

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 2018 at etf.wi.gov/IYC2018 to learn more about choices available to you, view an eLearning and see instructions on how to enroll.



OPEN ENROLLMENT: OCTOBER 2 - 27, 2017

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, 2018.

Generally, if you are not changing coverage, you don't need to do anything. Be aware available health plans are changing for 2018; 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/IYC2018 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

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.

Pages 5 - 6 highlight the available Medicare plan design options and compare key factors such as monthly payment, coverage area and costs of commonly used benefits.

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

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 13 - 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 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

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.

Medicare Advantage Not Available in 2018 If currently enrolled, choose a new plan during open enrollment. Another option with nationwide provider access is IYC Medicare Plus. See details on pages 5 - 6.

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 IYC 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.

What is Changing continued on next page

WHAT IS CHANGING

continued from previous page

MEDICAL BENEFITS (ACTION REQUIRED)

All participants must select a primary care provider. If you don't have one, contact your health plan for help.

No Domestic Partner Coverage

Due to a state budget proposal, domestic partners may not be covered in 2018. Visit etf.wi.gov for updates.

IYC Access Plan & IYC Access HDHP

Benefits are changing for 2018. See page 4 and the eLearning at etf.wi.gov/IYC2018 for details.

SMP is no longer available in Bayfield, Buffalo, Forest, Iron, Marguette, Menominee and Pepin counties. If you use providers in these counties, you must select a health plan. SMP is limited to providers in Florence County and there will not be providers offered in Minnesota in 2018.

PHARMACY BENEFITS

In-Network Pharmacy Changes: CVS (including Target pharmacies) and certain out-of-state pharmacies are no longer in-network. Find a complete list online.

No Longer Covered: Certain Over the Counter **Medications for Non-Medicare Participants:** This includes steroid nasal sprays like Flonase®.

New Mandatory Specialty Pharmacies for Non-Medicare Participants: Level 4 prescriptions must be filled at Lumicera or the UW Specialty Pharmacy.

New Mail Order Pharmacy - Serve You: Serve You is replacing WellDyneRx. Navitus will mail information.

SUPPLEMENTAL BENEFITS

VSP / EPIC Benefits+ / EPIC Dental Wisconsin Premiums and benefits are changing for 2018, see page 14.

STEP 1

CHOOSE A PLAN DESIGN

Retirees Without Medicare

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.

Monthly Payment (Premium)

See page 11

Cost-Per-Visit

See breakdown of your costs on next page

Health Plan Selection

Visit etf.wi.gov/IYC2018 for provider directories

Statewide / Nationwide Access

All plans include nationwide pharmacy coverage; visit www.navitus.com for in-network pharmacies

Out-of-Network Benefits

Health Savings Account (HSA) Required



It's Your Choice

Health Plan

\$\$\$\$

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See pages 7 - 10

for available

health plans

Local,

county-based

coverage area

See pages 7 - 10

Emergency and

urgent care only

Not allowed with

this plan design





It's Your Choice

High Deductible

Health Plan

(HDHP)

\$\$\$\$

\$\$\$\$



It's Your Choice

Access High

Deductible

Health Plan

(HDHP)

\$\$\$\$

\$\$\$\$

Administered by

WEA Trust

It's Your Choice
Access Plan

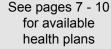


WEA Trust

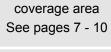










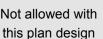


Emergency and

urgent care only









Retirees not eligible for employer contribution



Retirees not eligible for employer contribution

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

Most members are in this plan	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		\$1,500 / \$3,000 Must be met before coverage begins Families: Must meet full family deductible	
		ion drugs	r armiles. Must meet	ruii iairiiiy deddctible
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		After deductible: \$	ntil deductible met 625 copay per visit 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			e you pay 10% PL is met
Preventive Services See healthcare.gov/preventive-care-benefits	Plan pays 100%		Plan pa	ys 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		After deductible: \$ coinsurance applies	ntil deductible met 175 copay per visit, s to services beyond up to OOPL
Annual Medical Out-of-Pocket Limit (OOPL) Individual / Family	\$1,250 / \$2,500		Families: Must me	/ \$5,000 et full family OOPL an pays 100%
Prescription Deductible	None			dical deductible e 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 n	nedical OOPL



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

CHOOSE A PLAN DESIGN, CONTINUED

Retirees With Medicare

The table below highlights key differences between the available plan design options.





