

2018 It's Your Choice

Item 3C – Group Insurance Board

Tara Pray, Office of Strategic Health Policy



Agenda

- MC&E Workgroup
- IYC Decision Guides
- IYC Web Resources & eLearnings
 - Annual open enrollment period
 - Evergreen



MC&E Workgroup

MC&E

Member Communication & Education Workgroup

- Goal: Provide information to members that is targeted, easy to access and understand, and aids decision making
- Vision: By effectively engaging our members in their health care offerings, members will make more informed decisions about their healthcare resulting in choosing healthcare options that are high quality and value.
- Who's involved:
 - Internal staff
(Representation from 8 business units)
 - Employers
(UW Hospital & Clinics, UW Systems Administration, UW-Madison, DOA, DOC, DOT, DNR, City of Madison)

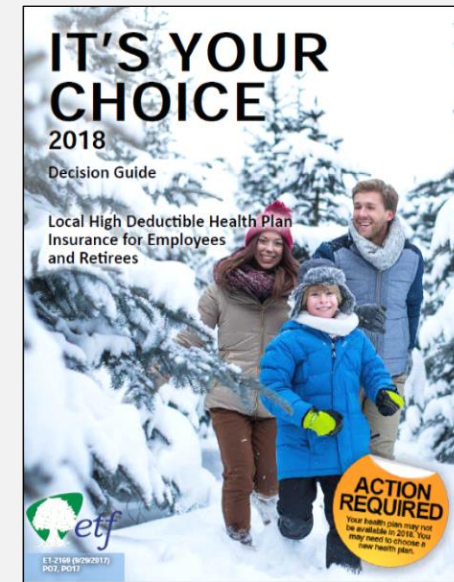
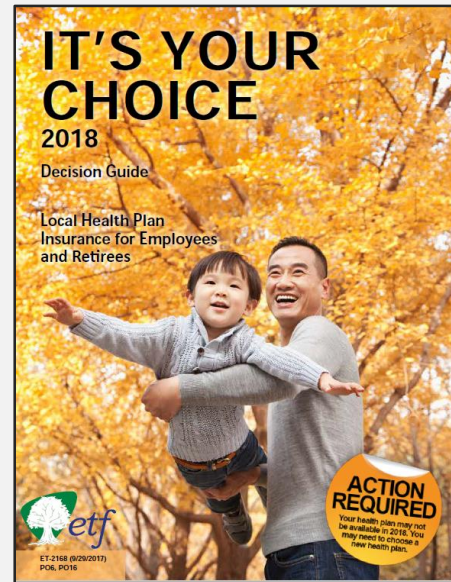
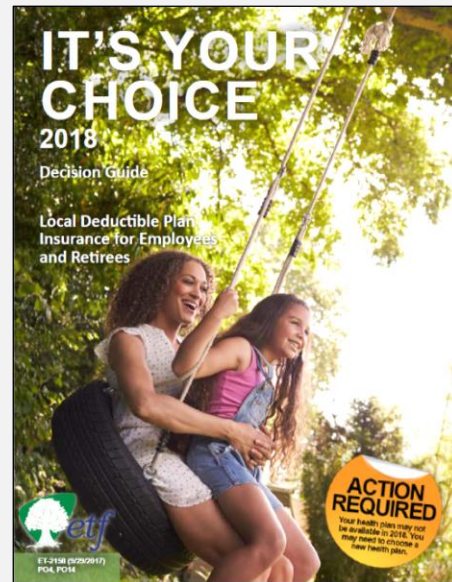
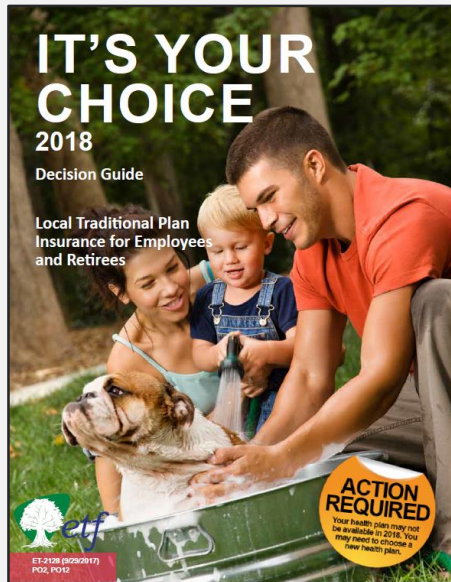
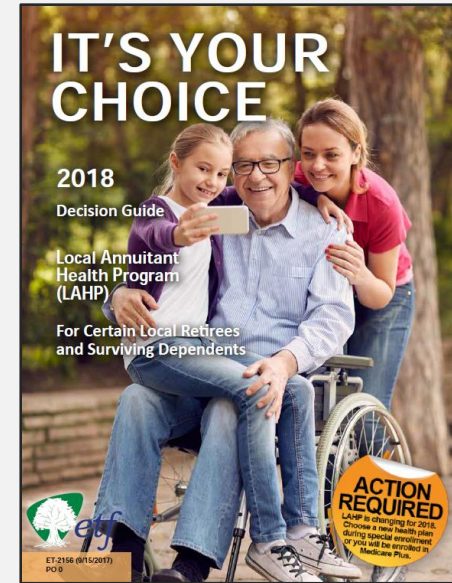
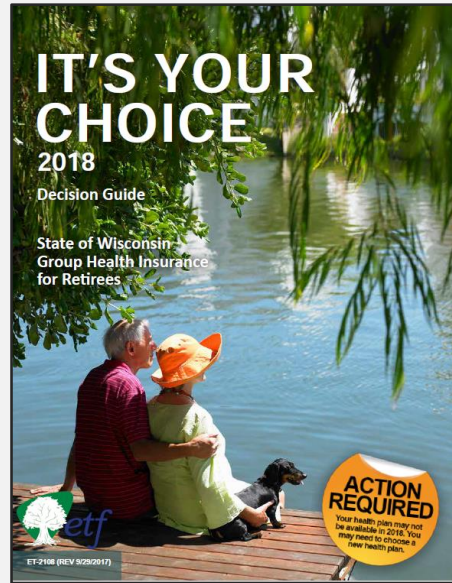
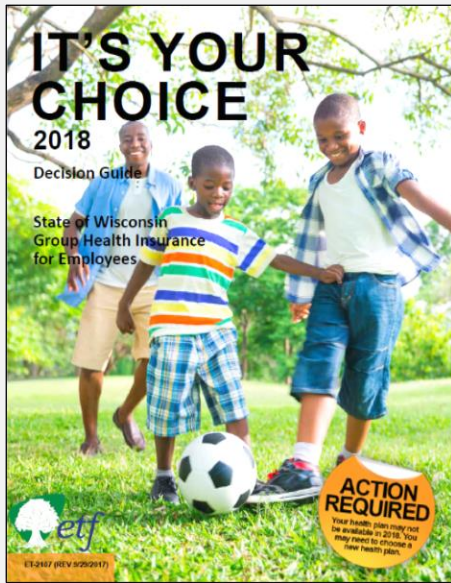
MC&E

