

# IT'S YOUR CHOICE 2016

Decision Guide

State of Wisconsin  
Group Health Insurance  
for Employees



# KNOW YOUR BENEFIT ENROLLMENT POINTS

There are certain times throughout the year when you may enroll for health and supplemental insurance benefits, or change your coverage. Visit It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov) to learn more about the choices available to you.

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## OPEN ENROLLMENT: OCTOBER 5-30

The It's Your Choice 2016 open enrollment period is **October 5-30, 2015**. This is your opportunity to change health plans, change from family to single coverage, enroll if you had previously deferred coverage, cancel coverage for yourself or an adult dependent child and more.

Open enrollment is available to all who are eligible under the State of Wisconsin Group Health Insurance Program. This includes employees, retirees, currently insured COBRA continuants, surviving spouses and dependents. Changes in coverage become effective January 1, 2016.



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## 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. Applications can be made through myETF Benefits at [etf.wi.gov](http://etf.wi.gov) or by paper. 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 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 (see these amounts at It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov)).

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

**UW System and UW Hospital and Clinics employees:** Do not use the myETF Benefits system to enroll in or make changes to coverage. UW System employees should go to [www.wisconsin.edu/ohrwd/benefits](http://www.wisconsin.edu/ohrwd/benefits) and contact your UW institution human resources department for enrollment instructions. UW Hospital and Clinics employees must complete a paper application and submit it to your human resources/benefits office.

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## LIFE CHANGE EVENT

Did you recently get married, enter into a domestic partnership, have a baby, an eligible move to a new county or another life change event? You may have the opportunity to enroll or change your coverage outside of the open enrollment period. There are various rules related to life change events. Please visit It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov) to see what your options are and how long you have to submit an application to enroll or make a change.



# WHAT IS CHANGING IN 2016

Whether you are satisfied with your current health plan, looking to make changes to your current coverage or are a new employee, you should know what is changing for 2016. Read this section and see if there are changes that affect you. Visit [etf.wi.gov](http://etf.wi.gov) to confirm your health plan service area and provider network is available for 2016.

## DENTAL

The Uniform Dental Benefit will be offered by Delta Dental instead of through health plans. You can find more information on Page 7. You will automatically be enrolled in your current health plan with Uniform Dental Benefits if you do not make any changes, or opt out, for 2016.

## MEDICAL & PRESCRIPTION DRUG COSTS

- You will need to meet a medical deductible before your health plan will start paying towards certain medical expenses (except for office visits).
- You will pay a copayment for office visits.
- You will pay coinsurance instead of a copayment for certain prescription drugs. See Page 8.
- Out-of-pocket limits are increasing.

See Pages 5-6 for more medical benefits at a glance. Visit It's Your Choice at [etf.wi.gov](http://etf.wi.gov) for specific cost changes.

## MEDICAL BENEFITS

Habilitation services are now covered. These services help you learn or improve skills and functioning for daily living. Advance care planning and/or a palliative care consultation should be offered to participants facing a serious illness and survival of less than 12 months so they are informed of care options. Advance care planning is a new covered benefit for any participant who is diagnosed with a terminal illness.

## PLAN DESIGN NAMES CHANGING

The health plan design names are changing. You can review your plan design options along with the new and former names on Page 3.

## INCREASED HSA EMPLOYER CONTRIBUTION

For 2016, employers will increase their health savings account contribution to \$750 per individual/\$1,500 per family for those enrolled in the high deductible health plans. For eligibility information see Page 3.

## GROUP HEALTH INSURANCE OPT OUT OPTION

You may be eligible to receive \$2,000 from your employer if you opt out of state group health insurance coverage. Contact your employer to see if you are eligible.

## HEALTH PLAN CHANGES TO NOTE

A complete list of service area changes can be found online.

**Arise Health Plan** is now offering a combined service area and a new Aspirus service area. All Arise participants should confirm their provider network for 2016.