	It's Your Choice Health Plan Medicare	It's Your Choice Medicare Plus	
Monthly Payment (Premium) See page 12	\$\$\$	\$\$ \$	
Coverage Area Emergency and urgent care are covered out-of-network for all plans	Local, county-based	Worldwide	
Administered By	Many health plans, see pages 7 - 10	WEA Trust	
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	
Skilled Nursing Facilities Covered length of stay	120 Days	120 Days Medicare Approved Facility Approved Facility Non-Medicare Approved Facility	

Breakdown of Your Costs by Plan Design, With Medicare

All plan design options coordinate with Medicare, 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/IYC2018. Only medically necessary services and equipment are paid by your health plan. Custodial care is excluded.

Most Medicare members are me this plan	IYC Health Plan Medicare	IYC 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	

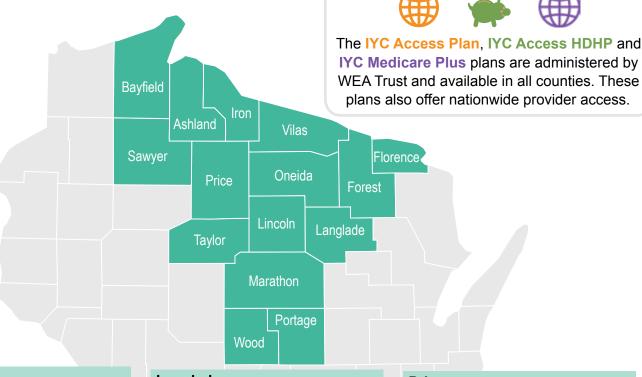


Plan features out-of-network benefits. Learn more at etf.wi.gov/IYC2018

	IYC Health Plan Medicare	IYC Medicare Plus 🛪	
Licensed Skilled Nursing Facility Medicare-covered services in a Medicare-approved facility	Requires a 3-day period of hospital stay You pay: \$0 for the first 120 days, full cost after 120 days	Requires a 3-day period of hospital stay You pay: \$0 for the first 120 days, full cost after 120 days	
Licensed Skilled Nursing Facility (Non-Medicare approved facility) If admitted within 24 hours following a hospital stay	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 Semiprivate room and board, and miscellaneous hospital services and supplies such as drugs, X-rays, lab tests and operating room	You pay: \$0 Must be medically necessary and in-network unless emergency	You pay: \$0 for first 90 days and up to 150 days with "lifetime reserve" "Lifetime reserve" days are a one-time additional 60 days of hospital coverage paid by Medicare Once "lifetime reserve" is exhausted, you pay the full cost after 90 days	
Medical Supplies, Durable Medical Equipment and Durable Diabetic	Medicare-approved supplies You pay: 20% up to \$500 OOPL per participant, after OOPL, \$0	Medicare-approved supplies You pay: \$0	
Equipment and Related Supplies	Supplies NOT covered by Medicare You pay: 20% up to \$500 OOPL per participant, after OOPL, \$0	Supplies NOT covered by Medicare You pay: Full cost of supplies	
Home Health Care Under an approved plan of care, part-time services of an RN, LPN or home health aide; physical, respiratory, speech or occupational therapy; medical supplies, drugs, lab services and nutritional counseling	Medicare pays: 100% for visits considered medically necessary by Medicare, generally 5 visits per week for 2 to 3 weeks; or 4 or fewer visits per week as long as required Plan pays: 100% for 50 visits per year, plan may approve an additional 50 visits 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 5 visits per week for 2 to 3 weeks; or 4 or fewer visits per week as long as required Plan pays: 100% for up to 365 visits per year You pay: Full costs of visits beyond 365 visits per year	
Heaving Even	For routine exams: You pay: \$0	For routine exams: You pay: Full cost of hearing exam	
Hearing Exam	For illness or disease: You pay: \$0	For illness or disease: 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 Level 1 / 2 / 3 Level 4 Specialty Preventive Drug List	\$5 / 20% (\$50 max) / 40% (\$150 max) \$50 copay if filled at Lumicera or UW specialty pharmacies (40% to \$200 max elsewhere) Plan pays 100%		
Prescription Out-of-Pocket Limit Levels 1 & 2 - Individual / Family Level 3 - Individual / Family Level 4 - Individual / Family	\$6,850 /	\$1,200 \$13,700 / \$2,400	



CHOOSE A HEALTH PLAN



Ashland

- · GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley

Bayfield

- · GHC of Eau Claire*
- · HealthPartners Health Plan
- · Security Health Plan Central*
- WEA Trust Northwest Chippewa Valley

