

2019 STATE OF WISCONSIN EMPLOYEE BENEFITS SUMMARY

HEALTH INSURANCE (State Group Coverage with Uniform Benefits)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All employees covered by the Wisconsin Retirement System are eligible for all health insurance plans.</p> <p>Must apply within 30 days of hire date</p> <p>Employees have the option of starting coverage 1st on or following initial WRS eligibility or when the employer contribution begins (after completion of two months of service).</p> <p>Additional Information: http://etf.wi.gov/members/IYC2019/IYC_home.asp (External Site)</p>	<p>In-network uniform preventative and medical benefits are offered in all plans. Employees can choose a health plan with or without dental (routine and preventative dental), and the It's Your Choice Health Plan or the It's Your Choice High Deductible Health Plan.</p> <p>Single or family coverage is available.</p> <p>See the following pages for highlights of the two major plan design options of our health plan – It's Your Choice and It's Your Choice High Deductible. The main differences are deductibles, copays, and premiums</p>	<p>For all plans, the employee has the option to start their coverage immediately and pay the total premium until employer contribution begins. Or the employee can wait to start coverage when the employer contribution starts.</p>	<p>For all plans, the employer contribution will begin 1st of the month after the employee has two months of State WRS service.</p>

Health Insurance Premiums																																						
<p>The state pays a portion of the premium starting first of the month following two months of WRS service.</p> <p>Employee Premium (with state share after two completed months of service): http://etf.wi.gov/members/IYC2019/et-2107pr.asp (External site)</p> <p>Total Monthly Premium (no state share): http://etf.wi.gov/members/IYC2019/et-2107prta.asp (external site)</p> <p>Note: The IYC Access plan offers statewide/nationwide access.</p>	<p style="text-align: center;">2019 It's Your Choice Health Plan WITH DENTAL Employee Monthly Premiums</p> <table border="1" data-bbox="762 935 1234 1084"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC Plan</td> <td>\$88</td> <td>\$219</td> </tr> <tr> <td>IYC Access</td> <td>\$266</td> <td>\$664</td> </tr> </tbody> </table> <p style="text-align: center;">2019 It's Your Choice Health Plan WITHOUT DENTAL Employee Monthly Premiums</p> <table border="1" data-bbox="762 1216 1234 1365"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC Plan</td> <td>\$85</td> <td>\$211</td> </tr> <tr> <td>IYC Access</td> <td>\$263</td> <td>\$656</td> </tr> </tbody> </table>		<i>Single</i>	<i>Family</i>	IYC Plan	\$88	\$219	IYC Access	\$266	\$664		<i>Single</i>	<i>Family</i>	IYC Plan	\$85	\$211	IYC Access	\$263	\$656	<p style="text-align: center;">2019 High Deductible Plan WITH DENTAL Employee Monthly Premiums</p> <table border="1" data-bbox="1419 935 1892 1101"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC HDHP Plan</td> <td>\$33</td> <td>\$82</td> </tr> <tr> <td>IYC Access</td> <td>\$211</td> <td>\$527</td> </tr> </tbody> </table> <p style="text-align: center;">2019 High Deductible Plan WITHOUT DENTAL Employee Monthly Premiums</p> <table border="1" data-bbox="1419 1232 1892 1398"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC HDHP Plan</td> <td>\$30</td> <td>\$74</td> </tr> <tr> <td>IYC Access</td> <td>\$208</td> <td>\$519</td> </tr> </tbody> </table>		<i>Single</i>	<i>Family</i>	IYC HDHP Plan	\$33	\$82	IYC Access	\$211	\$527		<i>Single</i>	<i>Family</i>	IYC HDHP Plan	\$30	\$74	IYC Access	\$208	\$519
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It's Your Choice Health Plan (IYC)		
	Benefits You Receive	Included
<p>The IYC Plan has a deductible, coinsurance and office copays that has a cost sharing plan design.</p> <ul style="list-style-type: none"> • Deductible - \$250 Single / \$500 Family • Coinsurance – 90% / 10% to annual Out of Pocket Limits • Out of Pocket Limit - \$1,250 / person, \$2,500 / family • Office Copays – Primary \$15/visit, Speciality \$25/visit • Routine Preventative – 100% 	<ul style="list-style-type: none"> • Preventative care • Medical/surgical services • Telemedicine, telehealth, or e-visit service • Illness/injury services • Urgent care • Emergency care 	<ul style="list-style-type: none"> • Pharmacy Benefits • Dental – Employees have the option to elect or waive participation in uniform dental benefits. If an employee waives uniform dental, the employee will have slightly lower premium.
It's Your Choice High Deductible Plan (IYC HDHP)		
	Benefits You Receive	Included
<p>The High Deductible Health Plan (HDHP) is a health plan that has a lower premium but higher out-of-pocket costs. An HDHP does not pay any health care costs until the annual deductible has been met (with the exception of preventive services).</p> <ul style="list-style-type: none"> • Deductible - \$1,500 Single, \$3,000 Family • Coinsurance – 10% to annual Out of Pocket Limits • Out of Pocket Limit - \$2,500/Single, \$5,000/family • Routine Preventative – 100% • Office Copay after Deductible is met <ul style="list-style-type: none"> ○ Primary - \$15/visit; Specialty \$25/visit 	<ul style="list-style-type: none"> • Preventative care • Medical/surgical services • Telemedicine, telehealth, or e-visit service • Illness/injury services • Urgent care • Emergency care • Health Savings Account (HSA) 	<ul style="list-style-type: none"> • Pharmacy Benefits (Prescription coverage falls under the Annual Deductible). • Dental – Employees have the option to elect or waive participation in uniform dental benefits. If an employee waives uniform dental, the employee will have slightly lower premium. • Health Savings Account (HSA)-The state will contribute a prorated amount into employee's HSA based on how many pay periods remain after their eligibility date. The contributions will be directed into the account each pay period remaining in the year. The yearly amount the State contributes is: \$750 single / \$1,500 family.

