

IT'S YOUR CHOICE

2016

Decision Guide

State of Wisconsin
Group Health Insurance
for Retirees



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 to learn more about the choices available to you.



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.



NEW 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 within 90 days of your termination of employment. This form is available from ETF.



NEW TO 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 which is offered by Navitus Health Solutions and underwritten by Dean Health Insurance Inc. 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 get married, enter into a domestic partnership, have an eligible move to a new county or have 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 see It's Your Choice 2016 at 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 current coverage, are a new retiree or are new to Medicare, know what is changing for 2016. Read this section and see if there are changes that affect you. Visit etf.wi.gov to confirm your health plan service area and provider network is available for 2016.

FOR RETIREES WITHOUT MEDICARE

MEDICAL COSTS

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

FOR ALL STATE RETIREES

PRESCRIPTION DRUG COSTS

You will pay coinsurance instead of a copayment for certain prescription drugs. See Page 13.

DENTAL

The Uniform Dental Benefit will be offered by Delta Dental instead of through health plans. You can find more information on Page 14. You will automatically be enrolled in your current health plan with Uniform Dental Benefits unless you file an application to opt out for 2016.

If you are enrolled in It's Your Choice Medicare Plus, you will have Uniform Dental Benefits available to you beginning in 2016. If you do not want Uniform Dental Benefits beginning on January 1, you must file an application to opt out.

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 fully informed of care options. Advance care planning is a new covered benefit for any participant who is diagnosed with a terminal illness.

Note: It's Your Choice Medicare Plus pays only for services that Medicare covers. Medicare covers some habilitation services and is potentially adding coverage for advance care planning. Please contact WPS at 1-800-634-6448 if you have specific questions about these benefits.

PLAN DESIGN NAMES CHANGING

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

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 in the following counties: Clark, Florence, Forest, Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Taylor, Vilas, Wood. Arise Health Plan will not be providing coverage in Jefferson or Marquette Counties. All Arise participants should confirm their provider network for 2016.

Network Health is offering a new service area in the southeast part of the state, including Milwaukee, Ozaukee, Racine, Washington and Waukesha counties.

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

For detailed information about all of these changes and more, visit
It's Your Choice 2016 at 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 (Page 3).

STEP 2. FIND PLANS IN YOUR AREA

Determine which plans are available in your county on Page 5, or use the interactive health plan map at It's Your Choice 2016 at etf.wi.gov.

STEP 3. CHOOSE A HEALTH PLAN

Check out each plan's overall performance rating (Page 4), compare benefits and your premium and out-of-pocket costs (Pages 7-13). Learn about supplemental coverage on Page 6.

STEP 4. ENROLL OR MAKE A CHANGE

Visit It's Your Choice 2016 at etf.wi.gov and log into myETF Benefits. Enrolling is quick and easy through our secure website. A paper application is also available online, or from ETF.

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 a high deductible health plan; see eligibility information below and at etf.wi.gov. You can find helpful comparison charts on Pages 7-13.

RETIREES WITH MEDICARE

IT'S YOUR CHOICE HEALTH PLAN MEDICARE

It's Your Choice Health Plan Medicare—*formerly Traditional Uniform Benefits*—is coordinated with your It's Your Choice Health Plan coverage. You will remain covered by the plan you select after you are enrolled in Medicare Parts A and B.

IT'S YOUR CHOICE MEDICARE ADVANTAGE

It's Your Choice Medicare Advantage—*formerly Traditional Uniform Benefits Medicare Advantage Preferred Provider Organization offered by Humana*—allows members to use any health care provider in the United States. However, you will have greater out-of-pocket expenses when you use out-of-network providers.

IT'S YOUR CHOICE MEDICARE PLUS

It's Your Choice Medicare Plus—*formerly Medicare Plus*—is a fee-for-service Medicare supplement plan administered by WPS. This plan is available to eligible retirees enrolled in Medicare Parts A and B and generally only pays Medicare deductibles and coinsurance. It's Your Choice Medicare Plus permits you and your eligible dependents to receive care from any qualified health care provider anywhere in the world for treatment covered by the plan.