**Network Health Plan** is offering a new service area in the southeast part of the state.

**WEA Trust** will not be providing coverage in the following service areas/counties:

- **East:** Florence, Fond du Lac, Forest, Jefferson, Kenosha, Langlade, Lincoln, Marinette, Oneida, Price, Racine, Taylor, Vilas
- **Northwest Chippewa Valley:** Burnett, Sawyer, Trempealeau
- **Northwest Mayo Clinic Health System:** Buffalo

## FREQUENTLY ASKED QUESTIONS AND ANSWERS

### Q DO I NEED TO DO ANYTHING DURING OPEN ENROLLMENT?

**A** Generally, if you plan to stay with your current health plan, you are not changing your coverage and you are not opting out of dental, you don't need to do anything during the It's Your Choice open enrollment period. However, you should still visit It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov) to understand how your coverage may change in 2016.

### Q HOW DO I ACCESS THE myETF BENEFITS SYSTEM?

**A** Visit [etf.wi.gov](http://etf.wi.gov) and click on the Members tab to log in to myETF Benefits. This tool provides employees (except UW\*) the ability to submit changes to current coverage and enroll online. You can request a paper application by contacting your payroll office.



\*UW System and UW Hospital and Clinics employees: See note on Page 3.

For detailed information about all of these changes and more FAQs, visit  
**It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov)**

# HOW TO CHOOSE YOUR HEALTH PLAN

Now that you know when you can enroll and make changes, take these steps for choosing a plan.

## STEP 1. CHOOSE A PLAN DESIGN

Consider the different plan design options and employee premium contribution rates for 2016. See Pages 3-8.

## STEP 2. FIND PLANS IN YOUR AREA

Determine which plans are available in your county by using the interactive health plan map at It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov).

## STEP 3. CHOOSE A HEALTH PLAN

Check out each plan's overall performance rating (Page 4), compare benefits and your out-of-pocket costs (Pages 5-8). Also learn about ways to supplement your coverage on Pages 9-10.

## STEP 4. ENROLL OR MAKE A CHANGE

Visit It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov) and log into myETF Benefits\*. Enrolling is quick and easy through our secure website. A paper application is also available online, from ETF, or from your payroll office.

## STEP 5. STAY UP TO DATE

Sign up for It's Your Choice e-alerts on health and wellness benefits and related topics of interest. Visit [etf.wi.gov](http://etf.wi.gov) and look for ETF E-mail Updates. 

\*UW System and UW Hospital and Clinics employees: Do not use the myETF Benefits system to enroll in or make changes to coverage. UW System employees should go to [www.wisconsin.edu/ohrwd/benefits](http://www.wisconsin.edu/ohrwd/benefits) and contact your UW institution human resources department for enrollment instructions. UW Hospital and Clinics employees must complete a paper application and submit it to your human resources/benefits office.

# PLAN DESIGN OPTIONS

Below are the health plan designs you have to choose from. Take a moment to read about these options and see which one is best for you. Not everyone is eligible for HDHP; see eligibility information below and at [etf.wi.gov](http://etf.wi.gov).

## IT'S YOUR CHOICE HEALTH PLAN

With the It's Your Choice Health Plan—*formerly Coinsurance Uniform Benefits*—you can choose from a variety of health plan providers that offer the same uniform benefits package.

## IT'S YOUR CHOICE HIGH DEDUCTIBLE HEALTH PLAN

The It's Your Choice High Deductible Health Plan—*formerly High Deductible Health Plan*—provides the same uniform benefits package and health plan providers as the It's Your Choice Health Plan. The difference is that this plan option has a higher deductible and out-of-pocket limits. In exchange for the increased cost sharing, this design is paired with a Health Savings Account into which your employer deposits money, if you are eligible. (See employer contribution amounts on Page 2 and online.) This plan offers a lower monthly premium cost.

