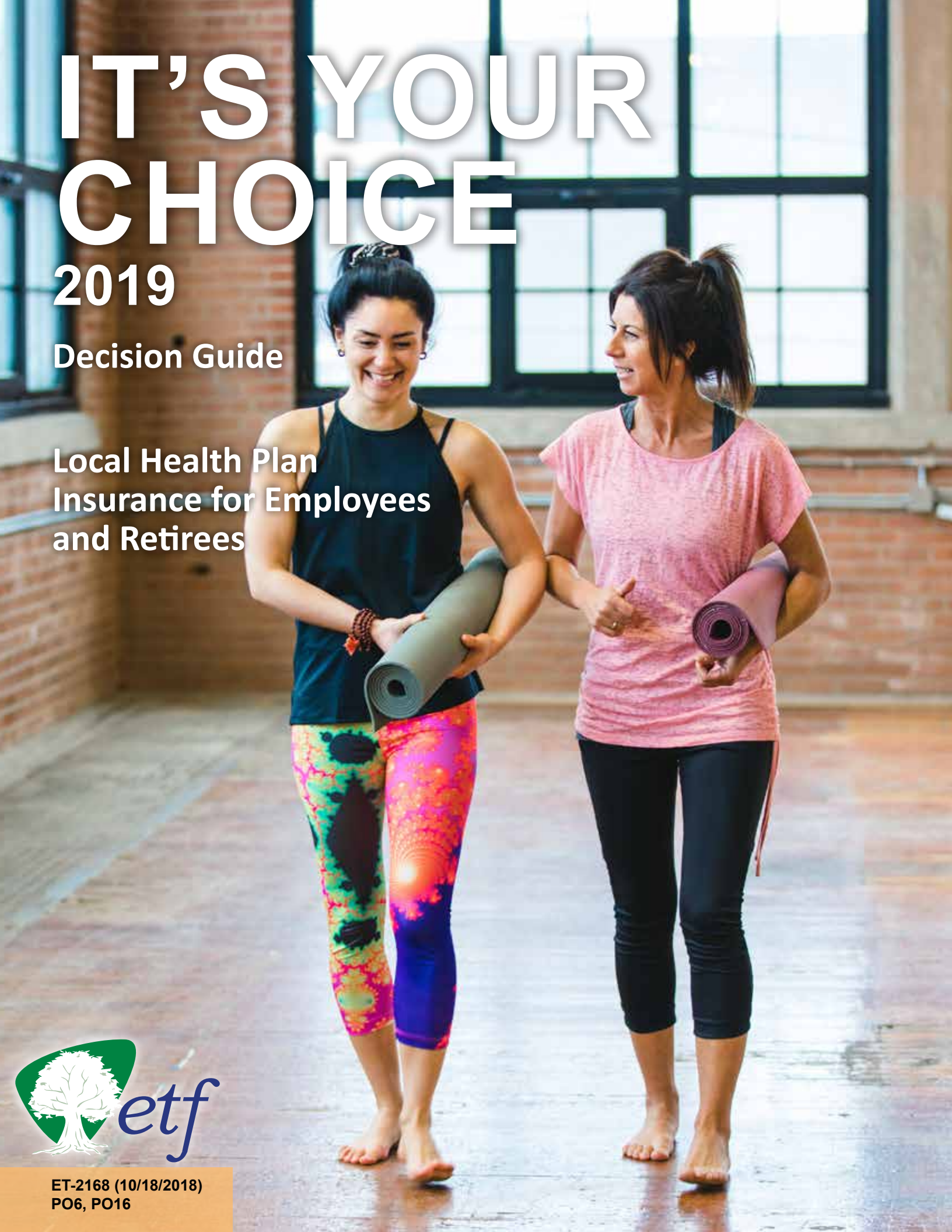
# IT'S YOUR CHOICE

## 2019

### Decision Guide

### Local Health Plan Insurance for Employees and Retirees



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ET-2168 (10/18/2018)
PO6, PO16

# 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 if you are an employee, or from the Department of Employee Trust Funds if you are a retiree.

## 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, 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. Review *What is Changing* on the next page.