Florence

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

Forest

- · HealthPartners Health Plan*
- · Security Health Plan Central

Iron

- GHC of Eau Claire*
- HealthPartners Health Plan*
- · Security Health Plan Central
- WEA Trust Northwest 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 Northwest 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
- WEA Trust East

*limited provider availability



Use the interactive map at etf.wi.gov/IYC2018 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 Northwest 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

Lafavette

- · 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

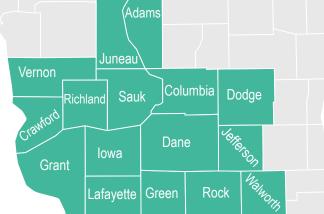
- · Dean Health Insurance
- GHC of South Central Wisconsin
- Quartz Community

Vernon

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

Walworth

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



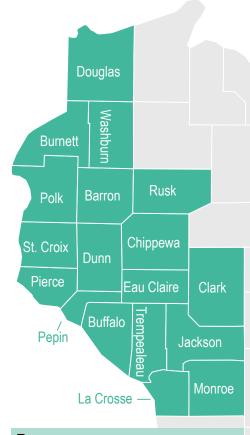


No access to the internet? Contact ETF, using the contact information on the back of this guide, to request printed information to be mailed to you.

*limited provider availability

STEP 2

CHOOSE A HEALTH PLAN, CONTINUED



Barron

- · HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley
- WEA Trust Northwest Mayo Clinic Health System

Buffalo

- · HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust Northwest Mayo Clinic Health System*

Burnett

- · GHC of Eau Claire
- HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley

Chippewa

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

Clark

- GHC of Eau Claire
- · HealthPartners Health Plan
- Quartz Community*
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley

Douglas

- · GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley

Dunn

- · HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley
- WEA Trust Northwest Mayo Clinic Health System

Eau Claire

- · HealthPartners Health Plan
- Quartz Community
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley
- WEA Trust Northwest Mayo Clinic Health System

Jackson

- HealthPartners Health Plan
- Quartz Community
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley
- WEA Trust Northwest Mayo Clinic Health System

La Crosse

- HealthPartners Health Plan
- Quartz Community
- WEA Trust Northwest Mayo Clinic Health System

Monroe

- · HealthPartners Health Plan
- · Quartz Community
- Security Health Plan Central*
- WEA Trust Northwest Mayo Clinic Health System

Pepin

- · HealthPartners Health Plan
- Security Health Plan Central
- WEA Trust Northwest Chippewa Valley
- WEA Trust Northwest Mayo Clinic Health System

Pierce

- · HealthPartners Health Plan
- WEA Trust Northwest Chippewa Valley
- WEA Trust Northwest Mayo Clinic Health System*

Polk

- · HealthPartners Health Plan
- WEA Trust Northwest Chippewa Valley

Rusk

- · HealthPartners Health Plan*
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley

St. Croix

- · HealthPartners Health Plan
- WEA Trust Northwest Chippewa Valley

Trempealeau

- HealthPartners Health Plan
- Quartz Community
- · Security Health Plan Central
- WEA Trust Northwest Mayo Clinic Health System

Washburn

- · GHC of Eau Claire
- · HealthPartners Health Plan
- · Security Health Plan Central
- WEA Trust Northwest Chippewa Valley



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*limited provider availability

Brown

- · Dean Health Insurance Prevea360
- · Network Health
- Security Health Plan Valley
- · WEA Trust East

Calumet

- · Network Health
- · WEA Trust East

Door

- Dean Health Insurance Prevea360
- · HealthPartners Health Plan*
- 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
- · Security Health Plan Valley*
- · WEA Trust East

Kenosha

- · Network Health
- · WEA Trust East

Kewaunee

- Dean Health Insurance Prevea360
- Network Health
- Security Health Plan Valley
- WEA Trust East

Manitowoc

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

Marinette

- · Dean Health Insurance Prevea360*
- · Network Health
- Security Health Plan Valley*
- WEA Trust East

Marquette

- Dean Health Insurance
- Network Health*
- · Quartz Community
- Security Health Plan Valley*
- WEA Trust East

Menominee

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

Milwaukee

- Network Health
- WEA Trust East

Oconto

- Dean Health Insurance Prevea360
- · Network Health
- · Security Health Plan Valley
- WEA Trust East

Outagamie

- Dean Health Insurance Prevea360*
- · Network Health
- · Security Health Plan Valley
- · WEA Trust East

Ozaukee

- · Network Health
- WEA Trust East

Racine

- Network Health
- WFA Trust Fast

Shawano

- Dean Health Insurance Prevea360*
- Network Health*
- · Security Health Plan Central*
- Security Health Plan Valley*
- WEA Trust East