## IT'S YOUR CHOICE ACCESS HEALTH PLAN

The It's Your Choice Access Health Plan—*formerly the Standard Plan*—provides freedom of choice for doctors and hospitals across the country. In exchange for the increased flexibility in medical providers, your monthly premium cost is more than the It's Your Choice Health Plan and the It's Your Choice High Deductible Health Plan options.

## IT'S YOUR CHOICE ACCESS HIGH DEDUCTIBLE HEALTH PLAN

The It's Your Choice Access High Deductible Health Plan—*formerly the High Deductible Standard Plan*—provides freedom of choice for doctors and hospitals across the country, along with a higher deductible and out-of-pocket limits. In exchange for the increased cost sharing, this design is paired with a Health Savings Account into which your employer deposits money, if you are eligible. (See employer contribution amounts on Page 2 and online.) The member's monthly premium cost is less than the It's Your Choice Access Health Plan.

### High Deductible Health Plan: Who Is Eligible

- ✓ State employees who are not covered by any other medical health insurance program, except those eligible for the graduate assistant/short-term academic staff benefits package and not in the Wisconsin Retirement System.
- ✓ Limited-term employees eligible for the State of Wisconsin Group Health Insurance Program.
- ✓ Annuitants younger than age 65.

# CONTRIBUTION RATES

When you select medical coverage you are automatically enrolled in dental, but you may opt out of dental (Page 7). Visit It's Your Choice 2016 at [eff.wi.gov](http://eff.wi.gov) for all plans and full rates.

	<b>It's Your Choice Health Plan*</b> Medical with Dental	
	Single Rate	Family Rate
	\$86.00	\$217.00
	UW Graduate Assistants**	
	<b>It's Your Choice Health Plan*</b> Medical without Dental	
	Single Rate	Family Rate
	\$83.00	\$209.00
	UW Graduate Assistants**	
	<b>It's Your Choice HDHP*</b> Medical with Dental Lower premium; higher deductible & OOPL	
	Single Rate	Family Rate
	\$32.00	\$81.00
	UW Graduate Assistants**	
	<b>It's Your Choice HDHP*</b> Medical without Dental Lower premium; higher deductible & OOPL	
	Single Rate	Family Rate
	\$29.00	\$73.00
	UW Graduate Assistants**	
	<b>It's Your Choice Access Health Plan*</b> Medical with Dental Higher premium, increased provider flexibility	
	Single Rate	Family Rate
	\$253.00	\$632.00
	UW Graduate Assistants**	
	<b>It's Your Choice Access Health Plan*</b> Medical without Dental Higher premium, increased provider flexibility	
	Single Rate	Family Rate
	\$250.00	\$624.00
	UW Graduate Assistants**	
	<b>It's Your Choice Access HDHP*</b> Medical with Dental Increased provider flexibility, lower premium, higher deductible & OOPL	
	Single Rate	Family Rate
	\$199.00	\$496.00
	UW Graduate Assistants**	
	<b>It's Your Choice Access HDHP</b> Medical without Dental Increased provider flexibility, lower premium, higher deductible & OOPL	
	Single Rate	Family Rate
	\$196.00	\$488.00
	UW Graduate Assistants**	

Employees appointed to work fewer than 1,040 hours (50% of full time) pay 50% of the total monthly premium.

If you are a continuant, visit It's Your Choice online for rates specific to you.

\* UW System, UW Hospital and Clinics or other quasi-governmental authorities, premium contribution amount questions should be directed to your benefits/payroll/personnel office.

\*\* Not eligible for the It's Your Choice HDHP.

# PLAN RATINGS

The overall performance ratings chart below is based on several quality measures. Visit It's Your Choice 2016 at [eff.wi.gov](http://eff.wi.gov) to see detailed health plan report cards.

