

IT'S YOUR CHOICE

2016

Decision Guide

Local Deductible Plan
Insurance for Employees
and 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, cancel coverage for yourself or an adult dependent child and more. Employees who previously deferred coverage may enroll.

Open enrollment is available to all who are eligible under the Wisconsin Public Employers 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 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 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 benefits office to find out when your employer contribution begins. If you choose to start your coverage before you receive employer contributions, you will pay the full premium.



LIFE CHANGE EVENT

Did you recently get married, enter into a domestic partnership, have a baby, have 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 to see what your options are and how long you have to submit an application to enroll or make a change.



NEW RETIREES

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.

WHAT IS CHANGING IN 2016

Whether you are satisfied with your current health plan, looking to make changes to current coverage, are a new employee, retiree or are new to Medicare, you should know what is changing for 2016. Take a few minutes to read this section and see if there are changes that affect you. Visit It's Your Choice 2016 online to confirm your health plan service area and provider network is available for 2016.

FOR EMPLOYEES AND RETIREES

PRESCRIPTION DRUG COSTS

You will pay coinsurance instead of a copayment for certain prescription drugs. Out-of-pocket limits for certain prescription drugs are increasing. You can find more information on Page 9.

DENTAL (IF YOUR EMPLOYER OFFERS THE UNIFORM DENTAL BENEFIT)

The Uniform Dental Benefit will be offered by Delta Dental instead of through health plans. You can find more information on Page 10. If your employer offers the Uniform Dental Benefit you will be automatically enrolled in dental coverage regardless of what health plan you are enrolled in for 2016 (including It's Your Choice Medicare Plus). You may opt out by filing an application/change form.

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

The health 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 Plan 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 (to the right) and your premium contribution rates from your benefits office. Full premium rates can be found on Pages 11-12.

STEP 2. FIND PLANS IN YOUR AREA

Determine which plans are available in your county by using the table on Page 6, or 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 out-of-pocket costs (Pages 7-9 for employees and retirees, and Pages 13-14 for Medicare eligible). Also learn about ways to supplement your coverage on Page 10.

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, from ETF or your benefits 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 and look for ETF E-mail Updates. 

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.

EMPLOYEES AND RETIREES WITHOUT MEDICARE

IT'S YOUR CHOICE LOCAL DEDUCTIBLE HEALTH PLAN

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

IT'S YOUR CHOICE LOCAL ACCESS HEALTH PLAN

The It's Your Choice Local 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, the member's monthly premium cost is more than It's Your Choice Local Deductible Health Plan.

RETIREES WITH MEDICARE

IT'S YOUR CHOICE DEDUCTIBLE MEDICARE

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

IT'S YOUR CHOICE DEDUCTIBLE MEDICARE ADVANTAGE

It's Your Choice Deductible Medicare Advantage—*formerly Deductible 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.

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 Provider	
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 details, visit It's Your Choice 2016 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 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 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 your benefits office or ETF.



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 WHEN DOES MY COVERAGE GO INTO EFFECT AS A NEW EMPLOYEE?

A You must elect coverage within 30 days of your date of hire (in an eligible position). 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.

* See the It's Your Choice health plan providers table on Page 6 or the interactive health plan map at etf.wi.gov to see which plans are available in your county.

QUESTIONS AND ANSWERS CONTINUED

Q WHAT WILL MY PRESCRIPTION DRUGS COST IN 2016?

A Follow these steps to estimate your costs for 2016:

1. Find out what level your drug is on the formulary. Visit www.navitus.com (you must log in to the members section) and select "Formulary" from the options available. You can also call Navitus with your questions at 1-866-333-2757.
2. Find the current cost of your drug on either the paperwork you receive with your prescription, or ask your pharmacist.
3. Calculate the cost based on the chart on Page 9.

Q HOW CAN I FIND OUT WHICH PHYSICIANS ARE PARTICIPATING IN EACH HEALTH PLAN?