## 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.

## 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.

## 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.

## 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.

# TAKE ACTION CHECKLIST

## STEP 1 Choose a Plan Design

### Active Employees & Retirees Without Medicare

**Pages 3 - 4** highlight the differences between the available plan designs. If you choose the Access plan, **skip 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:**

- Monthly premium costs.
- Non-emergency out-of-network services are not covered by most non-Medicare 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

See **page 13** for details on the Uniform Dental Benefit. Check with your payroll or benefits office to see if you are eligible.

## 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 or 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.

# 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 7 - 10.
- **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.

**Plan Changes**

The State Maintenance Plan (SMP) will be newly available in Buffalo, Marinette, Pepin, Pierce, Polk, Shawano, St. Croix, Waupaca, Waushara and Wood counties.

SMP is no longer available in Iron and Price counties. If you use providers in these counties, you must select another plan or be limited to the SMP providers available in 2019.

## PHARMACY BENEFITS

**Active Employees & 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. See an example on page 14.

*What is Changing continued on page 14*

# STEP 1 CHOOSE A PLAN DESIGN

## Employees and Retirees Without Medicare

No matter which 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 premiums and out-of-network benefits. Choose a plan design option that fits best with your situation.

Visit etf.wi.gov/IYC2019 for complete information.

| | Local Health Plan | Local Access Plan |
|---|---|---|
| **Monthly Payment (Premium)**<br>See page 11 | $$$$ | $$$$ |
| **Cost-Per-Visit**<br>See next page | $$$$ | $$$$ |
| **Health Plan Selection**<br>Visit etf.wi.gov/IYC2019 for provider directories | See pages 7 - 10 for available health plans | Administered by WEA Trust |
| **Statewide / Nationwide Access**<br>All plans include nationwide pharmacy coverage; visit www.navitus.com for in-network pharmacies | Local, county-based coverage area<br>See pages 7 - 10 | ✓<br>Statewide/nationwide |
| **Out-of-Network Benefits** | Emergency and urgent care only | ✓<br>Out-of-network benefits |

# 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 only the most commonly used benefits. **Complete information is available online.**

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

*Level 3 "Dispense as Written" or "DAW-1" drugs may cost more - see *What is Changing* on page 2 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.

| | Medicare Advantage | Medicare Plus | Health Plan Medicare |
|---|---|---|---|
| **Monthly Payment (Premium)** See page 12 | $$$ | $$$ | $$$ |
| **Coverage Area** Emergency and urgent care are covered out-of-network for all plans | Nationwide | Worldwide | Local, county-based |
| **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** Covered length of stay | 120 Days | 120 Days Medicare Approved Facility; 30 Days Non-Medicare Approved Facility | 120 Days |

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

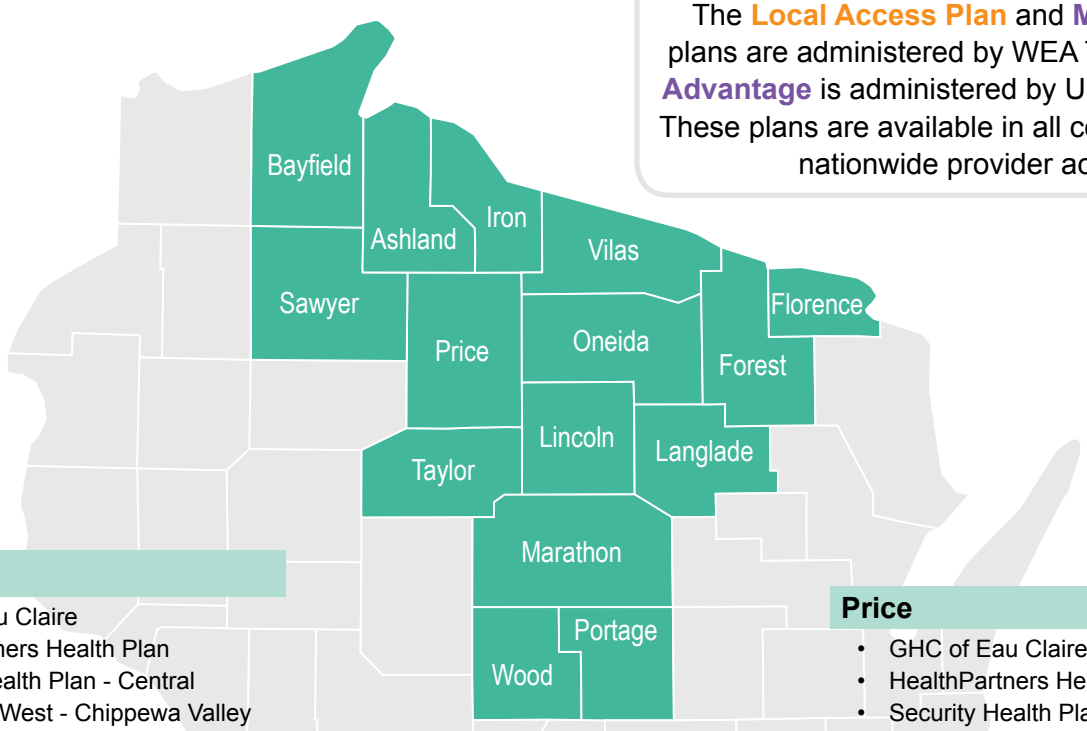
All plan design options coordinate with Medicare, generally meaning Medicare pays first and the health plan pays second. You'll pay any remaining costs.The table below includes the cost to you for only the most commonly used benefits. Complete information is available online at etf.wi.gov/IYC2019. Only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

