IT’S YOUR CHOICE
2019
Decision Guide
State of Wisconsin
Group Health Insurance
for Retirees
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.

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.

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 supplemental benefits that you wish to continue, you must return a continuation form directly to the insurance vendor.

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, offered by Navitus. 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, 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.
TAKE ACTION CHECKLIST

STEP 1 Choose a Plan Design

Retirees Without Medicare
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.

Retirees With Medicare
Pages 5 - 6 highlight the available Medicare plan designs.
If you choose Medicare Advantage or Medicare Plus, skip to step 3.

STEP 2 Choose a Health Plan

Pages 7 - 12 provide maps with available health plans, health plan quality ratings and premium rates.

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.
• Quality matters. Visit etf.wi.gov/IYC2019 to see health plan report cards for performance and quality ratings.

STEP 3 Consider Supplemental Benefits

Things to Consider:
• Do you want basic or supplemental dental coverage? See pages 13 - 14.
• Do you need vision coverage? See page 14.

STEP 4 Take Action

Visit the Enrollment tab at etf.wi.gov/IYC2019 for instructions on how to enroll or make changes. Contact ETF 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
• It’s Your Choice Medicare Advantage with UnitedHealthcare® is a new option for Medicare-enrolled retirees and their Medicare-enrolled dependents. The plan offers Uniform Benefits and a nationwide network. Find more on page 5.
• HealthPartners has added a new health plan option, Robin with HealthPartners, with coverage in northeast Wisconsin. See health plan coverage areas on pages 7 - 10.

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 13. Vision has some enhanced benefits at no additional cost; see page 14.

What is Changing continued on next page
**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.

**PHARMACY BENEFITS**

- **Retirees Without Medicare:**
  - **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 or visit etf.wi.gov/IYC2019.

---

**STEP 1 CHOOSE A PLAN DESIGN**

### Retirees Without Medicare

No matter which It's Your Choice (IYC) plan design or health plan you choose, **the in-network coverage is the same** (Uniform Benefits). The main differences are deductibles, copays and premiums.

<table>
<thead>
<tr>
<th>IYC Health Plan</th>
<th>Access Plan</th>
<th>High Deductible Health Plan (HDHP)</th>
<th>Access High Deductible Health Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Payment (Premium)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  - See page 11 |
| Cost-Per-Visit |
  - See next page |
| Health Plan Selection |
  - See pages 7 - 10 for available health plans |
  - Administered by WEA Trust |
  - See pages 7 - 10 for available health plans |
  - Administered by WEA Trust |
| Statewide / Nationwide Access |
  - Local, county-based coverage area |
  - See pages 7 - 10 |
  - Local, county-based coverage area |
  - See pages 7 - 10 |
  - Statewide/ nationwide |
  - Statewide/ nationwide |
| Out-of-Network Benefits |
  - Emergency and urgent care only |
  - Out-of-network benefits |
  - Emergency and urgent care only |
  - Out-of-network benefits |
| Health Savings Account (HSA) Required |
  - Not allowed with this plan design |
  - Not allowed with this plan design |
  - No employer contribution |
  - No employer contribution |

---

**WHAT IS CHANGING**

*continued from previous page*

ALEX is a new online tool for pre-Medicare retirees that walks you through the process of picking your best benefits and provides easy-to-understand explanations. Before you enroll, get started with ALEX at etf.wi.gov/ALEX.
### Breakdown of Your Costs by Plan Design, **Without Medicare**

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>IYC Health Plan</th>
<th>Access Plan</th>
<th>HDHP</th>
<th>Access HDHP</th>
</tr>
</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></td>
<td></td>
<td>$250 / $500</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical deductible does not apply to office visit copays, preventive services or prescription drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$1,500 / $3,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Must be met before coverage begins</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Families: Must meet full family deductible</td>
<td></td>
</tr>
<tr>
<td>Counts toward out-of-pocket limit (OOPL)</td>
<td></td>
<td></td>
<td></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></td>
<td>You pay 100% until deductible met</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Does not count toward deductible</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></td>
<td>You pay 100% until deductible met</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Does not count toward deductible</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>
<td></td>
</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><strong>Prescription Copay</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1 / 2 / 3</td>
<td></td>
<td></td>
<td>$5 / 20% ($50 max) / 40% ($150 max)*</td>
<td></td>
</tr>
<tr>
<td>Level 4 Specialty Preventive</td>
<td></td>
<td></td>
<td>$50 copay (Must fill at Lumicera or UW specialty pharmacies)</td>
<td>Plan pays 100%, regardless of deductible</td>
</tr>
<tr>
<td><strong>Prescription Out-of-Pocket Limit</strong></td>
<td>$600 / $1,200</td>
<td></td>
<td>Included in medical OOPL</td>
<td></td>
</tr>
<tr>
<td>Levels 1 &amp; 2 - Individual / Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels 3 - Individual / Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels 4 - Individual / Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$6,850 / $13,700</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$1,200 / $2,400</td>
<td></td>
</tr>
</tbody>
</table>