A Each health plan is required to post a provider directory on their website by September 18. You can also find out more about each health plan by visiting It's Your Choice 2016 at etf.wi.gov. Your current plan will mail you information about if and how their provider network is changing. Please read these materials carefully.

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 be mailed to you.

For the full list of FAQs and other benefit information, 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 your employer or 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

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 Gundersen 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 PP, WT, D, NN, U, UC	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, SMP, 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

MEDICAL BENEFITS AT A GLANCE

EMPLOYEES AND RETIREES **WITHOUT MEDICARE**

This information 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

IYC Local Deductible

Annual Medical Deductible

\$500 individual / \$1,000 family

When an individual within a family plan meets the \$500 deductible, coinsurance will apply to certain covered medical services

Medical deductible does not apply to prescription drugs

Annual Medical Coinsurance

After deductible: plan pays 100% for most services, except for durable medical equipment, certain hearing aids and cochlear implants. See below and for descriptions, visit It's Your Choice 2016 at etf.wi.gov

Annual Medical Out-of-Pocket Limit (OOPL)

For durable medical equipment, certain hearing aids and cochlear implants. See below and visit It's Your Choice 2016 at etf.wi.gov. \$6,850 Individual / \$13,700 Family for federally required essential health benefits

Routine, preventive services as required by federal law

Plan pays 100%

Illness/injury related services

After deductible plan pays 100%

Emergency Room Copay (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)

\$60 copay per visit

Vision Exam

Routine exam: After deductible plan pays 100% for one routine eye exam per year; exam for children is not subject to the deductible and plan pays 100%
Illness or injury: After deductible plan pays 100% for adults or children

Hearing Exam

After deductible plan pays 100%

Hearing Aid (per ear)

Every 3 years:
Adults: After deductible plan pays 80% up to \$1,000 benefit limit, you pay 20% for the first \$1,000 and the full cost after
Children: Plan pays 100%

Durable Medical Equipment

After deductible plan pays 80%, you pay 20% up to \$500 OOPL

Physical/Speech/Occupational Therapy

After deductible plan pays 100% for a combined 50 visits per year (amongst all therapies); plan may approve an additional 50 visits per therapy type per year

Skilled Nursing Facility (non-custodial care)

After deductible plan pays 100% for 120 days per benefit period

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 Local Access Health Plan In-Network	IYC Local Access Health Plan Out-of-Network
<p>\$500 individual / \$1,000 family</p> <p>When an individual within a family plan meets the \$500 deductible, coinsurance will apply to covered medical services</p> <p>Medical deductible does not apply to prescription drugs</p>	<p>\$1,000 individual / \$2,000 family</p> <p>When an individual within a family plan meets the \$1,000 deductible, coinsurance will apply to covered medical services</p> <p>Medical deductible does not apply to prescription drugs</p>
<p>After deductible: 20% member cost</p> <p>Applies to medical services</p> <p>Coinsurance applies to Out-of-Pocket-Limit (OOPL)</p>	<p>After deductible: plan pays 70%, you pay 30% cost</p> <p>Applies to medical services</p> <p>Coinsurance applies to Out-of-Pocket-Limit (OOPL)</p>
<p>\$2,000 individual / \$4,000 family (includes deductible)</p>	<p>\$4,000 individual \$8,000 family (includes deductible)</p>
<p>Plan pays 100%</p>	<p>After deductible plan pays 70%, you pay 30% cost to OOPL</p>
<p>After deductible: plan pays 80% you pay 20% cost to OOPL</p>	<p>After deductible plan pays 70%, you pay 30% cost to OOPL</p>
<p>\$75, after copay subject to deductible and 20% member cost to OOPL</p>	<p>\$75, after copay In-Network deductible and coinsurance applies</p>
<p>Routine exam: Plan pays 100% for children only</p> <p>Illness or injury: After deductible plan pays 80% for adults or children; you pay 20% cost to OOPL</p>	<p>Routine exam: No benefit</p> <p>Illness or injury: After deductible plan pays 70% for adults or children; you pay 30% cost to OOPL</p>
<p>After deductible plan pays 80% only when exam is for illness or disease; you pay 20% cost to OOPL</p>	<p>After deductible plan pays 70% only when exam is for illness or disease; you pay 30% cost to OOPL</p>
<p>Every 3 years:</p> <p>Adults: No benefit</p> <p>Children: After deductible, plan pays 80%; you pay 20% cost to OOPL</p>	<p>Every 3 years:</p> <p>Adults: No benefit</p> <p>Children: After deductible, plan pays 70%; you pay 30% cost to OOPL</p>
<p>After deductible plan pays 80%; you pay 20% cost to OOPL</p>	<p>After deductible plan pays 70%; you pay 30% cost to OOPL</p>
<p>After deductible plan pays 80% for a combined 50 visits per year (amongst all therapies); plan may approve an additional 50 visits per therapy type per year</p>	<p>After deductible plan pays 70% for a combined 50 visits per year (amongst all therapies); plan may approve an additional 50 visits per therapy type per year</p>
<p>After deductible plan pays 80% for 120 days per benefit period; you pay 20% cost to OOPL</p>	<p>After deductible plan pays 70% for 120 days per benefit period; you pay 30% cost to OOPL</p>