| | Medicare Advantage & Health Plan Medicare | Medicare Plus |
|---|---|---|
| **Annual Medical Deductible** | **You pay:** $0 | **You pay:** $0 |
| **Annual Medical Coinsurance** | **You pay:** $0 | **You pay:** $0 |
| **Annual Medical Out-of-Pocket Limit (OOPL)** | None | None |
| **Outpatient illness/injury related services** | **You pay:** $0 | **You pay:** $0 |
| **Emergency Room Copay** | **You pay:** $60 copay (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.) | **You pay:** $0 |

| | Medicare Advantage & Health Plan Medicare | Medicare Plus |
|---|---|---|
| **Licensed Skilled Nursing Facility**<br>Medicare-covered services in a Medicare-approved facility | **Health Plan Medicare** requires a 3-day hospital stay<br>**Medicare Advantage** has no 3-day requirement<br>**You pay:** $0 for the first 120 days, full cost after 120 days | **Requires a 3-day hospital stay**<br>**You pay**: $0 for the first 120 days, full cost after 120 days |
| **Licensed Skilled Nursing Facility (Non-Medicare approved facility)**<br>If admitted within 24 hours following a hospital stay | **You pay:** $0 for the first 120 days, full cost after 120 days | **You pay:** $0 for eligible expenses for the first 30 days, full cost after 30 days |
| **Hospital**<br>Semiprivate room and board, and miscellaneous hospital services and supplies such as drugs, X-rays, lab tests and operating room | **You pay:** $0<br>Must be medically necessary and in-network unless emergency<br>**Plan pays:** 100% as medically necessary. No day limit<br>**Health Plan Medicare** will pay plan providers only<br>**Medicare Advantage** will pay any provider who will accept Medicare Advantage and bill UnitedHealthcare | **You pay:** $0 for first 90 days and up to 150 days with "lifetime reserve"<br>"Lifetime reserve" days are a one-time additional 60 days of hospital coverage paid by Medicare<br>Once "lifetime reserve" is exhausted, you pay the full cost after 90 days |
| **Medical Supplies, Durable Medical Equipment and Durable Diabetic Equipment and Related Supplies** | **Medicare-approved supplies**<br>**You pay:** 20% up to $500 OOPL per participant, after OOPL, $0 | **Medicare-approved supplies**<br>**You pay:** $0 |
| | **Supplies NOT covered by Medicare**<br>**You pay:** 20% up to $500 OOPL per participant, after OOPL, $0 | **Supplies NOT covered by Medicare**<br>**You pay:** Full cost of supplies |
| **Home Health Care**<br>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 | **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<br>**Plan pays:** 100% for 50 visits per year, plan may approve an additional 50 visits<br>**Medicare Advantage** has no visit limits<br>**You pay:** Full costs of visits not covered by Medicare and the plan beyond the 50 (or if approved, 100) visits per year | **Medicare pays:** 100% 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<br>**Plan pays:** 100% for up to 365 visits per year<br>**You pay:** Full costs of visits beyond 365 visits per year |
| **Hearing Exam** | For routine exams<br>**You pay:** $0 | For routine exams<br>**You pay:** Full cost of hearing exam |
| | For illness or disease<br>**You pay:** $0 | For illness or disease<br>**You pay:** $0 |
| **Hearing Aid** (per ear, every 3 years) | **You pay:** 20% coinsurance and 100% of costs exceeding plan payment of $1,000 | **You pay:** Full cost of hearing aid |
| **Prescription Deductible** | None | |
| **Prescription Copay**<br>Level 1 / 2 / 3<br>Level 4 Specialty<br>Preventive Drug List | $5 / 20% ($50 max) / 40% ($150 max)<br>$50 copay if filled at Lumicera or UW specialty pharmacies (40% to $200 max elsewhere)<br>Plan pays 100% | |
| **Prescription Out-of-Pocket Limit**<br>Levels 1 & 2 - Individual / Family<br>Level 3 - Individual / Family<br>Level 4 - Individual / Family | $600 / $1,200<br>$6,850 / $13,700<br>$1,200 / $2,400 | |