HEALTH PLAN PROVIDER RATINGS	Overall Performance Rating (5 ★ is highest)
Health Plan Options	
Anthem Blue	★★★★☆
Arise Health Plan	★★☆☆☆
Dean Health Insurance	★★★★☆
GHC of Eau Claire	★★★★☆
GHC of South Central Wisconsin	★★★★☆
Gundersen Health Plan	★★★★★
Health Tradition Health Plan	★★★★☆
HealthPartners Health Plan	★★★★☆
Humana	★★☆☆☆
Medical Associates Health Plans	★★☆☆☆
MercyCare Health Plans	★☆☆☆☆
Network Health	★★★★☆
Physicians Plus	★★★★☆
Security Health Plan	★★★★☆
State Maintenance Plan	Not available
UnitedHealthcare of Wisconsin	★☆☆☆☆
Unity Health Insurance	★★★★☆
WEA Trust	★★☆☆☆

For health plans available in your county and more plan details, visit [It's Your Choice 2016 at eff.wi.gov](http://eff.wi.gov)



Not all health plans are available in every county. Visit [eff.wi.gov](http://eff.wi.gov) for the It's Your Choice health plan map.

HDHP= High Deductible Health Plan OOPL= out-of-pocket limit

# MEDICAL BENEFITS AT A GLANCE

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



	IYC Health Plan	IYC HDHP
<b>Annual Medical Deductible</b>	<p>\$250 individual / \$500 family</p> <p>Deductible applies to annual OOP</p> <p>After an individual within a family plan meets the \$250 deductible, coinsurance will apply to covered medical services except for office visit copayments</p> <p>Medical deductible does not apply to prescription drugs</p>	<p>\$1,500 individual / \$3,000 family</p> <p>The deductible must be met before coverage begins; for family coverage, the full family deductible must be met</p> <p>The deductible includes prescription drugs and applies to the annual OOP</p>
<b>Primary Care Physician Office Visit Copayment includes:</b>	<p>\$15 per visit</p> <p>Office visit copayments are not subject to the deductible, but do apply to the annual OOP</p>	<p>After deductible: \$15 per visit</p> <p>Office visit copayments apply to the annual OOP</p>
<ul style="list-style-type: none"> <li>• Internist</li> <li>• General Physician</li> <li>• Family Practitioner</li> <li>• Pediatrician</li> <li>• Gynecologist/Obstetrician</li> <li>• Nurse Practitioner</li> <li>• Physician Assistant</li> <li>• Chiropractor</li> <li>• Physical/Occupational/Speech Therapy in an office visit setting</li> </ul>		
<b>Specialty Office Visit Copayment includes:</b>		
<ul style="list-style-type: none"> <li>• Specialty Providers</li> <li>• Urgent Care</li> <li>• Vision Exam in an office visit setting</li> </ul>	<p>\$25 per visit</p> <p>Office visit copayments are not subject to the deductible, but do apply to the annual OOP</p>	<p>After deductible: \$25 per visit</p> <p>Office visit copayments apply to the annual OOP</p>
<b>Annual Medical Coinsurance</b>	<p>After deductible: 10% member cost</p> <p>Applies to medical services except for office visits</p> <p>Coinsurance applies to the annual OOP</p>	<p>After deductible: 10% member cost</p> <p>Applies to medical services except for office visits</p> <p>Coinsurance applies to the annual OOP</p>
<b>Annual Medical Out-of-Pocket Limit (OOP)</b>	\$1,250 individual / \$2,500 family	\$2,500 individual / \$5,000 family
<b>Routine, preventive services as required by federal law</b>	Plan pays 100%	Plan pays 100%
<b>Illness/injury related services beyond the office visit copayment (if applicable)</b>	After deductible: 10% member cost up to OOP	After deductible: 10% member cost up to OOP
<b>Emergency Room Copayment</b> (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	\$75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to the OOP	After deductible: \$75 copayment per visit, then coinsurance applies to services beyond the copayment up to the OOP

HDHP = High Deductible Health Plan OOP = out-of-pocket limit

For a comprehensive comparison of plan benefits  
and detailed coverage information for each health plan, visit  
**It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov)**