Member Communication & Education Workgroup

- Meetings
 - Large workgroup meetings to review progress/get all on same page/share information
 - Subcommittee meetings to help create/review/provide input
- Subcommittees
 - Web
 - Print
 - eLearning



IYC Decision Guides



IYC Decision Guides

- Focus: Make choosing health insurance easier
 - Take action checklist and steps
 - Provide overviews, for easier decision making
 - Health plan maps by county, with top health systems
- Design was carried through to all guides (State & Local), web & eLearning
- Examples: [State Active Guide](#), [State Retiree Guide](#)

How to Choose & Plan Design Pages

Before and After

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.

TAKE ACTION CHECKLIST

STEP 1 Choose a Plan Design

Pages 3 - 4 highlight the available plan design options and compare key factors such as monthly payments, coverage levels and out-of-network benefits availability.

Consider your annual medical expenses or any upcoming medical procedures you may need as you make your selection.

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.

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:

- Uniform Benefits means that all health plans provide the same in-network benefits.
- Out-of-Network services are generally not covered by most plans. Check the provider directories on the Map tab at etf.wi.gov/IYC2018 to ensure your plan covers providers where you live or choose to receive services.
- Quality matters. Visit etf.wi.gov/IYC2018 to see health plan report cards for performance and quality ratings.

STEP 3 Consider Supplemental Benefits

Things to Consider:

- Do you want basic dental coverage (Uniform Dental Benefit)? Do you need 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 or long-term care coverage? See page 13.

STEP 4 Take Action

Visit the Enrollment tab at etf.wi.gov/IYC2018 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* along with any other topics of interest. 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 2018. Visit etf.wi.gov/IYC2018 for complete information.

HEALTH PLAN CHANGES

Changes can happen each year. Use the new interactive map at etf.wi.gov/IYC2018 to find health plans and covered providers where you receive care.

ACTION REQUIRED

- Health Plans No Longer Available**
- Anthem Blue Preferred Northeast
 - Arise Health Plan
 - Health Tradition Health Plan
 - Humana-Eastern or Western, including Medicare Advantage
 - UnitedHealthcare of Wisconsin

You must select a new health plan during open enrollment or you will not have coverage as of 1/1/2018.

Health Plan Name Changes

(No Action Required)

- Unity Health Insurance - Community now Quartz - Community
- Unity Health Insurance - UW Health now Quartz - UW Health

Health Plan Mergers

(No Action Required)

- Gundersen Health Plan now part of Quartz - Community
- Physicians Plus now part of Quartz - UW Health or Quartz - Community, depending on primary care provider's location
- Network Health - Northeast & Network Health - Southeast now combined as Network Health Plan

NOTE: If you take no action during open enrollment, you'll be enrolled in the renamed or merged plan listed above.

New It's Your Choice Access Plan Administrator

WEA Trust is the new administrator for the IYC Access Plan, IYC Access High Deductible Health Plan (HDHP), IYC Medicare Plus, State Maintenance Plan (SMP) and SMP HDHP. **NOTE:** If you take no action during open enrollment, your enrollment will continue with the new administrator, except for SMP and SMP HDHP.

View in-network benefit changes on page 4; see etf.wi.gov/IYC2018 for out-of-network benefit changes. You will also receive information in the mail from your health plan.