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

Plan features out-of-network benefits. Learn more at etf.wi.gov/IYC2019
**Retirees With Medicare**

The table below highlights key differences between the available It’s Your Choice (IYC) plan design options.

<table>
<thead>
<tr>
<th>Monthly Payment (Premium)</th>
<th>Medicare Advantage</th>
<th>Medicare Plus</th>
<th>Health Plan Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$$</td>
<td>$$</td>
<td>$$</td>
</tr>
<tr>
<td><strong>Coverage Area</strong></td>
<td>Nationwide</td>
<td>Worldwide</td>
<td>Local, county-based</td>
</tr>
<tr>
<td>Emergency and urgent care are covered out-of-network for all plans</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Administered By | UnitedHealthcare | WEA Trust | Many health plans, see pages 7 - 10 |

| Coverage Includes Items Not Covered by Medicare | ✔ | ✗ | ✔ |
| Hearing aids, routine hearing and vision exams, durable medical equipment | Only helps pay for items partially covered by Medicare | Hearing aids, routine hearing and vision exams, durable medical equipment |

| Skilled Nursing Facilities | 120 Days | 120 Days | 120 Days |
| Covered length of stay | Medicare Approved Facility | Medicare Approved Facility | Medicare Approved Facility |

| Coverage Area | Nationwide | Worldwide | Local, county-based |

**Breakdown of Your Costs by Plan Design, With Medicare**

All plan design options coordinate with Medicare, generally meaning Medicare pays first and the health plan pays second. You’ll pay any remaining costs. The table below includes the cost to you for only the most commonly used benefits. Complete information is available online at etf.wi.gov/IYC2019. Only medically necessary services and equipment are paid by your health plan. Custodial care is excluded.