RETIREES WITHOUT MEDICARE

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*—is available to annuitants younger than age 65 and 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. This design is paired with a Health Savings Account (you must keep the HSA open and active, and pay a monthly \$3 service fee) and 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 It's Your Choice High Deductible Health Plan.

IT'S YOUR CHOICE ACCESS HIGH DEDUCTIBLE HEALTH PLAN

The It's Your Choice Access High Deductible Health—*formerly the High Deductible Standard Plan*—is available to annuitants younger than age 65 and provides freedom of choice for doctors and hospitals across the country, along with a higher deductible and out-of-pocket limits. This plan is paired with a Health Savings Account (you must keep the HSA open and active, and pay a monthly \$3 service fee). The member's monthly premium cost is less than the It's Your Choice Access Health Plan.

PLAN RATINGS

The overall performance ratings chart below is based on several quality measures. Visit It's Your Choice 2016 at etf.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 etf.wi.gov

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 to understand how your coverage may change in 2016.

Q HOW DO I STAY INFORMED ABOUT IMPORTANT UPDATES?

A Sign up for It's Your Choice e-alerts on health and wellness benefits, and related topics of interest. Visit etf.wi.gov and look for ETF E-mail Updates. 

Q HOW DO I GET MORE INFORMATION IF I DO NOT HAVE ACCESS TO THE INTERNET?

A You can contact ETF using the contact information on the back of this guide to request printed information to be mailed to you.

Q HOW DO I ACCESS THE myETF BENEFITS SYSTEM?

A Visit etf.wi.gov and click on the Members tab to log into myETF Benefits. This tool provides you the ability to submit changes to current coverage and enroll online. You can request a paper application by contacting ETF.



Visit It's Your Choice 2016 at etf.wi.gov for the full list of FAQs and other benefit information

*See the It's Your Choice health plan providers table on Page 5 or the interactive health plan map at etf.wi.gov to see which plans are available in your county.

WHAT HEALTH PLAN PROVIDERS ARE NEAR ME?

The table below shows health plan availability by county, with **qualified plans in red** and **non-qualified plans in purple**. A *non-qualified plan* is one that has limited provider availability in that area. Visit It's Your Choice 2016 at etf.wi.gov for an interactive health plan map.

Health Plan Codes

AE Anthem Blue Preferred-Northeast	HP HealthPartners Health Plan	SMP State Maintenance Plan
AS Anthem Blue Preferred-Southeast	HE Humana-Eastern	U UnitedHealthcare of Wisconsin
AA Arise Health Plan - Aspirus Arise	HW Humana-Western	UC Unity Health Insurance-Community
AH Arise Health Plan	MA Medical Associates Health Plans	UU Unity Health Insurance-UW Health
D Dean Health Insurance	MC MercyCare Health Plans	WT WEA Trust-East
D3 Dean Health Insurance-Prevea360	NN Network Health Northeast	WN WEA Trust-Northwest Chippewa Valley
GEC GHC of Eau Claire	NS Network Health Southeast	WM WEA Trust-Northwest Mayo Clinic Health System
GSC GHC of South Central Wisconsin	PP Physicians Plus	WC WEA Trust-South Central
G Gunderson Health Plan	S Security Health Plan	
HT Health Tradition Health Plan		

It's Your Choice Access, Medicare Advantage and Medicare Plus plans are available in all counties