What is Changing continued on page 10

STEP 1 CHOOSE A PLAN DESIGN

No matter which 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/IYC2018 for all plans, premiums with dental and full premium rates.



	It's Your Choice Health Plan	It's Your Choice Access Plan	It's Your Choice High Deductible Health Plan (HDHP)	It's Your Choice Access High Deductible Health Plan (HDHP)
Monthly Payment (Premium)	Individual / Family \$85 / \$211 UW Grad Assistant Individual / Family \$42.50 / \$105.50	\$263 / \$656 \$131.50 / \$328	\$30 / \$74 Not eligible	\$208 / \$519 Not eligible
Cost-Per-Visit	See breakdown of your costs on next page	See breakdown of your costs on next page	See breakdown of your costs on next page	See breakdown of your costs on next page
Health Plan Selection	See pages 5 - 8 for available health plans	Administered by WEA Trust	See pages 5 - 8 for available health plans	Administered by WEA Trust
Statewide / Nationwide Access	Local, county-based coverage area See pages 5 - 8	✓	Local, county-based coverage area See pages 5 - 8	✓
Out-of-Network Benefits	Emergency and urgent care only	✓	Emergency and urgent care only	✓
Health Savings Account (HSA) Required	Not allowed with this plan design	Not allowed with this plan design	✓ 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/IYC2018 for full premium amounts. If you are a contingent, visit etf.wi.gov/IYC2018 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.

Benefit Comparison

Before

MEDICAL BENEFITS AT A GLANCE

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

	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
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 (OOP-L). 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 OOP-L.	\$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 OOP-L. 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 OOP-L. 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 OOP-L.	\$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 OOP-L.
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 OOP-L. 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 OOP-L. Coinsurance will apply to additional services such as lab work, X-rays, etc.	You pay \$15 copayment per visit up to OOP-L. 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 OOP-L.	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 OOP-L. 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 OOP-L.
Specialty Office Visit Copayment includes: • Specialty Providers • Urgent Care • Vision Exam in an office visit setting	You pay \$25 copayment per visit up to OOP-L. 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 OOP-L. Coinsurance will apply to additional services such as lab work, X-rays, etc.	You pay \$25 copayment per visit up to OOP-L. 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 OOP-L.	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 OOP-L. 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 OOP-L.
Annual Medical Coinsurance	After deductible: You pay 10% coinsurance up to OOP-L. 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 OOP-L. Applies to medical services except for office visit or emergency room copayments and preventive services*.	After deductible: You pay 10% coinsurance up to OOP-L. Applies to medical services except for office visit or emergency room copayments and preventive services*.	After deductible: You pay 30% coinsurance up to OOP-L. Applies to medical services except for 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 OOP-L. 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 OOP-L. Applies to medical services except for emergency room copayments.
Annual Medical Out-of-Pocket Limit (OOP-L)	\$1,250 individual / \$2,500 family	\$2,500 individual / \$5,000 family For family coverage, you must meet the full family OOP-L before your plan pays 100%.	\$1,000 individual / \$2,000 family	\$2,000 individual / \$4,000 family	\$3,500 individual / \$6,500 family For family coverage, you must meet the full family OOP-L before your plan pays 100%.	\$3,800 individual / \$7,000 family For family coverage, you must meet the full family OOP-L 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/	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.
Illness/injury related services beyond the office visit copayment (if applicable)	After deductible: You pay 10% coinsurance up to OOP-L. 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 OOP-L. Applies to medical services except for office visit or emergency room copayments.	After deductible: You pay 10% coinsurance up to OOP-L. Applies to medical services except for office visit or emergency room copayments.	After deductible: You pay 30% coinsurance up to OOP-L. 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 OOP-L. 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 OOP-L. Applies to medical services except for 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 OOP-L.	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 OOP-L.	You pay \$75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to OOP-L.	You pay \$75 copayment per visit, then in-network deductible and coinsurance applies to services beyond the copayment up to OOP-L.	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 OOP-L.	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 OOP-L.

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

It's Your Choice 2017

** Note: Routine vision exams are not covered.

6

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 (OOP-L), 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.

	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
Deductible¹						
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 drugs⁴	40% (\$200 max)	40% (\$200 max)	40% (\$200 max)	40% (\$200 max)	40% (\$200 max)	40% (\$200 max)
Out-of-Pocket Limits⁵						
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 / \$6,500 family (combined medical & Rx)	\$3,800 individual / \$7,000 family (combined medical & Rx)
Level 3	\$6,850 individual / \$13,700 ⁶ family	\$6,850 individual / \$13,700 ⁶ family	None	None	\$3,500 individual / \$6,500 family (combined medical & Rx)	\$3,800 individual / \$7,000 family (combined medical & Rx)
Level 4⁴	\$1,200 individual / \$2,400 family	\$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 OOP-L is met.
² Level 3 coinsurance does not apply toward the group health insurance program's OOP-L 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 OOP-L; only the federal MOOP.
⁵ Family OOP-Ls for non-HDHP plans are embedded. An individual within a family can reach an individual OOP-L before the family OOP-L is met and not have to pay any copayment/coinsurance. Family OOP-Ls for HDHP plans are not embedded and an individual will continue to pay until the family OOP-L is met.
⁶ Federal Maximum Out-of-Pocket Limit or federal maximum out-of-pocket (MOOP).