# STEP 2 CHOOSE A HEALTH PLAN

The **Local Access Plan** 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.




### Ashland
- GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan - Central
- WEA Trust West - Chippewa Valley

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

### Florence
- Robin with HealthPartners
- Security Health Plan - Central*
- State Maintenance Plan (SMP) by WEA Trust

### Forest
- HealthPartners Health Plan
- Security Health Plan - Central*
- State Maintenance Plan (SMP) by WEA Trust

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

### Langlade
- GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan - Central

### Lincoln
- GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan - Central

### Marathon
- GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan - Central
- WEA Trust - East

### Oneida
- GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan - Central

### Portage
- HealthPartners Health Plan
- Network Health
- Security Health Plan - Central
- WEA Trust - East

### Price
- GHC of Eau Claire
- HealthPartners Health Plan*
- Security Health Plan - Central

### Sawyer
- GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan - Central
- WEA Trust West - Chippewa Valley

### Taylor
- GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan - Central

### Vilas
- GHC of Eau Claire
- HealthPartners Health Plan
- Security Health Plan - Central

### Wood
- HealthPartners Health Plan
- Quartz - Community*
- Security Health Plan - Central
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust - East

*limited provider availability

**!** **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
- Quartz - Community
- 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
- Security Health Plan - Central
- 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

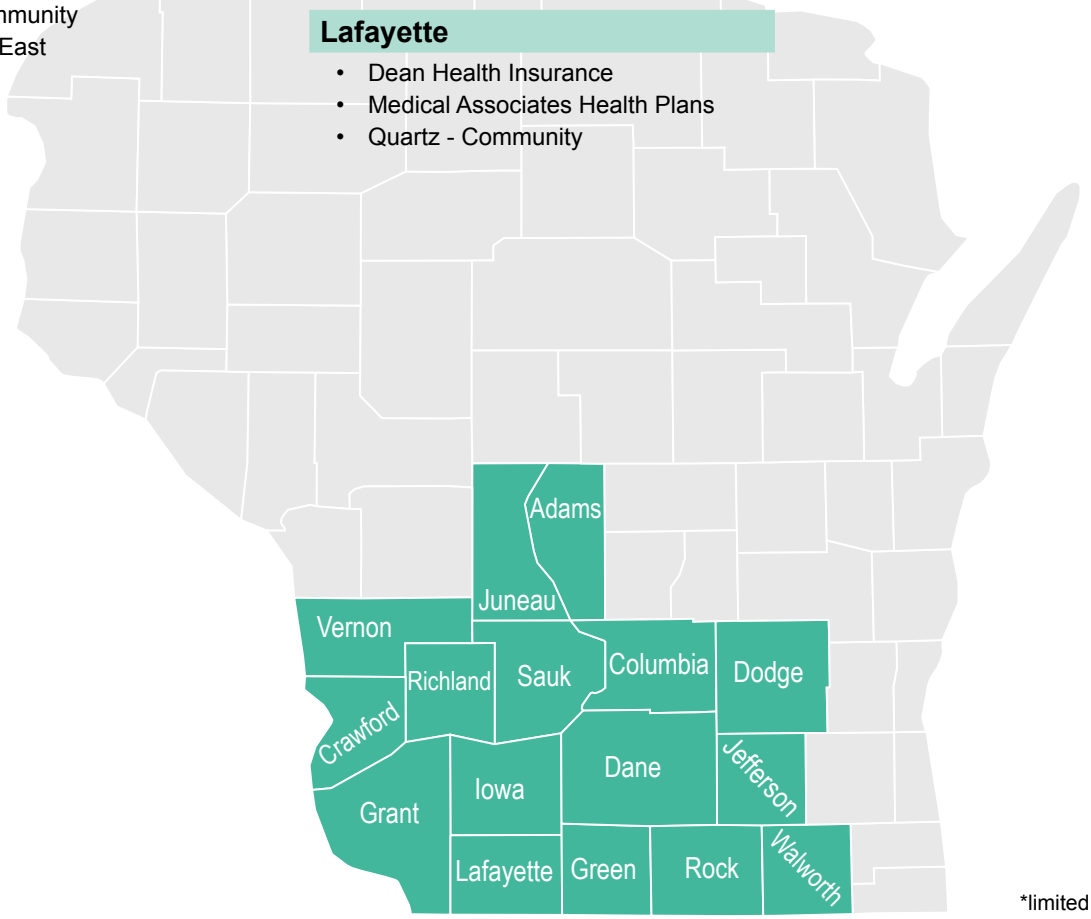
- Dean Health Insurance
- GHC of South Central Wisconsin
- Quartz - Community