Sheboygan

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

Washington

- Network Health
- · WEA Trust East

Waukesha

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

Waupaca

- Network Health*
- Security Health Plan Central
- Security Health Plan Valley
- · WEA Trust East

Waushara

- Network Health*
- Security Health Plan Central
- Security Health Plan Valley
- · WEA Trust East

Winnebago

- Network Health
- 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	With Dental Individual / Family	Without Dental Individual / Family
,	It's Your Choic	ce Health Plan	It's Your Choice HDHP¹	
Dean Health Insurance ★★★★	672.54 / 1,655.56	643.50 / 1,582.96	584.84 / 1,436.36	555.80 / 1,363.76
Dean Health Insurance - Prevea360 ★★★★	736.08 / 1,814.42	707.04 / 1,741.82	639.44 / 1,572.88	610.40 / 1,500.28
GHC of Eau Claire ★★☆☆☆	806.88 / 1,991.44	777.84 / 1,918.84	700.42 / 1,725.30	671.38 / 1,652.70
GHC of South Central Wisconsin ★★★☆	657.44 / 1,617.82	628.40 / 1,545.22	571.84 / 1,403.80	542.80 / 1,331.20
HealthPartners Health Plan ★★☆☆	763.78 / 1,883.72	734.74 / 1,811.12	663.28 / 1,632.46	634.24 / 1,559.86
Medical Associates Health Plans ★★☆☆☆	660.42 / 1,625.26	631.38 / 1,552.66	574.42 / 1,410.24	545.38 / 1,337.64
MercyCare Health Plans ★☆☆☆☆	677.80 / 1,668.76	648.76 / 1,596.16	589.40 / 1,447.78	560.36 / 1,375.18
Network Health ★★☆☆	797.84 / 1,968.82	768.80 / 1,896.22	692.56 / 1,705.64	663.52 / 1,633.04
Quartz - Community ★★☆☆	794.46 / 1,960.38	765.42 / 1,887.78	689.68 / 1,698.48	660.64 / 1,625.88
Quartz - UW Health ★★☆☆	687.32 / 1,692.58	658.28 / 1,619.98	597.54 / 1,468.14	568.50 / 1,395.54
Security Health Plan - Central ★★☆☆	856.02 / 2,114.28	826.98 / 2,041.68	742.60 / 1,830.74	713.56 / 1,758.14
Security Health Plan - Valley ★★☆☆	853.24 / 2,107.32	824.20 / 2,034.72	740.22 / 1,824.78	711.18 / 1,752.18
State Maintenance Plan (SMP)⁴ by WEA Trust ★★☆☆	866.68 / 2,163.30	837.64 / 2,090.70	736.18 / 1,837.10	707.14 / 1,764.50
WEA Trust - East ★★★☆☆	812.64 / 2,005.84	783.60 / 1,933.24	705.38 / 1,737.70	676.34 / 1,665.10
WEA Trust - Northwest Chippewa Valley ★★☆☆	836.86 / 2,066.42	807.82 / 1,993.82	726.12 / 1,789.54	697.08 / 1,716.94
WEA Trust - Northwest Mayo Clinic Health System ★★☆☆	836.86 / 2,066.42	807.82 / 1,993.82	726.12 / 1,789.54	697.08 / 1,716.94
	It's Your Choic	e Access Plan	It's Your Choice	Access HDHP ¹
WEA Trust⁴ ★★★☆☆	1,398.54 / 3,493.06	1,369.50 / 3,420.46	1,183.64 / 2,955.80	1,154.60 / 2,883.20



The overall performance star ratings are based on several quality measures. Visit the Map tab at etf.wi.gov/IYC2018 and click on the quality rating of the plans you are interested in for more information.