8





Benefit Comparison

After

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

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

Most members are in this plan

 Plan features out-of-network benefits. Learn more at etf.wi.gov/IYC2018



A man with a beard, wearing a light blue long-sleeved shirt, is seated in a wheelchair. He is smiling and holding a black mobile phone to his ear. The background shows an office environment with another person working at a desk in the distance. The entire image has a blue tint.

IYC Web Resources

IYC Web Resources

- [2018 IYC Website](#) updates
 - Landing page with less clicks
 - Improved navigation
 - Interactive health plan map with top health systems and provider directories
 - Hide & reveal accordions for information dense pages
 - Improved “How to Choose Your Benefits” page
 - Printable checklist
 - Embedded eLearnings

Interactive Map

Before

HEALTH PLAN MAP 2017

This interactive map shows health plan availability by county. A plan that is "qualified" has the minimum allowable number of clinics, hospitals and providers in that county. The health plans noted as "limited" have limited provider availability. Click on the health plan to view the plan description page where you can find the Provider Directory to ensure your clinic or doctor is available.

Choose A County:



Outagamie County, Wisconsin

Plan	Qualified
Anthem Blue Preferred Northeast	x
Arise Health Plan	x
Dean Health Insurance-Prevea360	limited
Humana-Eastern	x
Network Health Northeast	x
Security Health Plan - Valley	x
UnitedHealthcare of Wisconsin	x
WEA Trust - East	x
IYC Medicare Plus or IYC Medicare Advantage	x
IYC Access Health Plan	x

* Qualified in a county with no hospital

- No info for those needing care outside of Wisconsin
- Only lists health plans with link to plan description page and if plan is qualified or limited

Interactive Map

After

- For 2018 added:
 - Link with info for healthcare outside of Wisconsin
 - Health plan top 5 health systems
 - Star performance ratings
 - Provider directory links
 - Tags identifying limited providers and out-of-state access

HEALTH PLAN MAP 2018

Use the interactive map or dropdown menu below to find health plans where you wish to receive health care services. For each health plan you can quickly see the top health systems and their covered providers.

I receive health care outside of Wisconsin

Dean Health Insurance - Prevea360
★★★★★
Major Health Systems:

- HSHS Eastern WI Division Hospitals
- Prevea Clinics
- Door County Medical Center
- Holy Family Memorial Hospital and Clinics
- HSHS St. Vincent Hospital Regional Cancer Center

Limited Providers in County

Network Health
★★★★☆
Major Health Systems:

- Froedtert Health
- Affinity Health System - Ascension
- Medical College of Wisconsin
- Ministry Health Care - Ascension
- Children's Hospital of Wisconsin

Security Health Plan - Valley
★★★★☆
Major Health Systems:

- Bellin Health
- Dickinson County Healthcare System
- Holy Family Memorial
- ThedaCare
- ThedaCare ACO Network

Some Iowa, Illinois & Michigan Access

WEA Trust - East
★★★★☆

Not seeing your health plan?
Change can happen each year. Some plans are no longer available, some have merged or changed their name. See [Available Health Plans](#) for more information.

Hide & Reveal Accordions

Before and After

WHAT IS CHANGING IN 2017

This page highlights the most significant changes for 2017. View the links on this page for complete information.

Well Wisconsin Program

The \$150 Well Wisconsin incentive will still be available to you and your enrolled spouse or domestic partner, but 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 not cover services by ThedaCare providers.

Health plans can change provider networks each year. Check out the [interactive map](#) 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 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 cover 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. Visit the Compare Plans tab, above, 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 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.

Women Note: This is an annual requirement. Check eligibility information.



IMPORTANT CHANGES FOR 2018

Health Plan Changes

There are several changes to the available health plans for 2018. Use the [interactive map](#) to find health plans and covered providers where you live or receive care.



Not seeing your health plan?

Change can happen each year. Some plans are no longer available, some have merged or changed their name. See [Available Health Plans](#) for more information.

Health Plans No Longer Available

Health Plan Name Changes (No Action Required)

Medicare Advantage (Action Required)

IYC Access Plan / Access High Deductible Health Plan (HDHP) / Medicare Plus / State Maintenance Plan (SMP) / SMP HDHP

IYC Access Plan In-Network Cost-Sharing Changes

IYC Access Plan Overview of Benefit Changes

State Maintenance Plan (SMP) Changes (Action Required)

No Domestic Partner Coverage

Medical Benefits

Improved Page

HOW TO CHOOSE YOUR GROUP HEALTH INSURANCE PLAN

There are various times throughout your employment when you might consider enrolling in or making changes to your health benefits. This may be when you are a new employee, annually during the It's Your Choice open enrollment period, or when you experience a life event that may allow for a change. Consider the following:

- Is your health plan still available next year? Sometimes health plans merge with others or change their service areas. Review [important changes](#).
- Have your premiums changed?
- Is your doctor, clinic, hospital still affiliated with your health plan?
- Have benefits changed? Changes are summarized in [important changes](#).
- How satisfied are participants with their health plans? Review and compare the [health plan report cards](#).
- How do health plans compare for wellness and health management programs? Check out [health plan features](#).