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 Local Deductible 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 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.

	IYC Local Deductible (IYC Medicare, Med. Advantage and Med. Plus)	IYC Local Access Health Plan In-Network	IYC Local Access Health Plan Out-of-Network
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Deductible

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

None	None	None
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Copayment/Coinsurance

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

Level 1	\$5	\$5	\$5
Level 2	20% (\$50 max)	20% (\$50 max)	20% (\$50 max)
Level 3	40% (\$150 max) ¹	40% (\$150 max) ¹	40% (\$150 max) ¹
Level 4 Preferred	\$50 ² or 40% (\$200 max)	\$50 ² or 40% (\$200 max)	\$50 ² or 40% (\$200 max)
Level 4 Non-preferred³	40% (\$200 max)	40% (\$200 max)	40% (\$200 max)

Out-of-Pocket Limits

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

Levels 1 & 2	\$600 / \$1,200 ⁴	\$1,000 / \$2,000 ⁴	\$1,000 / \$2,000 ⁴
Level 3	\$6,850 / \$13,700 ^{1,5}	\$6,850 / \$13,700 ^{1,5}	None
Level 4³	\$1,200 / \$2,400	\$1,200 / \$2,400	\$1,200 / \$2,400

¹ 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).

² 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).

³ 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.

⁴ 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.

⁵ Federal Maximum Out-of-Pocket Limit or MOOP.

OPTIONS TO SUPPLEMENT YOUR COVERAGE

More choices mean more opportunities for better health and wellness. Below are the optional plan benefits you may be able to choose from. Not every employer offers every optional plan. Ask your benefits office about available options. Visit It's Your Choice 2016 at etf.wi.gov for more information.



WPE Life Insurance

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



Wisconsin Deferred Compensation

A supplemental retirement savings and investment program.



Dental

Your employer may choose to offer Uniform Dental Benefits along with your health insurance coverage.

Uniform and Supplemental Dental

You will automatically be enrolled in Uniform Dental Benefits if your employer offers it. (You may opt out by filing an application/change form with ETF.) Uniform Dental Benefits are **only** available if you enroll in a health plan.

Premium Contributions

Employee premium contribution amounts are determined by your employer. Contact your benefits office for employee monthly premium contribution rates. The dental premium will be included in your medical health insurance premium.

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. You may opt out of Uniform Dental Benefits during open enrollment online using myETF Benefits or by submitting a health insurance application/change form.

Search Covered 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 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.

EMPLOYEE AND NON-MEDICARE RETIREE RATES

The employee and non-Medicare Retiree¹ health plan rates on this page and Medicare Retiree Rates on the next page reflect total monthly premium rates for each health plan. See footnotes on Pages 11 and 12 for more information.