IYC Access Health Plan In-Network	IYC Access Health Plan Out-of-Network	IYC Access HDHP In-Network	IYC Access HDHP Out-of-Network
<p>\$250 individual / \$500 family</p> <p>Deductible applies to annual OOPL</p> <p>After an individual within a family plan meets the \$250 deductible, coinsurance will apply to covered medical services except for office visit copayments</p> <p>Medical deductible does not apply to prescription drugs</p>	<p>\$500 individual / \$1,000 family</p> <p>Deductible applies to annual OOPL</p> <p>After an individual within a family plan meets the \$500 deductible, coinsurance will apply to covered medical services except for office visit copayments</p> <p>Medical deductible does not apply to prescription drugs</p>	<p>\$1,700 individual / \$3,400 family</p> <p>The deductible must be met before coverage begins; for family coverage, the full family deductible must be met</p> <p>The deductible does apply to prescription drugs and also to the annual OOPL</p>	<p>\$2,000 individual / \$4,000 family</p> <p>The deductible must be met before coverage begins; for family coverage, the full family deductible must be met</p> <p>The deductible includes prescription drugs and applies to OOPL</p>
<p>\$15 per visit</p> <p>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</p>	<p>After deductible: 30% member cost up to the annual OOPL</p>	<p>After deductible: \$15 per visit</p> <p>Office visit copayments do apply to the annual OOPL</p>	<p>After deductible: 30% member cost up to the annual OOPL</p>
<p>\$25 per visit</p> <p>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</p>	<p>After deductible: 30% member cost up to the annual OOPL</p>	<p>After deductible: \$25 per visit</p> <p>Office visit copayments do apply to the annual OOPL</p>	<p>After deductible: 30% member cost up to the annual OOPL</p>
<p>After deductible: 10% member cost</p> <p>Applies to medical services except for office visits</p> <p>Coinsurance applies to the annual OOPL</p>	<p>After deductible: 30% member cost</p> <p>Applies to medical services</p> <p>Coinsurance applies to the annual OOPL</p>	<p>After deductible: 10% member cost</p> <p>Applies to medical services except for office visits</p> <p>Coinsurance applies to the annual OOPL</p>	<p>After deductible: 30% member cost</p> <p>Applies to medical services except for office visits</p> <p>Coinsurance applies to the annual OOPL</p>
<p>\$1,000 individual / \$2,000 family</p>	<p>\$2,000 individual / \$4,000 family</p>	<p>\$3,500 individual / \$7,000 family</p>	<p>\$3,800 individual / \$7,600 family</p>
<p>Plan pays 100%</p>	<p>Subject to the deductible, copayments and/or coinsurance</p>	<p>Plan pays 100%</p>	<p>Subject to the deductible and coinsurance</p>
<p>After deductible: 10% member cost up to the annual OOPL</p>	<p>After deductible: 30% member cost up to the annual OOPL</p>	<p>After deductible: 10% member cost up to the annual OOPL</p>	<p>After deductible: 30% member cost up to the annual OOPL</p>
<p>\$75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to the OOPL</p>	<p>\$75 copayment per visit, then in-network deductible and coinsurance applies to services beyond the copayment up to the OOPL</p>	<p>After deductible: \$75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to the OOPL</p>	<p>After deductible: \$75 copayment per visit, then in-network deductible and coinsurance applies to services beyond the copayment up to the OOPL</p>



# DENTAL COVERAGE OPTIONAL FOR 2016



Beginning January 1, 2016, you can choose your health insurance with or without Uniform Dental Benefits. You must have medical coverage under the State of Wisconsin Group Health Insurance Program in order to elect Uniform Dental Benefit plan coverage. **If you are currently enrolled in a health plan, you will be automatically enrolled in Uniform Dental Benefits and can choose to opt out during the It's Your Choice open enrollment period.** New employees choose health insurance, with or without dental, during the application process.