If you are happy with your current plan and do not want to opt out of medical coverage or decline Uniform Dental Benefits coverage, you do not need to do anything during open enrollment unless you want to enroll in [Options to Supplement Your Coverage](#), or take advantage of [Pre-Tax Savings](#), such as health care and dependent care flexible spending accounts or parking/transit benefits.

Remember, annual elections are required to participate in flexible spending accounts, and parking and transit benefits.

Let's walk through some of the steps you should when deciding on a plan design and a health plan for 2017.

Note: If you have experienced a life event, such as a change in marital status or move to a new county, you should review the [Life Changes and Coverage Changes](#) chart to see what your options are and how long you have to enroll for coverage or make a change.

For additional information, see the [It's Your Choice FAQs](#).



STEP 1 – CHOOSE A PLAN DESIGN

First, decide which plan design you would like. The following is a summary of the four primary health insurance plan designs of the State Group Health Insurance Program. For more plan design information, choose the [Compare Plans](#) tab in the navigation bar above.

1. **TYC HEALTH PLAN:**

Most state members are enrolled in this plan. This plan allows you to choose from a variety of health plan providers that offer the same uniform benefits package.

Note: While these plans all offer the same uniform benefits package, this does not mean that they will treat all illnesses or injuries in an identical manner. Treatment will vary depending on patient needs, the physicians' preferred practices, and the health plan provider's managed care policies and procedures.

HOW TO CHOOSE YOUR BENEFITS

You may enroll or change your benefits during the annual It's your Choice open enrollment period, when you start a new job, or when you experience a life event. The Take Action checklist, e-Learning module and printable worksheet will walk you through choosing your benefits during one of these events.



View 2018 Important Changes
eLearning



View Choose Your Benefits
eLearning



Print Checklist
Includes room for notes!

STEP 1

Choose a Plan Design



STEP 2

Choose a Health Plan



STEP 3

Consider Supplemental Benefits



STEP 4

Take Action



STEP 5

Stay Informed



Made your decisions? Visit the [Enrollment page](#) for instructions on how to enroll.

Questions? Active employees: Contact your employer benefits specialist. Retirees: [Contact ETF](#).

Rates

Before and After

HEALTH PLAN 2017 TOTAL PREMIUM RATES WITH DENTAL

Form Number: et-2107prtad

State of Wisconsin Employees, UW Graduate Assistants

Health Plan Name	Non-Medicare Rates					
	IYC Health Plan		HDHP ¹		Grad Assistants	
	Individual	Family	Individual	Family	Individual	Family
Anthem Blue Preferred Northeast	793.88	1,980.48	688.84	1,667.88	527.36	1,294.18
Arise Health Plan	809.48	1,990.48				
Dean Health Insurance	653.78	1.81				
Dean Health Insurance-Prevea360	713.98	1.78				
GHC of Eau Claire	786.58	1.94				
GHC of South Central Wisconsin	657.08	1.81				
Gundersen Health Plan	819.58	2.02				
Health Tradition Health Plan	811.88	2.00				
HealthPartners Health Plan	736.08	1.81				
Humana-Eastern	822.38	2.03				
Humana-Western	879.78	2.17				
IYC Access Health Plan and IYC Medicare Plus ⁴	1,400.42	3.48				
Medical Associates Health Plans	721.18	1.77				
MercyCare Health Plans	652.28	1.80				
Network Health - Northeast	782.88	1.93				
Network Health - Southeast	773.58	1.90				
Physicians Plus	692.68	1.70				

HEALTH PLAN 2017 TOTAL PREMIUM RATES WITHOUT DENTAL

Form Number: et-2107prta

State of Wisconsin Employees, UW Graduate Assistants

Health Plan Name	Non-Medicare Rates					
	IYC Health Plan		HDHP ¹		Grad Assistants	
	Individual	Family	Individual	Family	Individual	Family
Anthem Blue Preferred Northeast	786.02	1,890.88	661.00	1,628.28	499.52	1,224.58
Arise Health Plan	781.82	1,929.88	674.50	1,662.00	548.82	1,347.88
Dean Health Insurance	625.92	1,540.58	540.60	1,327.26	407.42	994.38
Dean Health Insurance-Prevea360	688.12	1,691.08	592.30	1,456.58	472.42	1,158.88
GHC of Eau Claire	758.72	1,872.58	654.80	1,612.76	531.82	1,304.88
GHC of South Central Wisconsin	629.22	1,548.88	543.40	1,334.26	434.52	1,082.08
Gundersen Health Plan	791.72	1,955.08	683.10	1,683.58	490.32	1,201.58
Health Tradition Health Plan	783.82	1,935.38	676.40	1,666.76	515.42	1,264.38
HealthPartners Health Plan	709.12	1,748.58	612.10	1,506.06	494.52	1,212.08
Humana-Eastern	794.52	1,982.08	685.60	1,669.78	494.02	1,210.88
Humana-Western	851.92	2,105.58	734.90	1,813.06	534.92	1,313.08
IYC Access Health Plan and IYC Medicare Plus ⁴	1,372.58	3,425.32	1,157.68	2,888.06	1,039.54	2,592.28
Medical Associates Health Plans	693.32	1,709.08	598.50	1,472.08	445.92	1,090.58
MercyCare Health Plans	624.42	1,536.88	539.30	1,324.06	381.82	929.98
Network Health - Northeast	755.02	1,863.38	651.60	1,604.76	528.92	1,298.08
Network Health - Southeast	745.72	1,840.08	643.60	1,584.78	521.92	1,280.58
Physicians Plus	684.82	1,637.88	624.00	1,410.76	444.12	1,088.08