<table>
<thead>
<tr>
<th></th>
<th>Medicare Advantage &amp; Health Plan Medicare</th>
<th>Medicare Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Medical Deductible</strong></td>
<td>You pay: $0</td>
<td>You pay: $0</td>
</tr>
<tr>
<td><strong>Annual Medical Coinsurance</strong></td>
<td>You pay: $0</td>
<td>You pay: $0</td>
</tr>
<tr>
<td><strong>Annual Medical Out-of-Pocket Limit (OOPL)</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Outpatient illness/injury related services</strong></td>
<td>You pay: $0</td>
<td>You pay: $0</td>
</tr>
<tr>
<td><strong>Emergency Room Copay</strong></td>
<td>You pay: $60 copay (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)</td>
<td>You pay: $0</td>
</tr>
<tr>
<td>Licensed Skilled Nursing Facility</td>
<td>Health Plan Medicare</td>
<td>Medicare Advantage &amp; Health Plan Medicare</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Medicare-covered services in a Medicare-approved facility</td>
<td>Requires a 3-day hospital stay</td>
<td>Requires a 3-day hospital stay</td>
</tr>
<tr>
<td><strong>Medicare Advantage</strong> has no 3-day requirement</td>
<td><strong>You pay:</strong> $0 for the first 120 days, full cost after 120 days</td>
<td><strong>You pay:</strong> $0 for the first 120 days, full cost after 120 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensed Skilled Nursing Facility (Non-Medicare approved facility)</th>
<th>You pay: $0 for the first 120 days, full cost after 120 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>If admitted within 24 hours following a hospital stay</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>You pay: $0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-private room and board, and miscellaneous hospital services and supplies such as drugs, X-rays, lab tests and operating room</td>
<td>Must be medically necessary and in-network unless emergency</td>
</tr>
<tr>
<td><strong>Health Plan Medicare</strong> will pay plan providers only</td>
<td><strong>Plan pays:</strong> 100% as medically necessary. No day limit</td>
</tr>
<tr>
<td><strong>Medicare Advantage</strong> will pay any provider who will accept Medicare Advantage and bill UnitedHealthcare</td>
<td><strong>Medicare Advantage</strong> has no visit limits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Supplies, Durable Medical Equipment and Durable Diabetic Equipment and Related Supplies</th>
<th>Medicare-approved supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay: 20% up to $500 OOP per participant, after OOP, $0</td>
<td>Medicare-approved supplies</td>
</tr>
<tr>
<td>Supplies NOT covered by Medicare</td>
<td></td>
</tr>
<tr>
<td>You pay: 20% up to $500 OOP per participant, after OOP, $0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Health Care</th>
<th>Medicare pays: 100% for visits considered medically necessary by Medicare, generally fewer than 7 days a week, less than 8 hours a day and 28 or fewer hours per week for up to 21 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under a doctor for part-time skilled nursing care, part-time home health aide care, physical therapy, occupational therapy, speech-language pathology services, medical social services</td>
<td><strong>Plan pays:</strong> 100% for 50 visits per year, plan may approve an additional 50 visits</td>
</tr>
<tr>
<td><strong>Medicare Advantage</strong> has no visit limits</td>
<td><strong>Medicare Advantage</strong> has no visit limits</td>
</tr>
<tr>
<td>You pay: Full costs of visits not covered by Medicare and the plan beyond the 50 (or if approved, 100) visits per year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hearing Exam</th>
<th>For routine exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay: $0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hearing Aid (per ear, every 3 years)</th>
<th>You pay: 20% coinsurance and 100% of costs exceeding plan payment of $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You pay:</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Deductible</th>
<th>None</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Prescription Copay</th>
<th>Level 1 / 2 / 3</th>
<th>Level 4 Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Drug List</td>
<td>$5 / 20% ($50 max) / 40% ($150 max)</td>
<td></td>
</tr>
<tr>
<td>$50 copay if filled at Lumicera or UW specialty pharmacies (40% to $200 max elsewhere)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays 100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Out-of-Pocket Limit</th>
<th>Levels 1 &amp; 2 - Individual / Family</th>
<th>Level 3 - Individual / Family</th>
<th>Level 4 - Individual / Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$600 / $1,200</td>
<td>$6,850 / $13,700</td>
<td>$1,200 / $2,400</td>
<td></td>
</tr>
</tbody>
</table>

It's Your Choice 2019 State of Wisconsin Group Health Insurance for Retirees (ET-2108) 6
Choose a Health Plan

Step 2

The Access Plan, Access HDHP, and Medicare Plus plans are administered by WEA Trust. Medicare Advantage is administered by UnitedHealthcare. These plans are available in all counties and 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.
No access to the internet? Contact ETF, using the contact information on the back of this guide, to request printed information to be mailed to you.

*limited provider availability
STEP 2  CHOOSE A HEALTH PLAN, CONTINUED

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*limited provider availability

No access to the internet? Contact ETF, using the contact information on the back of this guide, to request printed information to be mailed to you.
### 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

### 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

### Marinette
- Dean Health Insurance - Prevea360*
- 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
- Dean Health Insurance - Prevea360
- Network Health
- Robin with HealthPartners
- Security Health Plan - Valley
- 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

### Oshkosh
- Dean Health Insurance
- Network Health
- Robin with HealthPartners
- 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
- Security Health Plan - Valley
- WEA Trust - East

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

### Waushara
- Network Health
- Robin with HealthPartners
- Security Health Plan - Central*
- Security Health Plan - Valley
- WEA Trust - East

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

*limited provider availability
### Monthly Premium Rates (in dollars)