Delta Dental is the plan administrator. Questions? Visit [www.deltadentalwi.com/state-of-wi](http://www.deltadentalwi.com/state-of-wi) or call Delta Dental at 1-844-337-8383.

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## Uniform and Supplemental Dental

You will automatically be enrolled in Uniform Dental Benefits. Uniform Dental Benefits are **only** available if you enroll in a health plan. Supplemental dental insurance (e.g., EPIC Benefits+, EPIC Dental Wisconsin, Anthem DentalBlue) will remain separate, optional plan offerings (see Page 9).

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## Premium Contributions

The dental premium will be included in your medical health insurance premium. See Page 4 for employee monthly premium contribution rates. *Reminder:* If you are currently enrolled with medical coverage, you will be automatically enrolled in Uniform Dental Benefits. You can opt out during open enrollment.

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## Medical Coverage With Dental

If you elect family medical coverage with dental, you will be enrolled in the family dental coverage. Similarly, if you elect single medical coverage with dental, you will be enrolled in the single dental coverage.

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## Search Dental Providers

Delta Dental has two provider networks available under the Uniform Dental Benefit: Delta Dental PPO and Delta Dental Premier. Providers covered under these networks are considered "in-network" under the Uniform Dental Benefit. You may search the Provider Directory at [www.deltadentalwi.com/provider-search](http://www.deltadentalwi.com/provider-search) to see if your dental provider is in a Delta Dental network. There is no benefit for out-of-network providers.

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## No Dental Deductible

Dental expenses, including those for the High Deductible Health Plan, are **separate** from medical benefits and will **not** be subject to a deductible.

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## Covered Services and Coinsurance

All covered services, copayments and/or coinsurance will be outlined in the Uniform Dental Benefit Certificate at It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov) and on Delta Dental's website and enrollment materials. There are no changes to the covered dental services, copayments and/or coinsurance for 2016.

# HOW MUCH ARE MY PRESCRIPTION DRUGS?

The 2016 Pharmacy Benefits Plan Comparison table below shows what amount or percentage you would pay for prescription drugs under each plan. For example, with the It's Your Choice Health Plan the out-of-pocket limit (OOP), or maximum, you would pay for Levels 1 and 2 drugs is \$600 for individual coverage and \$1,200 for family coverage. All covered prescription drugs (Rx) fall into one of four cost-sharing levels, including Level 1 for most generic drugs and Levels 2, 3 and 4 for most brand-name drugs.

Navitus is the plan administrator.

Most members are in this plan	IYC Health Plan	IYC HDHP	IYC Access Health Plan In-Network	IYC Access Health Plan Out-of-Network	IYC Access HDHP In-Network	IYC Access HDHP Out-of-Network

## Deductible<sup>1</sup>

An annual fixed dollar amount a member pays before the plan pays.

None	\$1,500 / \$3,000 (combined medical & Rx)	None	None	\$1,700 / \$3,400 (combined medical & Rx)	\$2,000 / \$4,000 (combined medical & Rx)
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## Copayment/Coinsurance

A dollar amount or percentage a member pays for each covered drug.

<b>Level 1</b>	\$5	\$5	\$5	\$5	\$5	\$5
<b>Level 2</b>	20% (\$50 max)					
<b>Level 3</b>	40% (\$150 max) <sup>2</sup>	40% (\$150 max)	40% (\$150 max) <sup>2</sup>	40% (\$150 max) <sup>2</sup>	40% (\$150 max)	40% (\$150 max)
<b>Level 4 Preferred drugs</b>	\$50 <sup>3</sup> or 40% (\$200 max)					
<b>Level 4 Non-preferred drugs<sup>4</sup></b>	40% (\$200 max)					

## Out-of-Pocket Limits<sup>5</sup>

The maximum amount of copayments, coinsurance or deductible that a member pays.