2018 It's Your Choice - State of Wisconsin Group Health Insurance for Employees and Retirees

HEALTH PLAN 2018 TOTAL PREMIUM RATES

Form Number: et-2107prta

State of Wisconsin Employees, Continuant & Retirees without Medicare

(View Medicare rates.)

Monthly Premium Rates (in dollars)

Health Plan Name	Overall Performance Rating	IYC Health Plan		IYC High Deductible Health Plan		HDHP Family w/ Medicare Dependent ¹	
		With Dental	Without Dental	With Dental	Without Dental	With Dental	Without Dental
		Individual / Family	Individual / Family	Individual / Family	Individual / Family	With Dental	Without Dental
Dean Health Insurance	★★★★★	672.54 / 1,655.58	643.60 / 1,582.96	584.84 / 1,438.36	555.80 / 1,363.76	1,018.72	958.84
Dean Health Insurance-Prevea360	★★★★★	738.08 / 1,814.42	707.04 / 1,741.82	639.44 / 1,572.88	610.40 / 1,500.28	1,124.34	1,088.28
Group Health Cooperative of Eau Claire	★★★★☆	808.88 / 1,991.44	777.84 / 1,918.84	700.42 / 1,725.30	671.38 / 1,652.70	1,183.44	1,125.38
Group Health Cooperative of South Central Wisconsin	★★★★☆	657.44 / 1,617.82	628.40 / 1,545.22	571.84 / 1,403.80	542.80 / 1,331.20	1,024.48	968.40
HealthPartners Health Plan	★★★★☆	763.78 / 1,883.72	734.74 / 1,811.12	663.28 / 1,632.46	634.24 / 1,559.88	1,061.42	1,003.34
Medical Associates Health Plan	★★★★☆	660.42 / 1,625.28	631.38 / 1,552.68	574.42 / 1,410.24	545.38 / 1,337.04	934.52	876.44
MercyCare Health Plan	★★★★☆	677.80 / 1,668.76	648.76 / 1,596.16	589.40 / 1,447.78	560.36 / 1,375.18	1,001.82	943.74
Network Health	★★★★☆	797.84 / 1,968.82	768.80 / 1,896.22	692.56 / 1,705.64	663.52 / 1,633.04	1,147.78	1,089.70
Quartz-Community	★★★★☆	794.48 / 1,960.38	765.42 / 1,887.78	689.88 / 1,698.48	660.84 / 1,625.88	1,152.64	1,064.66
Quartz-UW Health	★★★★☆	687.32 / 1,692.58	658.28 / 1,619.98	597.54 / 1,488.14	568.50 / 1,395.54	1,016.62	958.54
Security Health Plan - Central	★★★★☆	856.02 / 2,114.28	826.98 / 2,041.68	742.60 / 1,830.74	713.56 / 1,758.14	1,191.56	1,133.48





IYC eLearnings

Health Benefits in Retirement

Video Series:

1. Retiree health benefits available through ETF
2. How to pay
3. Supplemental benefits
4. Health coverage out of state
5. How Medicare affects health benefits

Released September 19

The screenshot shows a video player interface. The main video thumbnail is titled "Planning to Retire? What You Need to Know About Your Health Benefits" and features a bicycle icon. Below the title, it says "For State, UW and Local Participants" and includes the ETF logo. To the right of the video player is a vertical list of three resource cards:

- Planning to Retire? What You Need to Know About Your Health Benefits** (All Participants)
- Paying for your Health Benefits** (State & UW)
- Supplemental Benefits** (State & UW) - Uniform Dental, Supplemental Dental, Vision, Health Care FSA and Life Insurance. More benefits in resource sheet below.

Below the video player and resource cards is a list of navigation options:

- Which videos and resource sheets apply to me? >
- Medicare Advantage in 2018 >
- Resource Sheets v

2018 Changes eLearning

Home | Take Action Resources | ETF Website

2018 Changes

I am a **State** or **UW** Employee, Retiree or Continuant with the:

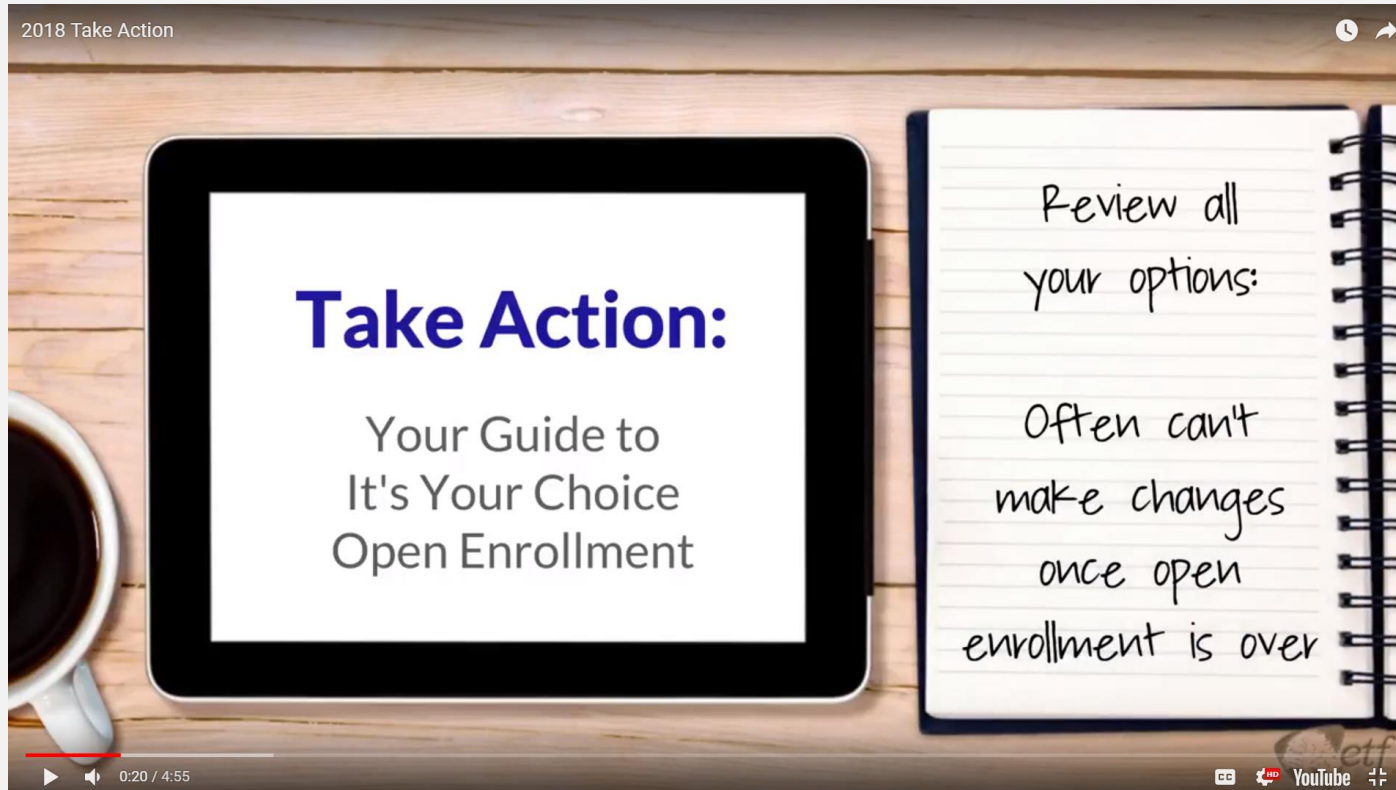
Group Health Insurance Program

I am a **Local** Employee, Retiree or Continuant with the:

- Local Traditional Plan (PO2/12)
- Local Health Plan (PO6/16)
- Local Deductible Plan (PO4/14)
- Local High Deductible Health Plan (PO7/17)