ADAMS D, PP, S, UC, WT	FLORENCE SMP, AA	MARATHON AA, GEC, HP, S, WT	RUSK S, WN, HP
ASHLAND GEC, HP, S, WN	FOND DU LAC AE, AH, D, HE, NN, U, UC	MARINETTE AE, AH, HE, U, D3	SAUK D, GSC, G, HT, PP, UC
BARRON HP, HW, S, WN, WM	FOREST SMP, AA, S	MARQUETTE SMP, D, NN, PP, U, UC, WT	SAWYER GEC, HP, S
BAYFIELD SMP, GEC, S, WN	GRANT D, G, MA, PP, UC, HT, HP	MENOMINEE SMP, WT	SHAWANO AE, AH, NN, U, WT, HE
BROWN AE, AH, D3, HE, NN, U, WT	GREEN D, UC, MC	MILWAUKEE AS, AH, HE, NS, U, WT	SHEBOYGAN AE, AH, D3, HE, NN, U, WT
BUFFALO SMP, HT	GREEN LAKE AE, HE, NN, U, WT, AH, D, PP	MONROE G, HP, HT, WM	ST. CROIX HP, HW, WN, WM
BURNETT GEC, HP, S	IOWA D, MA, PP, UC	OCONTO AE, AH, D3, HE, NN, WT, U	TAYLOR AA, GEC, S, HP
CALUMET AE, NN, U, AH, HE, WT	IRON SMP, GEC, WN	ONEIDA GEC, HP, S, AA	TREMPEALEAU G, WM, HP, HT
CHIPPEWA G, HP, HW, S, WN, WM	JACKSON G, HT, HP, S, WN	OUTAGAMIE AE, AH, HE, NN, U, WT, D3	VERNON G, HP, HT, UC, D, PP
CLARK GEC, G, HP, S, WN, AA	JEFFERSON AS, D, HE, MC, PP, U, UC	OZAUKEE AS, AH, HE, NS, U, WT	VILAS SMP, AA, GEC, HP, S
COLUMBIA D, GSC, PP, UC, WT	JUNEAU G, HT, PP, S, UC, WT, AA, D	PEPIN SMP, HP, S, WN	WALWORTH AS, AH, HE, MC, U, UC, WT, D, PP
CRAWFORD G, HT, HP, MA, UC, WM	KENOSHA AS, AH, HE, U	PIERCE HP, WN, WM	WASHBURN GEC, HP, S, WN
DANE D, GSC, PP, UU, WC	KEWAUNEE AE, AH, U, WT, D3, NN	POLK HP, HW, WN	WASHINGTON AH, AS, HE, NS, U, WT
DODGE AS, D, HE, NN, PP, U, UC, WT, AH	LA CROSSE G, HP, HT, WM	PORTAGE HP, S, WT, AA	WAUKESHA AH, AS, D, HE, NS, U, UC, WT, PP
DOOR AE, AH, NN, U, WT, D3, HE	LAFAYETTE PP, D, MA, UC	PRICE GEC, HP, S	WAUPACA AE, AH, HE, NN, S, U, WT
DOUGLAS GEC, HP, S, WN	LANGLADE AA, GEC, S, HP	RACINE AS, HE, NS, U, AH	WAUSHARA AE, HE, NN, PP, S, U, WT, AH
DUNN HW, WM, WN	LINCOLN GEC, HP, S, AA	RICHLAND D, G, HT, PP, UC	WINNEBAGO AE, AH, HE, NN, U, WT
EAU CLAIRE G, HP, HW, S, WN, WM	MANITOWOC AE, AH, D3, HE, NN, U, WT	ROCK AS, D, MC, U, UC, WT, HE, PP	WOOD AA, S, WT, HP, PP, UC

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 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.



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.



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.

EPIC Benefits+ and EPIC Dental Wisconsin do not offer new enrollment for retirees for 2016. Coverage will continue for those who are currently enrolled.

To learn more about optional plan benefits, visit **It's Your Choice 2016 at etf.wi.gov**

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 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 ETF. Health information, including responses to the health survey, are protected by federal law and will never be shared with your employer. Note: Participants enrolled in Humana Medicare Advantage are not eligible to receive the \$150 incentive.



WELL WISCONSIN
Healthier starts with you

MEDICAL BENEFITS AT A GLANCE

With Medicare

Use this chart to see Medicare medical benefit options available to you. This chart is not intended to be a complete description of coverage. The certificate of coverage It's Your Choice 2016 at etf.wi.gov includes a detailed benefit description. **Medicare deductible and coinsurance amounts listed are from 2015. After Medicare releases the 2016 amounts in the late fall, ETF will update this chart online.** Medicare pays for allowable services per benefit period and then the health plan pays as described in addition to Medicare. Only medically necessary services and equipment are paid by your health plan. Custodial care is excluded.