<b>Levels 1 &amp; 2</b>	\$600 / \$1,200 <sup>5</sup>	\$2,500 / \$5,000 (combined medical & Rx)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$3,500 / \$7,000 (combined medical & Rx)	\$3,800 / \$7,600 (combined medical & Rx)
<b>Level 3</b>	\$6,850 / \$13,700 <sup>2,6</sup>		\$6,850 / \$13,700 <sup>2,6</sup>	None		
<b>Level 4<sup>4</sup></b>	\$1,200 / \$2,400		\$1,200 / \$2,400	\$1,200 / \$2,400		

- <sup>1</sup> "Zero Dollar" preventive drugs identified by the Affordable Care Act (ACA) are paid for by the plan even if the deductible has not been met. "First Dollar" preventive drugs identified by the ACA are subject to copayment/coinsurance cost sharing, even if the deductible has not been met. After the deductible is met, the member is still responsible for the copayment/coinsurance until the OOP is met.
- <sup>2</sup> Level 3 coinsurance does not apply toward the group health insurance program's OOP under a non-HDHP, only the federal maximum out-of-pocket (MOOP).
- <sup>3</sup> Reduced copayment of \$50 applies only when **Preferred Specialty Drugs** are obtained from a **Preferred Specialty Pharmacy**. All other Level 4 drugs require coinsurance of 40% (\$200 max).
- <sup>4</sup> Level 4 coinsurance for **Non-preferred Specialty Drugs** does not apply to the group health insurance program's Level 4 OOP, only the federal MOOP.
- <sup>5</sup> Family OOPs for non-HDHP plans are embedded. An individual within a family can reach an individual OOP before the family OOP is met and not have to pay any copayment/coinsurance. Family OOPs for HDHP plans are not embedded and an individual will continue to pay until the family OOP is met.
- <sup>6</sup> Federal Maximum Out-of-Pocket Limit or MOOP.

# OPTIONS TO SUPPLEMENT YOUR COVERAGE

More choices mean more opportunities for better health and wellness. Visit It's Your Choice 2016 at [etf.wi.gov](http://etf.wi.gov) to see if you are eligible and when you can enroll. If you are currently enrolled, your enrollment will continue unless you cancel during It's Your Choice open enrollment.



To learn more about optional plan benefits, visit **It's Your Choice 2016** at [etf.wi.gov](http://etf.wi.gov)



## Anthem DentalBlue

*Enroll during open enrollment*

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



## EPIC Benefits+

*New hires, defined enrollment*

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



## EPIC Dental Wisconsin

*Enroll during open enrollment*

Dental coverage options to supplement Uniform Dental Benefits. Members can see any dentist. Includes major procedures. Waiting periods may apply.



## Hartford Accidental Death and Dismemberment

*Enroll year-round*

Payments based on salary for specific amputation injuries, or for accidental death. Includes travel insurance.



## Mutual of Omaha

*Enroll year-round*

Long-term care insurance for you, spouses, domestic partners and parents.



## Transamerica

*Enroll year-round*

Long-term care insurance for you, spouses, domestic partners and parents.



## VSP

*Enroll during open enrollment*

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



## Wisconsin Deferred Compensation

*Enroll year-round*

A supplemental retirement savings and investment program.



## Wisconsin Public Employers Group Life Insurance

*New hires, defined enrollment*

Life insurance coverage up to five times your annual earnings, plus optional spouse and dependent coverage. Offered by Minnesota Life Insurance Company.

# MORE OPTIONS PRE-TAX SAVINGS

Flexible Spending Accounts (FSA) are optional benefits administered by Total Administrative Services Corporation (TASC) that allow you to set aside pre-tax income to pay for eligible IRS-approved expenses. Below is a brief look at the FSAs, as well as a health savings account for high deductible health plan enrollees. Visit TASC at <https://partners.tasconline.com/ETFEmployee> or call 1-844-786-3947 for more information.