Health Plan Name	Medical with Dental		Medical without Dental	
	Single	Family	Single	Family
Anthem Blue Preferred Northeast	691.90	1,720.90	665.60	1,655.20
Anthem Blue Preferred Southeast	769.00	1,913.60	742.70	1,847.90
Arise Health Plan	1,011.80	2,520.60	985.50	2,454.90
Arise Health Plan - Aspirus Arise	968.60	2,412.60	942.30	2,346.90
Dean Health Insurance	713.30	1,774.40	687.00	1,708.70
Dean Health Insurance - Prevea360	691.20	1,719.10	664.90	1,653.40
GHC of Eau Claire	980.60	2,442.60	954.30	2,376.90
GHC of South Central Wisconsin	640.30	1,591.90	614.00	1,526.20
Gundersen Health Plan	775.00	1,928.60	748.70	1,862.90
Health Tradition Health Plan	681.90	1,695.90	655.60	1,630.20
HealthPartners Health Plan	873.90	2,175.90	847.60	2,110.20
Humana - Eastern	1,131.50	2,819.90	1,105.20	2,754.20
Humana - Western	1,182.00	2,946.10	1,155.70	2,880.40
IYC Access Health Plan - Balance of State ⁵	1,178.30	2,939.50	1,152.00	2,873.80
IYC Access Health Plan - Dane ⁶	1,096.10	2,734.00	1,069.80	2,668.30
IYC Access Health Plan - Milwaukee ⁷	1,270.60	3,170.20	1,244.30	3,104.50
IYC Access Health Plan - Waukesha ⁸	1,178.30	2,939.50	1,152.00	2,873.80
IYC Medicare Plus ⁴	NA ⁴	NA ⁴	NA ⁴	NA ⁴
Medical Associates Health Plans	644.30	1,601.90	618.00	1,536.20
MercyCare Health Plans	674.60	1,677.60	648.30	1,611.90
Network Health - Northeast	734.30	1,826.90	708.00	1,761.20
Network Health - Southeast	781.50	1,944.90	755.20	1,879.20
Physicians Plus	693.20	1,724.10	666.90	1,658.40
Security Health Plan	1,013.50	2,524.90	987.20	2,459.20
State Maintenance Plan (SMP)	792.50	1,974.30	766.20	1,908.60
UnitedHealthcare of Wisconsin	870.00	2,166.10	843.70	2,100.40
Unity Health Insurance - Community	659.30	1,639.40	633.00	1,573.70
Unity Health Insurance - UW Health	605.60	1,505.10	579.30	1,439.40
WEA Trust - East	787.50	1,959.90	761.20	1,894.20
WEA Trust - Northwest Chippewa Valley	994.70	2,477.90	968.40	2,412.20
WEA Trust - Northwest Mayo Clinic Hlth. Sys.	994.70	2,477.90	968.40	2,412.20
WEA Trust - South Central	608.60	1,512.60	582.30	1,446.90

NA = not applicable

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

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

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

⁴ Members with 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 remain covered under the IYC Access Health Plan or SMP.