## Vernon

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

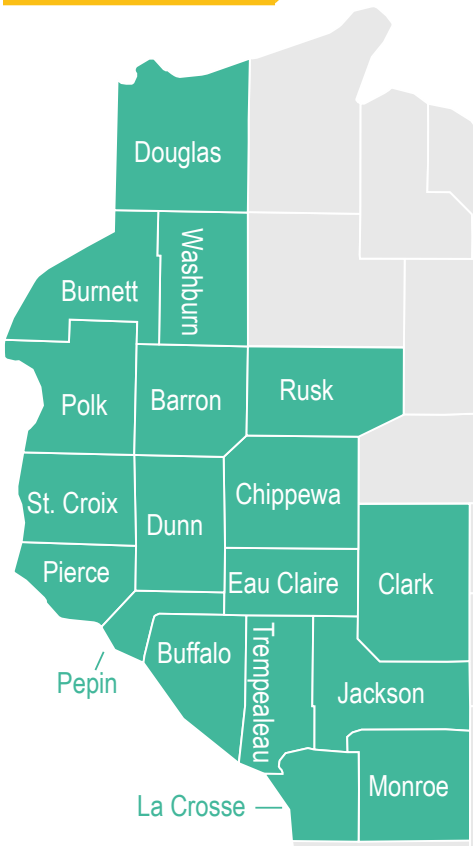
## Walworth

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




*limited provider availability

# 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*
- State Maintenance Plan (SMP) by WEA Trust
- 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
- 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
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust West - Chippewa Valley
- WEA Trust West - Mayo Clinic Health System*

## Pierce

- HealthPartners Health Plan
- Security Health Plan - Central*
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust West - Chippewa Valley
- WEA Trust West - Mayo Clinic Health System*

## Polk

- HealthPartners Health Plan
- Security Health Plan - Central
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust West - Chippewa Valley

## Rusk

- HealthPartners Health Plan*
- Security Health Plan - Central*
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust West - Chippewa Valley

## St. Croix

- HealthPartners Health Plan
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust West - Chippewa Valley

## 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

## 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*
- State Maintenance Plan (SMP) by WEA Trust
- 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
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust - East