	<p><b>Health Care FSA</b></p> <p>With the Health Care FSA, you may set aside, for yourself and your tax dependents, as much as \$2,550 tax-free each year for health care expenses not covered by insurance.</p>
	<p><b>Health Savings Account (HSA)</b></p> <p>An HSA is an account you are eligible for if you enroll in one of the High Deductible Health Plans (HDHP). You can save money tax-free to pay for health care expenses not covered by insurance. Your employer may contribute funds, if you are eligible. This money is yours, even if you leave the HDHP plan or state service.</p>
	<p><b>Transit &amp; Parking Benefits</b></p> <p>You can enroll in commuter benefits at any time. You can use the commuter benefit program for parking, vanpool and public transit costs, and adjust the account with your needs as they change throughout the year.</p>
	<p><b>Dependent Day Care FSA</b></p> <p>With this account, pre-tax dollars may be used for day care expenses for eligible dependents so you (and your spouse, if married) can work, look for work or attend school full time.</p>



## WELLNESS INCENTIVE

**20 + 20 = \$150**

We could come up with a million reasons why health, fitness and overall well-being are so important, but instead, we'll start with \$150. After spending about 20 minutes attending a wellness assessment and 20 minutes completing a health survey, you will be eligible for a \$150 health incentive from your health plan.



**Visit [wellwisconsin.wi.gov](http://wellwisconsin.wi.gov) for more information.**

All health and wellness incentives paid to ETF members by the health plan are considered taxable income to the subscriber and are reported to your employer. Health information, including responses to the health survey, are protected by federal law and will never be shared with your employer.



**WELL WISCONSIN**  
Healthier starts with you



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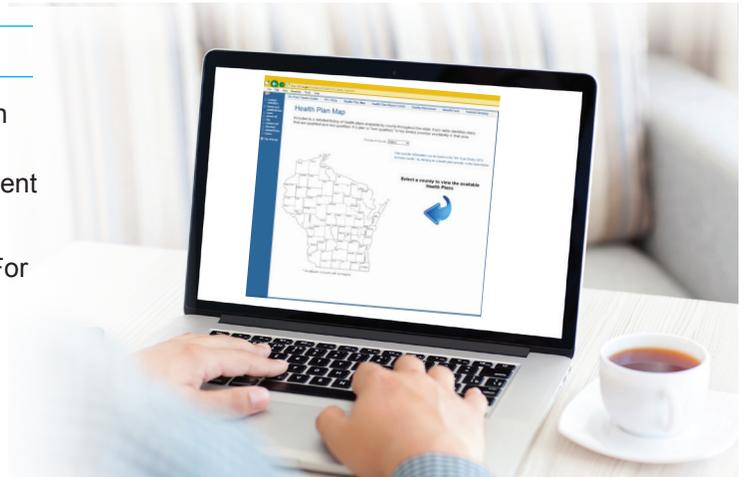
# It's Your Choice 2016 is at [etf.wi.gov](http://etf.wi.gov)

Open Enrollment: October 5-30, 2015

You can make changes during the It's Your Choice open enrollment period. You can also enroll for the first time (new employees) or make changes after a qualifying event (like marriage or birth) anytime during the plan year.

You'll find all It's Your Choice information at [etf.wi.gov](http://etf.wi.gov). For printed copies, including the below items, contact ETF.

- Health Plan Coverage Area Map (ET-2107hpm)
- Health Plan Description Pages (ET-2107pdp)
- Health Insurance Change/Application (ET-2301)
- Health Plan Premium Rates (ET2107prta)
- Certificate of Coverage (ET-2107cca) *formerly Uniform Benefits*



## HAVE QUESTIONS? NEED HELP?



Visit ETF at [etf.wi.gov](http://etf.wi.gov)

Call ETF Customer Service  
1-877-533-5020 (toll free)  
608-266-3285 (local Madison)

Write to ETF  
PO Box 7931  
Madison, WI 53707-7931



### ETF E-mail Updates

Sign up for our It's Your Choice health and wellness e-alerts at [etf.wi.gov](http://etf.wi.gov)



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