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>With Dental Individual / Family</th>
<th>Without Dental Individual / Family</th>
<th>With Dental Individual / Family</th>
<th>Without Dental Individual / Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>IYC Health Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dean Health Insurance</td>
<td>673.96 / 1,654.06</td>
<td>643.76 / 1,578.56</td>
<td>584.46 / 1,430.30</td>
<td>554.26 / 1,354.80</td>
</tr>
<tr>
<td>Dean Health Insurance - Prevea360</td>
<td>729.86 / 1,793.82</td>
<td>699.66 / 1,718.32</td>
<td>632.54 / 1,550.50</td>
<td>602.34 / 1,475.00</td>
</tr>
<tr>
<td>GHC of Eau Claire</td>
<td>833.96 / 2,054.06</td>
<td>803.76 / 1,978.56</td>
<td>722.06 / 1,774.30</td>
<td>691.86 / 1,698.80</td>
</tr>
<tr>
<td>GHC of South Central Wisconsin</td>
<td>653.36 / 1,602.56</td>
<td>623.16 / 1,527.06</td>
<td>566.74 / 1,386.00</td>
<td>536.54 / 1,310.50</td>
</tr>
<tr>
<td>HealthPartners Health Plan</td>
<td>795.76 / 1,958.56</td>
<td>765.56 / 1,883.06</td>
<td>689.20 / 1,692.16</td>
<td>659.00 / 1,616.66</td>
</tr>
<tr>
<td>Medical Associates Health Plans</td>
<td>697.76 / 1,713.56</td>
<td>667.56 / 1,638.06</td>
<td>604.92 / 1,481.46</td>
<td>574.72 / 1,405.96</td>
</tr>
<tr>
<td>MercyCare Health Plans</td>
<td>693.34 / 1,702.52</td>
<td>663.14 / 1,627.02</td>
<td>601.12 / 1,471.96</td>
<td>570.92 / 1,396.46</td>
</tr>
<tr>
<td>Network Health</td>
<td>793.66 / 1,953.32</td>
<td>763.46 / 1,877.82</td>
<td>687.40 / 1,687.66</td>
<td>657.20 / 1,612.16</td>
</tr>
<tr>
<td>Quartz - Community</td>
<td>802.28 / 1,974.86</td>
<td>772.08 / 1,899.36</td>
<td>694.82 / 1,706.20</td>
<td>664.62 / 1,630.70</td>
</tr>
<tr>
<td>Quartz - UW Health</td>
<td>679.90 / 1,668.92</td>
<td>649.70 / 1,593.42</td>
<td>589.56 / 1,443.06</td>
<td>559.36 / 1,367.56</td>
</tr>
<tr>
<td>Robin with HealthPartners Health Plan</td>
<td></td>
<td></td>
<td>689.20 / 1,692.16</td>
<td>659.00 / 1,616.66</td>
</tr>
<tr>
<td>Security Health Plan - Central</td>
<td>846.54 / 2,085.52</td>
<td>816.34 / 2,010.02</td>
<td>732.88 / 1,801.36</td>
<td>702.68 / 1,725.86</td>
</tr>
<tr>
<td>Security Health Plan - Valley</td>
<td>866.96 / 2,136.56</td>
<td>836.76 / 2,061.06</td>
<td>750.44 / 1,845.26</td>
<td>720.24 / 1,769.76</td>
</tr>
<tr>
<td>State Maintenance Plan (SMP) by</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEA Trust</td>
<td>993.22 / 2,452.22</td>
<td>963.02 / 2,376.72</td>
<td>841.56 / 2,073.08</td>
<td>811.36 / 1,997.58</td>
</tr>
<tr>
<td>WEA Trust - East</td>
<td>826.46 / 2,035.32</td>
<td>796.26 / 1,959.82</td>
<td>715.60 / 1,758.16</td>
<td>685.40 / 1,682.66</td>
</tr>
<tr>
<td>WEA Trust West - Chippewa Valley</td>
<td>825.36 / 2,032.56</td>
<td>795.16 / 1,957.06</td>
<td>714.66 / 1,755.80</td>
<td>684.46 / 1,680.30</td>
</tr>
<tr>
<td>WEA Trust West - Mayo Clinic Health</td>
<td>825.36 / 2,032.56</td>
<td>795.16 / 1,957.06</td>
<td>714.66 / 1,755.80</td>
<td>684.46 / 1,680.30</td>
</tr>
<tr>
<td>Access Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEA Trust</td>
<td>1,536.32 / 3,809.98</td>
<td>1,506.12 / 3,734.48</td>
<td>1,297.28 / 3,212.38</td>
<td>1,267.08 / 3,136.88</td>
</tr>
</tbody>
</table>

The overall performance star ratings are based on several quality measures. Visit the Map tab at etf.wi.gov/IYC2019 and click on the quality rating of the plans you are interested in for more information.
Families with a Medicare dependent may enroll in an HDHP. Visit etf.wi.gov/IYC2019 for these rates.

Medicare 1 = Family coverage with at least one insured family member enrolled in Medicare Parts A, B and D.