MEDICARE RETIREE RATES

Health Plan Name	Medical with Dental			Medical without Dental		
	Single	Medicare 1 ²	Medicare 2 ³	Single	Medicare 1 ²	Medicare 2 ³
Anthem Blue Preferred Northeast	566.50	1,252.50	1,140.20	540.20	1,199.90	1,074.50
Anthem Blue Preferred Southeast	605.10	1,368.20	1,217.40	578.80	1,315.60	1,151.70
Arise Health Plan	726.50	1,732.40	1,460.20	700.20	1,679.80	1,394.50
Arise Health Plan - Aspirus Arise	704.90	1,667.60	1,417.00	678.60	1,615.00	1,351.30
Dean Health Insurance	570.30	1,277.70	1,147.80	544.00	1,225.10	1,082.10
Dean Health Insurance - Prevea360	559.80	1,245.10	1,126.80	533.50	1,192.50	1,061.10
GHC of Eau Claire	609.50	1,584.20	1,226.20	583.20	1,531.60	1,160.50
GHC of South Central Wisconsin	540.70	1,175.10	1,088.60	514.40	1,122.50	1,022.90
Gundersen Health Plan	498.70	1,267.80	1,004.60	472.40	1,215.20	938.90
Health Tradition Health Plan	545.10	1,221.10	1,097.40	518.80	1,168.50	1,031.70
HealthPartners Health Plan	641.80	1,509.80	1,290.80	615.50	1,457.20	1,225.10
Humana - Eastern	434.10	1,559.70	875.40	407.80	1,507.10	809.70
Humana - Western	434.10	1,610.20	875.40	407.80	1,557.60	809.70
IYC Access Health Plan - Balance of State ⁵	NA ⁴	1,659.10	NA ⁴	NA ⁴	1,606.50	NA ⁴
IYC Access Health Plan - Dane ⁶	NA ⁴	1,576.90	NA ⁴	NA ⁴	1,524.30	NA ⁴
IYC Access Health Plan - Milwaukee ⁷	NA ⁴	1,751.40	NA ⁴	NA ⁴	1,698.80	NA ⁴
IYC Access Health Plan - Waukesha ⁸	NA ⁴	1,659.10	NA ⁴	NA ⁴	1,606.50	NA ⁴
IYC Medicare Plus ⁴	480.80	NA ⁴	970.20	454.50	NA ⁴	904.50
Medical Associates Health Plans	454.90	1,093.30	917.00	428.60	1,040.70	851.30
MercyCare Health Plans	536.30	1,205.00	1,079.80	510.00	1,152.40	1,014.10
Network Health - Northeast	587.70	1,316.10	1,182.60	561.40	1,263.50	1,116.90
Network Health - Southeast	611.30	1,386.90	1,229.80	585.00	1,334.30	1,164.10
Physicians Plus	567.20	1,254.50	1,141.60	540.90	1,201.90	1,075.90
Security Health Plan	616.80	1,624.40	1,240.80	590.50	1,571.80	1,175.10
State Maintenance Plan (SMP)	NA ⁴	1,273.30	NA ⁴	NA ⁴	1,220.70	NA ⁴
UnitedHealthcare of Wisconsin	634.60	1,498.70	1,276.40	608.30	1,446.10	1,210.70
Unity Health Insurance - Community	524.10	1,177.50	1,055.40	497.80	1,124.90	989.70
Unity Health Insurance - UW Health	499.90	1,099.60	1,007.00	473.60	1,047.00	941.30
WEA Trust - East	516.50	1,298.10	1,040.20	490.20	1,245.50	974.50
WEA Trust - NW Chippewa Valley	589.10	1,577.90	1,185.40	562.80	1,525.30	1,119.70
WEA Trust - NW Mayo Clinic Hlth. Sys.	589.10	1,577.90	1,185.40	562.80	1,525.30	1,119.70
WEA Trust - South Central	453.90	1,056.60	915.00	427.60	1,004.00	849.30

IYC Access Health Plan rates are determined by the employer county or the retiree county of residence. Counties are divided into the following rate categories:

⁵ **Balance of State:** All other Wisconsin counties not listed below. (Code A4)

⁶ **Dane:** Dane, Grant, Jefferson, La Crosse, Polk and St. Croix. (A1)

⁷ **Milwaukee:** Milwaukee County. Also applies to retirees and continuants living out of state. (A2)

⁸ **Waukesha:** Kenosha, Ozaukee, Racine, Washington and Waukesha. (A3)

2016 MEDICAL BENEFITS AT A GLANCE

With Medicare

Use this chart to compare the Medicare medical benefit options available to you. This not intended to be a complete description of coverage. The certificate of coverage found at 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 Deductible Medicare