NAVITUS – PRESCRIPTION PLAN (included in all health plan options)

Who is Eligible and When	Benefits You Receive	Employee Pays
<p>All employees covered by WRS are eligible.</p> <p>Your prescription plan is part of your health plan election but is managed by a separate company called Navitus.</p> <p>When you elect your health coverage, you automatically are enrolled in this prescription plan.</p> <p>Website: https://www.navitus.com/ (External Site)</p>	<p>The It's Your Choice Health plan and the High Deductible (HDHP) plan offer this four-level formulary with copayments.</p> <p>Reminder: In the High Deductible Plan, the prescription coverage is covered under the deductible and then follow the benefits listed on the link below:</p> <p>http://etf.wi.gov/members/IYC2019/et-2107cb.asp</p>	<p>Included in your Health coverage premium</p> <p>See the link below for coverage details</p> <p>http://etf.wi.gov/members/IYC2019/et-2107cb.asp</p>

UNIFORM DENTAL BENEFITS

Who is Eligible and When	Benefits You Receive	Employee Pays
<p>Uniform Dental Benefits are only available if you enroll in a health insurance plan with dental.</p> <p>You have the option of electing health insurance coverage WITHOUT dental for a reduced premium.</p>	<p>No Deductible</p> <p>\$1,000 Annual Benefit</p> <p>100% coverage for Diagnostic/Preventative</p> <p>100% for Fillings</p> <p>Ortho 50%, \$1,500 life time max</p> <ul style="list-style-type: none"> ➤ Available for dependant children under age 19 only <p>http://etf.wi.gov/members/IYC2019/et-2107udb.asp</p>	<p>Included in your health plan premium.</p> <p>For more information, visit</p> <p>http://etf.wi.gov/members/IYC2019/et-2107pr.asp (External Site)</p>

DELTA DENTAL SUPPLEMENTAL INSURANCE

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays															
<p>All employees who are covered by WRS are eligible.</p> <p>Must apply within 30 days of hire. Coverage begins on the first of the month on/after hire date.</p> <p>Once enrolled, must remain covered until the end of the calendar year.</p> <p>This dental coverage is in addition to and separate from any uniform dental benefit provided with the health insurance.</p> <p>For more information: http://www.deltadentalwi.com/state-of-wi/ (External site)</p>	<p>Two supplemental plan designs are offered:</p> <ul style="list-style-type: none"> • Select • Select Plus <p>*Must have preventative dental care in another plan such as the State’s Uniform Dental Benefits in the Health Plans</p> <p>All plans provide a \$1,500 lifetime benefit (in addition to Uniform Dental) for orthodontia per member. Children and adults are covered.</p> <p>http://etf.wi.gov/members/IYC2019/et-2107epa.asp</p>	<p>100% of premium:</p> <table border="1" data-bbox="1377 293 1797 688"> <thead> <tr> <th></th> <th>Select</th> <th>Select Plus</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$8.55</td> <td>\$16.19</td> </tr> <tr> <td>Employee + Children</td> <td>\$11.54</td> <td>\$29.95</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$17.10</td> <td>\$32.38</td> </tr> <tr> <td>Family</td> <td>\$20.52</td> <td>\$78.78</td> </tr> </tbody> </table>		Select	Select Plus	Employee	\$8.55	\$16.19	Employee + Children	\$11.54	\$29.95	Employee + Spouse	\$17.10	\$32.38	Family	\$20.52	\$78.78	<p>0%</p>
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Family	\$20.52	\$78.78																