Most Medicare members are in IYC Medicare

	IYC Medicare & IYC Medicare Advantage	IYC Medicare Plus
Annual Medical Deductible	<p>Medicare pays: Allowable services after Part A (\$1,260) and Part B (\$147) deductibles</p> <p>Plan pays: Part A inpatient hospital deductible of \$1,260 and Part B deductible of \$147</p> <p>You pay: \$0</p>	<p>Medicare pays: Allowable services after Part A (\$1,260) and Part B (\$147) deductibles</p> <p>Plan pays: Part A inpatient hospital deductible of \$1,260 and Part B deductible of \$147</p> <p>You pay: \$0</p>
Annual Medical Coinsurance	<p>Medicare pays: For Part A, varying coinsurance as listed below for hospital inpatient and skilled nursing facility care. After Part B deductible, 80%</p> <p>Plan pays: Part B deductible and 20% coinsurance</p> <p>You pay: \$0</p>	<p>Medicare pays: For Part A, varying coinsurance as listed below for hospital inpatient and skilled nursing facility care. After Part B deductible, 80%</p> <p>Plan pays: Part B deductible and 20% coinsurance</p> <p>You pay: \$0</p>
Annual Medical Out-of-Pocket Limit (OOPL)	None	None
Outpatient illness/injury related services	<p>Medicare pays: After Part B deductible, 80%</p> <p>Plan pays: Part B deductible and 20% coinsurance</p> <p>You pay: \$0</p>	<p>Medicare pays: After Part B deductible, 80%</p> <p>Plan pays: Part B deductible and 20% coinsurance</p> <p>You pay: \$0</p>
Emergency Room Copay	<p>Medicare pays: After Part B deductible, 80%</p> <p>Plan pays: Part B deductible and 20% coinsurance</p> <p>You pay: \$60 copayment (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)</p>	<p>Medicare pays: After Part B deductible, 80%</p> <p>Plan pays: Part B deductible and 20% coinsurance</p> <p>You pay: \$0</p>
<p>Hospital</p> <p>Semiprivate room and board, and miscellaneous hospital services and supplies such as drugs, X-rays, lab tests and operating room.</p> <p>“Lifetime reserve” days are a one-time additional 60 days of hospital coverage paid by Medicare.</p>	<p>Medicare pays: After Part A deductible; full cost for the first 60 days</p> <p>61st to 90th day, all but \$315 per day</p> <p>91st to 150th day, all but \$630 per day (if using “lifetime reserve”), if “lifetime reserve” days are exhausted, \$0</p> <p>Plan pays: 100% as medically necessary, plan providers only. No day limit.</p> <p>You pay: \$0</p>	<p>Medicare pays: After Part A deductible; full cost for the first 60 days</p> <p>61st to 90th day, all but \$315 per day</p> <p>91st to 150th day, all but \$630 per day (if using “lifetime reserve”), if “lifetime reserve” days are exhausted, \$0</p> <p>Plan pays: Initial Part A deductible of \$1,260 for the first 60 days</p> <p>61st to 90th day, \$315 per day</p> <p>91st to 150th day, \$630 per day if under “lifetime reserve” period</p> <p>You pay: \$0 for first 90 days of confinement, and up to 150 under “lifetime reserve.” Once “lifetime reserve” is exhausted, you pay the full cost after 90 days</p>