	IYC Deductible 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: After \$500 individual / \$1,000 family deductible: Part A inpatient hospital deductible of \$1,260 and Part B deductible of \$147</p> <p>You pay: \$500 individual / \$1,000 family plan deductible, then as described below</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: After plan deductible, Part B deductible and 20% coinsurance</p> <p>You pay: After plan deductible, \$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: After plan deductible, Part B deductible and 20% coinsurance</p> <p>You pay: After plan deductible, \$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: After plan deductible, 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: After plan deductible, 100% as medically necessary, plan providers only. No day limit.</p> <p>You pay: After plan deductible, \$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>

OOPL = out-of-pocket limit

	IYC Deductible 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: After plan deductible, 100% as medically necessary, plan providers only. 120 day limit Beyond 120 days, \$0 You pay: After plan deductible, \$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: After plan deductible: 120 days per benefit period for skilled care in a facility licensed in a state You pay: After plan deductible, 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: After plan deductible, 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 OOPL, 0% If you have met the Part B deductible, and also the \$500 OOPL, 20% You pay: After plan deductible, 20% up to \$500 OOPL per participant, after OOPL, \$0</p>	<p>For Medicare-approved supplies: 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: After plan deductible, If you have not met the \$500 OOPL, 80% If you have met the \$500 OOPL, 100% You pay: After plan deductible, 20% up to \$500 OOPL per participant, after OOPL, \$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: After plan deductible, 100% for 50 visits per year, plan may approve an additional 50 visits You pay: After plan deductible, 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: After plan deductible, 100% You pay: After plan deductible, \$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: After plan deductible, deductible and 20% coinsurance You pay: After plan deductible, \$0</p>	<p>For illness or disease: Medicare pays: After Part B deductible, 80% Plan pays: Deductible and 20% coinsurance You pay: \$0</p>
Hearing Aid (per ear)	<p>Medicare pays: No coverage for adults Plan pays: After plan deductible, 80% for adults up to plan paid \$1,000 every three years (does not count toward OOPL) You pay: After plan deductible, 20% coinsurance and 100% of costs exceeding plan payment of \$1,000</p>	<p>Medicare pays: No coverage for adults Plan pays: None You pay: Full cost of hearing aid</p>



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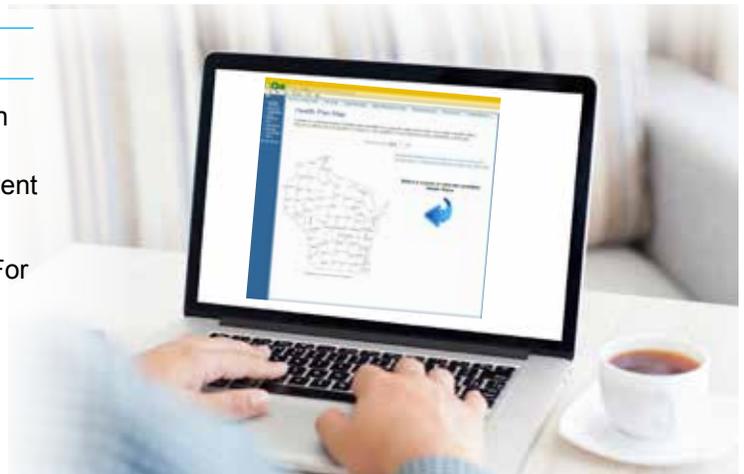
It's Your Choice 2016 is at etf.wi.gov

Open Enrollment: October 5-30, 2015

You can make changes during the It's Your Choice open enrollment period. 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. For printed copies, including the below items, contact ETF.

- Health Plan Coverage Area Map (ET-2158hpm)
- Health Plan Description Pages (ET-2158pdp)
- Health Insurance Change/Application (ET-2301)
- Health Plan Premium Rates (ET-2158pro2)
- Certificate of Coverage (ET-2158cca) *formerly Uniform Benefits*



HAVE QUESTIONS? NEED HELP?



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