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

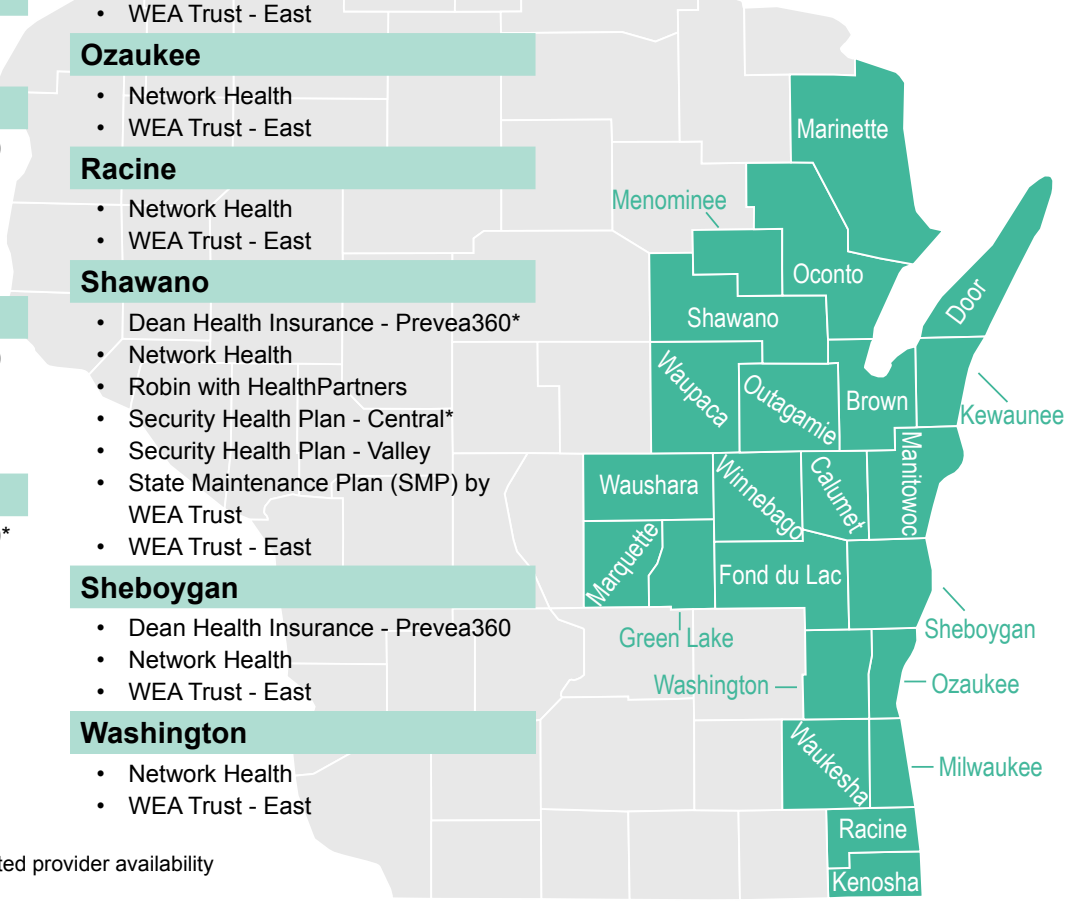
## Washington
- Network Health
- WEA Trust - East

## 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
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust - East

## Waushara
- Network Health*
- Robin with HealthPartners
- Security Health Plan - Central*
- Security Health Plan - Valley
- State Maintenance Plan (SMP) by WEA Trust
- WEA Trust - East

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




*limited provider availability

# STEP 2 CHOOSE A HEALTH PLAN, CONTINUED

| Monthly Premium Rates (in dollars) | With Dental Individual / Family | Without Dental Individual / Family |
|---|---|---|
| | **Choice Local Health Plan[1]** | |
| Dean Health Insurance ★★★★☆ | 665.42 / 1,632.70 | 635.22 / 1,557.20 |
| Dean Health Insurance - Prevea360 ★★★★☆ | 668.44 / 1,640.26 | 638.24 / 1,564.76 |
| GHC of Eau Claire ★★★☆☆ | 802.48 / 1,975.36 | 772.28 / 1,899.86 |
| GHC of South Central Wisconsin ★★★★☆ | 666.64 / 1,635.76 | 636.44 / 1,560.26 |
| HealthPartners Health Plan ★★★½☆ | 940.10 / 2,319.40 | 909.90 / 2,243.90 |
| Medical Associates Health Plans ★★★☆☆ | 596.90 / 1,461.40 | 566.70 / 1,385.90 |
| MercyCare Health Plans ★★★½☆ | 738.10 / 1,814.40 | 707.90 / 1,738.90 |
| Network Health ★★★☆☆ | 788.76 / 1,941.06 | 758.56 / 1,865.56 |
| Quartz - Community ★★★½☆ | 761.06 / 1,871.80 | 730.86 / 1,796.30 |
| Quartz - UW Health ★★★½☆ | 642.58 / 1,575.60 | 612.38 / 1,500.10 |
| Robin with HealthPartners Health Plan *not yet rated* | 940.10 / 2,319.40 | 909.90 / 2,243.90 |
| Security Health Plan - Central ★★★½☆ | 1,107.24 / 2,737.26 | 1,077.04 / 2,661.76 |
| Security Health Plan - Valley ★★★½☆ | 1,103.44 / 2,727.76 | 1,073.24 / 2,652.26 |
| State Maintenance Plan (SMP)[4] by WEA Trust ★★★½☆ | 822.54 / 2,025.52 | 792.34 / 1,950.02 |
| WEA Trust - East ★★★½☆ | 842.14 / 2,074.50 | 811.94 / 1,999.00 |
| WEA Trust West - Chippewa Valley ★★★½☆ | 1,018.12 / 2,514.46 | 987.92 / 2,438.96 |
| WEA Trust West - Mayo Clinic Health System ★★★½☆ | 956.72 / 2,360.96 | 926.52 / 2,285.46 |
| | **Local Access Plan[1]** | |
| WEA Trust[4] ★★★½☆ *All counties* | 1,227.60 / 3,038.16 | 1,197.40 / 2,962.66 |