	IYC Medicare & IYC Medicare Advantage	IYC Medicare Plus
Licensed Skilled Nursing Facility Medicare covered services in a Medicare approved facility	<p>Requires a 3-day period of hospital stay Medicare pays: 100% for the first 20 days 21st to 100th days, all but \$157.50 per day Beyond 100 days, \$0 Plan pays: 100% as medically necessary, for the first 120 days per benefit period; plan providers only Beyond 120 days, \$0 You pay: \$0 for the first 120 days, full cost after 120 days</p>	<p>Requires a 3-day period of hospital stay Medicare pays: 100% for the first 20 days 21st to 100th days, all but \$157.50 per day Beyond 100 days, \$0 Plan pays: 21st to 100th days, \$157.50 per day 101st to 120th days, all covered services up to a maximum of 120 days per benefit period Beyond 120 days, \$0 You pay: \$0 for the first 120 days, full cost after 120 days</p>
Licensed Skilled Nursing Facility (Non-Medicare approved facility) If admitted within 24 hours following a hospital stay	<p>Medicare pays: \$0 Plan pays: 120 days per benefit period for skilled care in a facility licensed in a state You pay: Full cost after 120 days</p>	<p>Medicare pays: \$0 Plan pays: Maximum daily rate for up to 30 days per confinement; covers only the same type of expenses normally covered by Medicare in a Medicare-approved facility You pay: \$0 for eligible expenses for the first 30 days, full cost after 30 days</p>
Medical Supplies, Durable Medical Equipment and Durable Diabetic Equipment and Related Supplies	<p>For Medicare-approved supplies: Medicare Pays: after Part B deductible, 80% Plan pays: If you have not met the Part B deductible, 80% If you have met the Part B deductible, but you have not met the \$500 OOP, 0% If you have met the Part B deductible, and also the \$500 OOP, 20% You pay: 20% up to \$500 OOP per participant, after OOP, \$0</p>	<p>For supplies NOT covered by Medicare: Medicare pays: After Part B deductible, 80% Plan pays: Part B deductible and 20% coinsurance You pay: \$0</p>
	<p>For supplies NOT covered by Medicare: Medicare pays: None Plan pays: If you have not met the \$500 OOP, 80% If you have met the \$500 OOP, 100% You pay: 20% up to \$500 OOP per participant, after OOP, \$0</p>	<p>For supplies NOT covered by Medicare: Medicare pays: None Plan pays: None You pay: Full cost of supplies</p>
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.	<p>Medicare pays: 100% of charges 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</p>	<p>Medicare pays: 100% of charges 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 per year</p>
Hearing Exam	<p>For routine exams: Medicare pays: None Plan pays: 100% You pay: \$0</p>	<p>For routine exams: Medicare pays: None Plan pays: None You pay: Full cost of hearing exam</p>
	<p>For illness or disease: Medicare pays: After Part B deductible, 80% Plan pays: Deductible and 20% coinsurance You pay: \$0</p>	<p>For illness or disease: Medicare pays: After Part B deductible, 80% Plan pays: Deductible and 20% coinsurance You pay: \$0</p>

MEDICAL BENEFITS AT A GLANCE

Without Medicare

The information below will help you compare the benefits available through the different It's Your Choice (IYC) health plan design options for retirees without medicare. Complete information is available online.

	 IYC Health Plan	IYC HDHP
Annual Medical Deductible	<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>\$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 OOPL</p>
Primary Care Physician Office Visit Copayment includes: <ul style="list-style-type: none"> • Internist • General Physician • Family Practitioner • Pediatrician • Gynecologist/Obstetrician • Nurse Practitioner • Physician Assistant • Chiropractor • Physical/Occupational/Speech Therapy in an office visit setting 	<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: \$15 per visit</p> <p>Office visit copayments apply to the annual OOPL</p>
Specialty Office Visit Copayment includes: <ul style="list-style-type: none"> • Specialty Providers • Urgent Care • Vision Exam in an office visit setting 	<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: \$25 per visit</p> <p>Office visit copayments apply to the annual OOPL</p>
Annual Medical Coinsurance	<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: 10% member cost</p> <p>Applies to medical services except for office visits</p> <p>Coinsurance applies to the annual OOPL</p>
Annual Medical Out-of-Pocket Limit (OOPL)	\$1,250 individual / \$2,500 family	\$2,500 individual / \$5,000 family
Routine, preventive services as required by federal law	Plan pays 100%	Plan pays 100%
Illness/injury related services beyond the office visit copayment (if applicable)	After deductible: 10% member cost up to OOPL	After deductible: 10% member cost up to OOPL
Emergency Room Copayment (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 OOPL	After deductible: \$75 copayment per visit, then coinsurance applies to services beyond the copayment up to the OOPL

HDHP = High Deductible Health Plan OOPL = 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**

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>

MEDICAL WITH DENTAL COVERAGE

The non-Medicare and Medicare rates below reflect health care coverage that includes medical **with dental**. These are the total monthly premium rates that you would pay. When you enroll in a health plan, you will be automatically enrolled in the Uniform Dental Benefits. You can choose to opt out during the It's Your Choice open enrollment period.

