 26, 2018.

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

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