< PREV

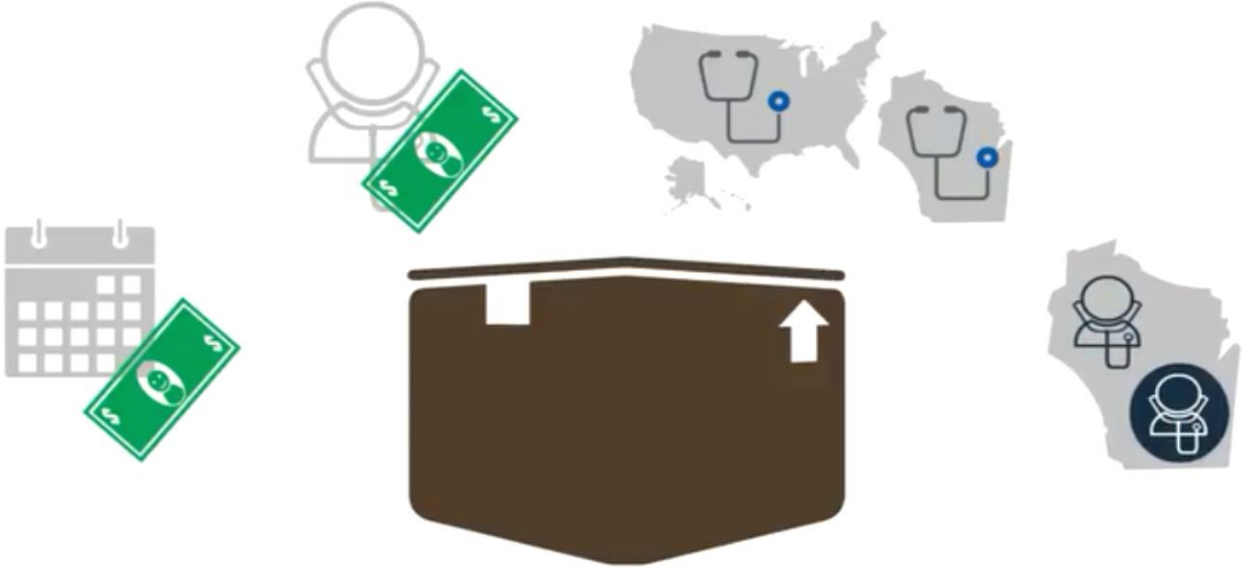
Take Action



- Updated from last year
- Made “evergreen”
- Includes printable checklist

Plan Design Options

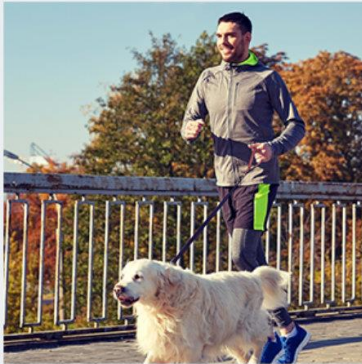
STEP 1 Choose a Plan Design



6 Minutes - 9/25/2017

- 4 case studies
- Printable resources
 - Case studies
 - Plan design overview chart
 - Take action checklist

Case Studies



Dave

Age 27, Single, No Kids

Available Funds: \$\$\$

Health Care Use: \$\$\$



Kristin

Mom with college-age daughter, Emma, who needs regular out-of-network services

Available Funds: \$\$\$

Health Care Use: \$\$\$



Anthony

Husband to Tanya. Couple in their early 60s, working, no covered dependents

Available Funds: \$\$\$

Health Care Use: \$\$\$



Lily

Married to Ted. Mom to Henry and Jacob.

Available Funds: \$\$\$

Health Care Use: \$\$\$



Lily

Spouse is Ted. Two young children, Henry and Jacob.

\$\$\$



Available Funds

\$\$\$

Health Care Use

Let's look at how the It's Your Choice Health Plan and It's Your Choice High Deductible Health Plan (HDHP) would work for Lily's family over the course of three years.

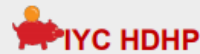
Year 1

	 IYC Health Plan	 IYC HDHP
Annual Premium	\$2,630 <i>(Employer pays \$20,200)</i>	\$980 <i>(Employer pays \$17,500)</i>
Health Savings Account (HSA) Annual Employer Contribution Lily's Annual Contribution	None. Not eligible for HSA.	\$1,500 \$1,700
Primary Care Office Visits 5 Visits 1 Lab Order	\$125 <i>(\$75 in visit copays + \$50 for lab)</i>	\$650 <i>(\$600 in office visits + \$50 for lab)</i>
Preventive Care Adult Physicals Well-Child Visits	\$0	\$0
Prescription 4 Fills of Generic Antibiotics	\$20	\$40
Year 1 Total	Lily would pay \$2,775 for her family's health care this year.	Lily would pay \$2,680 in premiums and HSA contributions this year. She would also have \$2,510 in her HSA for future health care expenses after paying for her family's prescriptions and office visits this year.

Total Over 3 Years



Lily would pay **\$10,120** for her family's health care over 3 years.



Lily would pay **\$8,040** for her family's health care over 3 years.

She would have **\$1,439 in her HSA** for her family's future medical expenses and can continue to grow this in the next year.

By contributing to her HSA with pre-tax dollars, she saved 30% in taxes or **\$1,250**. Tax savings may vary.

What Lily Chose...

Lily chose the It's Your Choice Health Plan because she valued predictability when it came to monthly health care costs -- her children's needs were unpredictable and a little accident-prone.

As you can see, even with unplanned expenses, Lily would have come out ahead with the It's Your Choice High Deductible Health Plan and HSA. However, if Lily hadn't been willing to save money for unplanned medical expenses, this would not have been a good choice.

One thing to remember with the Health Savings Account (HSA) is that funds aren't available until they are deposited. Your employer's contributions are deposited evenly throughout the year, so you won't receive the entire amount until the end of the year. Most employees also make monthly contributions, but may also deposit additional money at any time. Thus, if you have a large medical expense, you can contribute money - even after you incur the expense to reimburse yourself.

While building up your HSA funds, make sure you have extra money on hand for unexpected health care expenses. A good rule of thumb is to have enough to cover the deductible. For a family that would be \$3,000.

With the HDHP, Lily added \$1,700 to her HSA each year in addition to her employer's contribution. Lily's contribution is roughly the difference between the annual premium for the HDHP and the IYC Health Plan. There is a limit to how much can be added to an HSA in a given year: \$6,900 for a family plan. This limit includes both her and her employer's contributions.

A man with a beard, wearing a light blue long-sleeved shirt, is seated in a wheelchair. He is smiling and talking on a black mobile phone held to his ear. He is in an office setting. In the background, another man in a white shirt is sitting at a desk, talking on a phone. A woman is partially visible behind him. On the desk in the foreground, there is a laptop, a water bottle, and a folder labeled "SERVICE COMMERCIAL". The entire image has a blue tint.

Questions?

Thank you



[etf_wi](#)



[etf.wi.gov](#)



ETF E-mail Updates



608-266-3285
1-877-533-5020