Health Plan Name	Non-Medicare Rates				Medicare Rates		
	IYC Health Plan		HDHP ¹		IYC Health Plan Medicare ¹		
	Single	Family	Single	Family	Medicare Single	Medicare 1 ²	Medicare 2 ³
Anthem Blue Preferred Northeast	770.80	1,918.30	667.50	1,659.80	546.40	1,311.30	1,100.00
Anthem Blue Preferred Southeast	793.70	1,975.50	687.20	1,709.10	558.10	1,345.90	1,123.40
Arise Health Plan	773.20	1,924.30	669.50	1,664.80	547.80	1,315.10	1,102.80
Arise Health Plan - Aspirus Arise	754.80	1,878.30	653.70	1,625.30	538.60	1,287.50	1,084.40
Dean Health Insurance	629.40	1,564.80	545.90	1,355.80	449.70	1,073.20	906.60
Dean Health Insurance-Prevea360	685.80	1,705.80	594.40	1,477.10	497.70	1,177.60	1,002.60
GHC of Eau Claire	806.00	2,006.30	697.70	1,735.30	519.70	1,319.80	1,046.60
GHC of South Central Wisconsin	640.50	1,592.50	555.40	1,379.60	481.50	1,116.10	970.20
Gundersen Health Plan	798.60	1,987.80	691.40	1,719.60	447.20	1,239.90	901.60
Health Tradition Health Plan	775.70	1,930.50	671.70	1,670.30	436.10	1,205.90	879.40
HealthPartners Health Plan	718.00	1,786.30	622.10	1,546.30	520.20	1,232.30	1,047.60
Humana-Eastern	807.00	2,008.80	698.60	1,737.60	421.90	1,223.00	851.00
Humana-Western	861.90	2,146.00	745.80	1,855.60	421.90	1,277.90	851.00
IYC Access Health Plan	1,331.50	3,323.40	1,126.80	2,811.60	NA ⁴	1,763.20	NA ⁴
IYC Medicare Plus ⁴	NA ⁴	NA ⁴	NA ¹	NA ¹	426.70	NA ⁴	861.50
Medical Associates Health Plans	687.80	1,710.80	596.10	1,481.30	405.20	1,087.10	817.60
MercyCare Health Plans	640.70	1,593.00	555.60	1,380.10	434.40	1,069.20	876.00
Network Health - Northeast	775.40	1,929.80	671.40	1,669.60	488.40	1,257.90	984.00
Network Health - Southeast	811.60	2,020.30	702.60	1,747.60	461.60	1,267.30	930.40
Physicians Plus	679.60	1,690.30	589.00	1,463.60	488.50	1,162.20	984.20
Security Health Plan	835.80	2,080.80	723.40	1,799.60	579.10	1,409.00	1,165.40
State Maintenance Plan (SMP)	834.10	2,079.90	708.30	1,765.40	NA ⁴	1,261.20	NA ⁴
UnitedHealthcare of Wisconsin	784.20	1,951.80	679.00	1,688.60	553.30	1,331.60	1,113.80
Unity Health Insurance-Community	768.90	1,913.50	665.80	1,655.60	514.50	1,277.50	1,036.20
Unity Health Insurance-UW Health	681.40	1,694.80	590.60	1,467.60	475.10	1,150.60	957.40
WEA Trust-East	783.70	1,950.50	678.60	1,687.60	457.20	1,235.00	921.60
WEA Trust-Northwest Chippewa Valley	822.90	2,048.50	712.30	1,771.80	470.90	1,287.90	949.00
WEA Trust-Northwest Mayo Clinic Hlth. Sys.	822.90	2,048.50	712.30	1,771.80	470.90	1,287.90	949.00
WEA Trust-South Central	602.60	1,497.80	522.80	1,298.10	393.80	990.50	794.80

¹Medicare rates do not apply to the HDHP.

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 Health Plan or SMP coverage who become enrolled 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 Health Plan or SMP.

MEDICAL WITHOUT DENTAL COVERAGE

The non-Medicare and Medicare rates below reflect health care coverage that includes medical **without dental**. These are the total monthly premium rates that you would pay. When you enroll in a health plan, you will be automatically enrolled in the Uniform Dental Benefits. You can submit a health insurance application/change form to opt out during the It's Your Choice open enrollment period. See footnotes on Page 11.