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.

| | With Dental<br>Medicare single / Medicare 1[2] / Medicare 2[3] | Without Dental<br>Medicare single / Medicare 1[2] / Medicare 2[3] |
|---|---|---|
| | **Medicare Advantage** | |
| UnitedHealthcare *not yet rated* | 319.18 / *not available* / 617.80 | 288.98 / *not available* / 557.40 |
| | **Medicare Plus** | |
| WEA Trust ★★★½☆ | 394.66 / 1,601.70 / 768.76 | 364.46 / 1,541.30 / 708.36 |
| | **Health Plan Medicare** | |
| Dean Health Insurance ★★★★☆ | 496.56 / 1,141.42 / 972.56 | 466.36 / 1,081.02 / 912.16 |
| Dean Health Insurance - Prevea360 ★★★★☆ | 498.16 / 1,146.04 / 975.76 | 467.96 / 1,085.64 / 915.36 |
| GHC of Eau Claire ★★★☆☆ | 489.66 / 1,271.58 / 958.76 | 459.46 / 1,211.18 / 898.36 |
| GHC of South Central Wisconsin ★★★★☆ | 504.06 / 1,150.14 / 987.56 | 473.86 / 1,089.74 / 927.16 |
| HealthPartners Health Plan ★★★½☆ | 482.66 / 1,402.20 / 944.76 | 452.46 / 1,341.80 / 884.36 |
| Medical Associates Health Plans ★★★☆☆ | 397.96 / 974.30 / 775.36 | 367.76 / 913.90 / 714.96 |
| MercyCare Health Plans ★★★½☆ | 493.08 / 1,210.62 / 965.60 | 462.88 / 1,150.22 / 905.20 |
| Network Health ★★★☆☆ | 569.06 / 1,337.26 / 1,117.56 | 538.86 / 1,276.86 / 1,057.16 |
| Quartz - Community ★★★½☆ | 493.32 / 1,233.82 / 966.08 | 463.12 / 1,173.42 / 905.68 |
| Quartz - UW Health ★★★½☆ | 441.64 / 1,063.66 / 862.72 | 411.44 / 1,003.26 / 802.32 |
| Robin with HealthPartners Health Plan *not yet rated* | 482.66 / 1,402.20 / 944.76 | 452.46 / 1,341.80 / 884.36 |
| Security Health Plan - Central ★★★½☆ | 592.00 / 1,678.68 / 1,163.44 | 561.80 / 1,618.28 / 1,103.04 |
| Security Health Plan - Valley ★★★½☆ | 590.54 / 1,673.42 / 1,160.52 | 560.34 / 1,613.02 / 1,100.12 |
| State Maintenance Plan (SMP)[4] by WEA Trust ★★★½☆ | 394.66 / 1,196.64 / 768.76 | 364.46 / 1,136.24 / 708.36 |
| WEA Trust - East ★★★½☆ | 482.96 / 1,304.54 / 945.36 | 452.76 / 1,244.14 / 884.96 |
| WEA Trust West - Chippewa Valley ★★★½☆ | 557.86 / 1,555.42 / 1,095.16 | 527.66 / 1,495.02 / 1,034.76 |
| WEA Trust West - Mayo Clinic Health System ★★★½☆ | 534.26 / 1,470.42 / 1,047.96 | 504.06 / 1,410.02 / 987.56 |

[1]Members of new participating employers may have a surcharge added to their rates. Your employer will inform you. Contact your payroll office with questions.