Medicare 2 = Family coverage with all insured family members enrolled in Medicare Parts A, B and D.

Members with Access and Access HDHP, or SMP coverage who enroll in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Access and Access HDHP or SMP.

<table>
<thead>
<tr>
<th>Medicare Advantage</th>
<th>With Dental Medicare single / Medicare 1 (Medicare 2)</th>
<th>Without Dental Medicare single / Medicare 1 (Medicare 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UnitedHealthcare not yet rated</td>
<td>308.52 / not available / 596.48</td>
<td>278.32 / not available / 536.08</td>
</tr>
<tr>
<td>WEA Trust ★★★★★☆</td>
<td>401.70 / 1,917.46 / 782.84</td>
<td>371.50 / 1,857.06 / 722.44</td>
</tr>
</tbody>
</table>

Health Plan Medicare

<table>
<thead>
<tr>
<th>Health Plan Medicare</th>
<th>With Dental Medicare single / Medicare 1 (Medicare 2)</th>
<th>Without Dental Medicare single / Medicare 1 (Medicare 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean Health Insurance ★★★★★☆</td>
<td>451.60 / 1,105.00 / 882.64</td>
<td>421.40 / 1,044.60 / 822.24</td>
</tr>
<tr>
<td>Dean Health Insurance - Prevea360 ★★★★★☆</td>
<td>502.20 / 1,211.50 / 983.84</td>
<td>472.00 / 1,151.10 / 923.44</td>
</tr>
<tr>
<td>GHC of Eau Claire ★★★★★☆</td>
<td>513.50 / 1,326.90 / 1,006.44</td>
<td>483.30 / 1,266.50 / 946.04</td>
</tr>
<tr>
<td>GHC of South Central Wisconsin ★★★★★☆</td>
<td>471.20 / 1,104.00 / 921.84</td>
<td>441.00 / 1,043.60 / 861.44</td>
</tr>
<tr>
<td>HealthPartners Health Plan ★★★★★☆</td>
<td>424.20 / 1,199.40 / 827.84</td>
<td>394.00 / 1,139.00 / 767.44</td>
</tr>
<tr>
<td>Medical Associates Health Plans ★★★★★☆</td>
<td>387.40 / 1,064.60 / 754.24</td>
<td>357.20 / 1,004.20 / 693.84</td>
</tr>
<tr>
<td>MercyCare Health Plans ★★★★★☆</td>
<td>436.68 / 1,109.46 / 852.80</td>
<td>406.48 / 1,049.06 / 792.40</td>
</tr>
<tr>
<td>Network Health ★★★★★☆</td>
<td>471.30 / 1,244.40 / 922.04</td>
<td>441.10 / 1,184.00 / 861.64</td>
</tr>
<tr>
<td>Quartz - Community ★★★★★☆</td>
<td>484.32 / 1,266.04 / 948.08</td>
<td>454.12 / 1,205.64 / 887.68</td>
</tr>
<tr>
<td>Quartz - UW Health ★★★★★☆</td>
<td>434.16 / 1,093.50 / 847.76</td>
<td>403.96 / 1,033.10 / 787.36</td>
</tr>
<tr>
<td>Robin with HealthPartners Health Plan not yet rated</td>
<td>424.20 / 1,199.40 / 827.84</td>
<td>394.00 / 1,139.00 / 767.44</td>
</tr>
<tr>
<td>Security Health Plan - Central ★★★★★☆</td>
<td>466.16 / 1,292.14 / 911.76</td>
<td>435.96 / 1,231.74 / 851.36</td>
</tr>
<tr>
<td>Security Health Plan - Valley ★★★★★☆</td>
<td>473.52 / 1,319.92 / 926.48</td>
<td>443.32 / 1,259.52 / 866.08</td>
</tr>
<tr>
<td>State Maintenance Plan (SMP)4 by WEA Trust ★★★★★☆</td>
<td>401.70 / 1,374.36 / 782.84</td>
<td>371.50 / 1,313.96 / 722.44</td>
</tr>
<tr>
<td>WEA Trust - East ★★★★★☆</td>
<td>452.00 / 1,257.90 / 883.44</td>
<td>421.80 / 1,197.50 / 823.04</td>
</tr>
<tr>
<td>WEA Trust West - Chippewa Valley ★★★★★☆</td>
<td>451.50 / 1,256.30 / 882.44</td>
<td>421.30 / 1,195.90 / 822.04</td>
</tr>
<tr>
<td>WEA Trust West - Mayo Clinic Health System ★★★★★☆</td>
<td>451.50 / 1,256.30 / 882.44</td>
<td>421.30 / 1,195.90 / 822.04</td>
</tr>
</tbody>
</table>

1Families with a Medicare dependent may enroll in an HDHP. Visit etf.wi.gov/IYC2019 for these rates.