Health Plan Name	Non-Medicare Rates				Medicare Rates		
	IYC Health Plan		HDHP ¹		IYC Health Plan Medicare ¹		
	Single	Family	Single	Family	Medicare Single	Medicare 1 ²	Medicare 2 ³
Anthem Blue Preferred Northeast	744.50	1,852.60	641.20	1,594.10	520.10	1,258.70	1,034.30
Anthem Blue Preferred Southeast	767.40	1,909.80	660.90	1,643.40	531.80	1,293.30	1,057.70
Arise Health Plan	746.90	1,858.60	643.20	1,599.10	521.50	1,262.50	1,037.10
Arise Health Plan - Aspirus Arise	728.50	1,812.60	627.40	1,559.60	512.30	1,234.90	1,018.70
Dean Health Insurance	603.10	1,499.10	519.60	1,290.10	423.40	1,020.60	840.90
Dean Health Insurance-Prevea360	659.50	1,640.10	568.10	1,411.40	471.40	1,125.00	936.90
GHC of Eau Claire	779.70	1,940.60	671.40	1,669.60	493.40	1,267.20	980.90
GHC of South Central Wisconsin	614.20	1,526.80	529.10	1,313.90	455.20	1,063.50	904.50
Gundersen Health Plan	772.30	1,922.10	665.10	1,653.90	420.90	1,187.30	835.90
Health Tradition Health Plan	749.40	1,864.80	645.40	1,604.60	409.80	1,153.30	813.70
HealthPartners Health Plan	691.70	1,720.60	595.80	1,480.60	493.90	1,179.70	981.90
Humana-Eastern	780.70	1,943.10	672.30	1,671.90	395.60	1,170.40	785.30
Humana-Western	835.60	2,080.30	719.50	1,789.90	395.60	1,225.30	785.30
IYC Access Health Plan	1,305.20	3,257.70	1,100.50	2,745.90	NA ⁴	1,710.60	NA ⁴
IYC Medicare Plus ⁴	NA ⁴	NA ⁴	NA ¹	NA ¹	400.40	NA ⁴	795.80
Medical Associates Health Plans	661.50	1,645.10	569.80	1,415.60	378.90	1,034.50	751.90
MercyCare Health Plans	614.40	1,527.30	529.30	1,314.40	408.10	1,016.60	810.30
Network Health - Northeast	749.10	1,864.10	645.10	1,603.90	462.10	1,205.30	918.30
Network Health - Southeast	785.30	1,954.60	676.30	1,681.90	435.30	1,214.70	864.70
Physicians Plus	653.30	1,624.60	562.70	1,397.90	462.20	1,109.60	918.50
Security Health Plan	809.50	2,015.10	697.10	1,733.90	552.80	1,356.40	1,099.70
State Maintenance Plan (SMP)	807.80	2,014.20	682.00	1,699.70	NA ⁴	1,208.60	NA ⁴
UnitedHealthcare of Wisconsin	757.90	1,886.10	652.70	1,622.90	527.00	1,279.00	1,048.10
Unity Health Insurance-Community	742.60	1,847.80	639.50	1,589.90	488.20	1,224.90	970.50
Unity Health Insurance-UW Health	655.10	1,629.10	564.30	1,401.90	448.80	1,098.00	891.70
WEA Trust-East	757.40	1,884.80	652.30	1,621.90	430.90	1,182.40	855.90
WEA Trust-Northwest Chippewa Valley	796.60	1,982.80	686.00	1,706.10	444.60	1,235.30	883.30
WEA Trust-Northwest Mayo Clinic Hlth. Sys.	796.60	1,982.80	686.00	1,706.10	444.60	1,235.30	883.30
WEA Trust-South Central	576.30	1,432.10	496.50	1,232.40	367.50	937.90	729.10

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 (OOPL), 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 (also IYC Medicare, Med. Advantage, Med. Plus)	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
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Deductible¹

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.