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

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

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

# STEP 3 CONSIDER SUPPLEMENTAL BENEFITS

## Uniform Dental Benefit Option

Your employer may choose to offer Uniform Dental Benefits along with your health insurance coverage. *Ask your benefits office about available options.* The table lists only the most commonly used benefits.
**Visit etf.wi.gov/IYC2019 for complete information, including limitations and benefit exclusions.**

| | DELTA DENTAL |
|---|---|
| **Monthly Payment (Premium)** | See pages 11 - 12 |
| **In-Network Providers** | Delta Dental PPO or Premier providers<br>No out-of-network coverage |
| **Annual Deductible** | None |
| **Annual Benefit Max** | $1,000 / person |
| **Diagnostic & Preventive Services**<br>Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, fillings | 100% |
| **Basic Services**<br>Anesthesia (general and IV sedation) | 80% |
| **Major / Restorative Services**<br>Non-surgical extractions (above gumline)<br>Crowns, bridges, dentures, root canal therapy (endodontics) | 90%<br>Not covered |
| **Waiting Period** | None |
| **Orthodontics (Under Age 19)**<br>Coverage<br>Lifetime Maximum<br>Waiting Period | 50%<br>$1,500<br>None |
| **Contact** | 1-844-337-8383<br>deltadentalwi.com/state-of-wi |

### Health Insurance Required ✓

Uniform Dental is only available if you enroll in health insurance under the WPE Group Health Insurance Program. Contact your benefits office to see if your employer offers the Uniform Dental Benefit.

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.

### 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

## Other Benefits

May be offered by your employer. Check with your employer if you are uncertain these are available to you.

### securian FINANCIAL WPE Life Insurance

Life insurance coverage up to five times your annual earnings, plus optional spouse and dependent coverage. Offered by Securian Financial Group, Inc.

### WDC Wisconsin Deferred Compensation Program

A supplemental retirement savings and investment program.

### THE HARTFORD Income Continuation Insurance Program

An “income replacement” benefit payable if you become disabled.

# What is Changing *continued from page 2*

## 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.*

## MEDICAL BENEFIT CHANGES

**Added Benefits**

Telehealth services will be covered 100%.

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

## WELL WISCONSIN PROGRAM

The $150 Well Wisconsin incentive will continue to be available to you and your enrolled spouse. To earn the $150, you will need to complete a health screening, health assessment and well-being activity through StayWell. Retirees and their spouses will see taxes removed from the total gift card amount in 2019. Employees and their spouses will continue to see taxes processed via payroll. Watch for more information from StayWell in 2019.

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

**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.

# 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.**

Learn more about incentive eligibility and the free, confidential resources and services like health coaching or the Million Steps Challenge available to you through StayWell today.

Retirees will see taxes removed from the total gift card amount in 2019.

WELL WISCONSIN
Healthier starts with you

**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.

HAVE QUESTIONS?
etf.wi.gov/IYC2019

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

PO Box 7931
Madison, WI 53707-7931

@WI_ETF

## Open Enrollment: October 1 - October 26, 2018

Mailed application must be postmarked by October 26, 2018.

**Discrimination is Against the Law 45 C.F.R. §92.8(b)(1) & (d)(1)**
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. ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact ETF's Compliance Officer, who serves as ETF's Civil Rights Coordinator.

If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Compliance Officer, Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 711; Fax: 608-267-4549; Email: ETFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020 （TTY：711）

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 711).

**Arabic:** ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك تصل بالرقم
1-877-533-5020 (خدمة الصم والبكم: 711)

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-877-533-5020 (TTY: 711)번으로 전화해 주십시오.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 711).

**Pennsylvania Dutch:** Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 711).

**Laotian/Lao:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-877-533-5020 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-877-533-5020 (ATS : 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwońpod numer 1-877-533-5020 (TTY: 711).

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

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë.

Telefononi në 1-877-533-5020 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 711).

**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.