2Medicare 1 = Family coverage with at least one insured family member enrolled in Medicare Parts A, B and D.

3Medicare 2 = Family coverage with all insured family members enrolled in Medicare Parts A, B and D.

4Members with Access and Access HDHP, or SMP coverage who enroll in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Access and Access HDHP or SMP.
Dental Benefit Options

The information on these two pages will help you compare dental benefit options. The comparison tables list only the most commonly used benefits. Visit etf.wi.gov/IYC2019 for complete information, including limitations and benefit exclusions.

**Uniform Dental**

<table>
<thead>
<tr>
<th>Monthly Payment (Premium)</th>
<th>See pages 11 - 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network Providers</td>
<td>Delta Dental PPO or Premier providers No out-of-network coverage</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Annual Benefit Max</td>
<td>$1,000 / person</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive Services</td>
<td>Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, fillings 100%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Anesthesia (general and IV sedation) 80%</td>
</tr>
<tr>
<td>Major / Restorative Services</td>
<td>Non-surgical extractions (above gumline) 90% Not covered</td>
</tr>
<tr>
<td>Orthodontics (Under Age 19)</td>
<td>Coverage Lifetime Maximum $1,500 Waiting Period None</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>None</td>
</tr>
<tr>
<td>Contact</td>
<td>1-844-337-8383 deltadentalwi.com/state-of-wi</td>
</tr>
</tbody>
</table>

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.

**Health Insurance Required**

Go to the Delta Dental 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

Need additional dental coverage?

You can add dental coverage by enrolling in a supplemental dental plan. See page 14 for available plans.
Delta Dental PPO<sup>SM</sup> - Select Plan
Dental coverage plan that covers restorative work to supplement Uniform Dental Benefits.

Delta Dental PPO Plus Premier<sup>TM</sup> - Select Plus Plan
Dental coverage plan that covers restorative work and provides additional orthodontics coverage to supplement Uniform Dental Benefits.

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

VSP
Vision services including exams, contact lenses and frames, from a nationwide network of doctors. New in 2019:
- No charge for standard progressive lenses.
- Additional $50 toward brand name frames.

stateofwiretirees.vspforme.com | 1-800-400-4569

Health Savings Account (HSA)
An HSA is an individually-owned, tax-advantaged account you can use to pay for current or future eligible medical expenses. With an HSA, you can build savings for health care expenses or additional retirement savings through self-directed investment options. Visit partners.tasconline.com/ETFEmployee to learn more. Additional restrictions may apply. (Retirees enrolled in IYC HDHP/HPA benefit option must keep an HSA open and active.)

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

To be eligible for the IYC HDHP and HSA benefit option, you cannot have any other health coverage that pays for out-of-pocket health care expenses before you meet your IYC HDHP deductible, including Medicare A and B.

**Annual Contribution Limit:**
- Individual: $3,500
- Family: $7,000

**Annual Catch-Up Contribution Limit (Ages 55-65 only):** $1,000

**Carryover Limit:** Unlimited

Retirees are not eligible for employer contribution.

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.

The $150 Well Wisconsin incentive will continue to be available to you and your enrolled spouse in 2019. You will see taxes removed from your total gift card amount in 2019. Watch for more information from Staywell on this and a possible transition to a reduced health insurance premium in the future.

**Note:** Medicare Advantage participants are not eligible for the Well Wisconsin incentive and have wellness incentives available through UnitedHealthcare.

wellwisconsin.staywell.com | 1-800-821-6591

**Note:** 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 ETF. Health information, including individual responses to the health survey, are protected by federal law and will not be shared with ETF.
The Wisconsin 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. 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, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 608-267-4549; Email: EFTFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF’s Compliance Officer is available to help you.


Arabic: لا تتردد إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدتك ببلاغة تصل بالرقم 1-877-533-5020.


Hindi: भाषा है: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 711) पर कॉल करें।