	With Dental Medicare single / Medicare 1²/ Medicare 2³	Without Dental Medicare single / Medicare 1 ² / Medicare 2 ³	
	It's Your Choice He	ealth Plan Medicare	
Dean Health Insurance ★★★★	449.04 / 1,104.42 / 895.48	420.00 / 1,046.34 / 822.88	
Dean Health Insurance - Prevea360 ★★★★	502.06 / 1,220.98 / 1,001.52	473.02 / 1,162.90 / 928.92	
GHC of Eau Claire ★★☆☆☆	500.18 / 1,289.90 / 997.74	471.14 / 1,231.82 / 925.14	
GHC of South Central Wisconsin ★★★☆	469.80 / 1,110.08 / 936.98	440.76 / 1,052.00 / 864.38	
HealthPartners Health Plan ★★★☆☆	415.30 / 1,161.92 / 827.96	386.26 / 1,103.84 / 755.36	
Medical Associates Health Plans ★★☆☆☆	377.26 / 1,020.52 / 751.90	348.22 / 962.44 / 679.30	
MercyCare Health Plans ★☆☆☆☆	429.58 / 1,090.22 / 856.56	400.54 / 1,032.14 / 783.96	
Network Health ★★☆☆	472.38 / 1,253.06 / 942.14	443.34 / 1,194.98 / 869.54	
Quartz - Community ★★★☆☆	480.12 / 1,257.42 / 957.64	451.08 / 1,199.34 / 885.04	
Quartz - UW Health ★★★☆☆	436.24 / 1,106.40 / 869.86	407.20 / 1,048.32 / 797.26	
Security Health Plan - Central ★★★☆☆	466.12 / 1,304.98 / 929.64	437.08 / 1,246.90 / 857.04	
Security Health Plan - Valley ★★★☆☆	466.12 / 1,302.20 / 929.64	437.08 / 1,244.12 / 857.04	
State Maintenance Plan (SMP) by WEA Trust ★★★☆☆	395.14 / 1,244.66 / 800.46	366.10 / 1,186.58 / 727.86	
WEA Trust - East ★★★☆☆	447.86 / 1,243.32 / 893.10	418.82 / 1,185.24 / 820.50	
WEA Trust - Northwest Chippewa Valley ★★★☆☆	456.30 / 1,276.00 / 909.98	427.26 / 1,217.92 / 837.38	
WEA Trust - Northwest Mayo Clinic Health System ★★☆☆	456.30 / 1,276.00 / 909.98	427.26 / 1,217.92 / 837.38	
	It's Your Choice Medicare Plus		
WEA Trust ★★★☆☆	395.14 / 1,776.52 / 800.46	366.10 / 1,718.44 / 727.86	

¹Families with a Medicare dependent may enroll in an HDHP. Visit etf.wi.gov/IYC2018 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 IYC Access and Access HDHP, 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 IYC Access and Access HDHP or SMP.

CONSIDER SUPPLEMENTAL BENEFITS

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/IYC2018 for complete information, including limitations and benefit exclusions.

Uniform Dental

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



Health Insurance Required ✓



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.

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 the next page for available plans.



DentalBlue

Dental coverage plan options to supplement Uniform Dental Benefits. A variety of provider and pricing options, including major procedures. Waiting periods may apply.

Enroll during open enrollment for 2018.

anthem.com/dental-stateofwi | Open enrollment: 1-866-511-4476 | Other questions: 1-866-589-0582



Benefits+

Basic and major dental coverage (not preventive care), hospital and surgical indemnity, and optional vision benefits.

Dental Wisconsin

Dental coverage plan options to supplement Uniform Dental Benefits. A variety of provider and pricing options, including major procedures. Waiting periods may apply.

Enroll during open enrollment for 2018.

epiclife.com/wi-state-employees | 1-800-520-5750



VSP

Vision services including exams, contact lenses and frames, from a nationwide network of doctors.

Enroll during open enrollment for 2018.

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



Mutual of Omaha Long-Term Care

Administered by Health Choice

Long-term care insurance for you, your spouse and your parents.

Enroll year-round.

healthchoice.com | 1-800-833-5823 | 608-833-5823



Health Savings Account (HSA)

Required for High Deductible Health Plans

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.*

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.

Annual Contribution Limit: Individual: \$3,450 | Family: \$6,850 Catch-Up Contribution Limit (Ages 55-65 only): \$1,000 Carryover Limit: Unlimited

*Retirees enrolled in IYC HDHP/HSA benefit option must keep an HSA open and active, and pay \$3.00 monthly service fee.



Well Wisconsin Program

Who's Your Reason?

Everyone has their own personal reasons to be healthy. 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 2017 incentive is October 20.

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 the current incentive requirements, plus a third step of an easy health engagement activity through StayWell. Watch for more information from Staywell on this and the Million Steps Challenge in 2018!

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.





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

PO Box 7931 Madison, WI 53707-7931



Open Enrollment: October 2 - October 27, 2017

Mailed application must be postmarked by October 27, 2017.

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, 801 West Badger Road, 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: بلغتك تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك العربية، فهناك خدمة مساعدة متاحة بلغتك التحدث اللغة العربية العربية، فهناك خدمة مساعدة التحدل بالرقم

2020-533-573-1 (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, ການ ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, 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/IYC2018

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.