Level 1	\$5	\$5	\$5	\$5	\$5	\$5
Level 2	20% (\$50 max)					
Level 3	40% (\$150 max) ²	40% (\$150 max)	40% (\$150 max) ²	40% (\$150 max) ²	40% (\$150 max)	40% (\$150 max)
Level 4 Preferred drugs	\$50 ³ or 40% (\$200 max)					
Level 4 Non-preferred drugs⁴	40% (\$200 max)					

Out-of-Pocket Limits⁵

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

Levels 1 & 2	\$600 / \$1,200 ⁵	\$2,500 / \$5,000 (combined medical & Rx)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$3,500 / \$7,000	\$3,800 / \$7,600
Level 3	\$6,850 / \$13,700 ^{2,6}		\$6,850 / \$13,700 ^{2,6}	None		
Level 4⁴	\$1,200 / \$2,400		\$1,200 / \$2,400	\$1,200 / \$2,400		

¹ "Zero Dollar" preventive drugs identified by the Affordable Care Act (ACA) are paid for by the plan even if the deductible has not been met. "First Dollar" preventive drugs identified by the ACA are subject to copayment/coinsurance cost sharing, even if the deductible has not been met. After the deductible is met, the member is still responsible for the copayment/coinsurance until the OOPL is met.

² Level 3 coinsurance does not apply toward the group health insurance program's OOPL under a non-HDHP, only the federal maximum out-of-pocket (MOOP).

³ Reduced copayment of \$50 applies only when **Preferred Specialty Drugs** are obtained from a **Preferred Specialty Pharmacy**. All other Level 4 drugs require coinsurance of 40% (\$200 max).

⁴ Level 4 coinsurance for **Non-preferred Specialty Drugs** does not apply to the group health insurance program's Level 4 OOPL, only the federal MOOP.

⁵ Family OOPLs for non-HDHP plans are embedded. An individual within a family can reach an individual OOPL before the family OOPL is met and not have to pay any copayment/coinsurance. Family OOPLs for HDHP plans are not embedded and an individual will continue to pay until the family OOPL is met.

⁶ Federal Maximum Out-of-Pocket Limit or MOOP.



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 the Uniform Dental Benefits and can choose to opt out during the It's Your Choice open enrollment period.**



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

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 with Anthem DentalBlue will remain a separate, optional plan offering (see Page 6).

Premium Contributions

The dental premium will be included in your medical health insurance premium. Premium contributions for dental can be paid similarly to health insurance. You may use your accumulated sick leave conversion credits, life insurance conversion, annuity or direct pay to pay for the premiums, just as you can with health insurance premiums.

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. *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.

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 to see if your dental provider is in a Delta Dental network. There is no benefit for out-of-network providers.

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.

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 and on Delta Dental's website and enrollment materials. There are no changes to the covered dental services, copayments and/or coinsurance for 2016.



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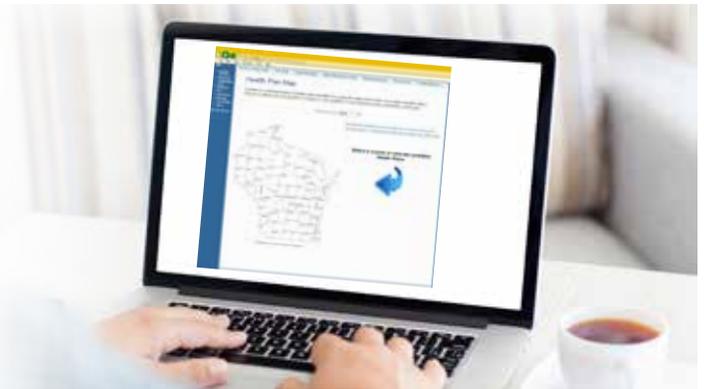
It's Your Choice 2016 is at etf.wi.gov

Open Enrollment: October 5-30, 2015

You can make changes during the It's Your Choice open enrollment period, or after a qualifying event (like marriage or divorce) anytime during the plan year.

You'll find all It's Your Choice information at 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)
- Certificate of Coverage (ET-2107cca) *formerly Uniform Benefits*



HAVE QUESTIONS? NEED HELP?



Visit ETF at 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



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