VSP VISION INSURANCE

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays								
<p>All employees who are covered by WRS are eligible.</p> <p>Must apply within 30 days of hire. Coverage begins on the first of the month on/after hire date.</p> <p>Once enrolled, must remain covered until the end of the calendar year.</p>	<p>The plan provides partial payment to help offset the costs of annual eye exams, frames, lenses and contact lenses. Benefits are greater if a VSP provider is used.</p> <p>For more information: VSP Brochure (External site)</p>	<p>100% of premium:</p> <table border="1" data-bbox="1377 980 1713 1245"> <tbody> <tr> <td>Employee</td> <td>\$6.38</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$12.76</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$14.38</td> </tr> <tr> <td>Family</td> <td>\$22.98</td> </tr> </tbody> </table>	Employee	\$6.38	Employee + Spouse	\$12.76	Employee + Child(ren)	\$14.38	Family	\$22.98	<p>0%</p>
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FLEX SPENDING ACCOUNT (FSA)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All permanent and project employees are eligible. New employees must enroll within 30 days of employment.</p> <p>Coverage begins on the first of the month on/after hire date.</p> <p>Change in family or employment status may create an enrollment/change opportunity under one or both of the accounts.</p> <p>EACH YEAR, employees must complete a new enrollment during Its Your Choice Open Enrollment for the next calendar year.</p> <p>State Group Health Insurance, VSP Vision, Delta Dental Supplemental premiums and Hills Farms Parking are automatically taken pre-tax unless this option is waived or, for the optional plans, you are covering a non-tax dependent.</p> <p>For additional information: http://www.etf.wi.gov/members/IYC2019/et-2107era.asp (External site)</p>	<p>Flexible Spending Account (FSA) plan that allows you to set up an account for eligible medical and dependent care expenses. Deductions taken before Federal, State and FICA taxes are calculated.</p> <p>Health Care FSA: used to pay for eligible medical, dental, vision and prescription expenses that are an out of pocket expense to the employee.</p> <p>Dependent Care FSA: used to pay for dependent care expenses (ex.child daycare and preschool).</p> <p>LPFSA – Limited Purpose Flex Spending Account: Available with HDHP only. Eligible expenses for vision, dental, post-deductible expenses, and dependent care.</p>	<p>Pre-tax salary reductions that save income and social security taxes.</p> <p>Annual contribution maximums:</p> <p>Health Care FSA: \$2,600</p> <p>Dependent Care FSA: \$5,000 (restrictions may apply)</p>	<p>Program administrative cost</p>

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Zurich North America)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All employees eligible for State Group Health Insurance.</p> <p>Coverage becomes effective on the first of the month on or after enrollment.</p> <p>For more information: http://etf.wi.gov/members/benefits_ADD.htm (External site)</p>	<p>Coverage options range from 3 times your annual salary or 5 times your salary to a max of \$500,000. Spouse and dependents may be covered for lower amounts.</p>	<p>100% of premium</p> <p>Premium cost is monthly salary multiplied by a payroll factor based on employee's coverage level choice.</p>	<p>0%</p>

INCOME CONTINUATION INSURANCE

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>Employees are initially eligible for coverage after 30 days of WRS participation at any WRS employer. Must apply in the first 30 days of employment if a new hire. Coverage is effective the first of month after 30 days of employment.</p> <p>If application is not received during initial enrollment period, coverage can also be obtained by providing medical evidence of insurability or through deferred enrollment after accumulating specific amounts of sick leave.</p> <p>For additional information: http://etf.wi.gov/members/benefits_ici.htm (External site)</p>	<p>Disability/income replacement insurance that replaces up to 75% of salary if unable to work due to short or long term disability. If enrolled in the standard plan, the first \$64,000 of salary is insured (maximum monthly benefit of \$4000).</p> <p>Benefits begin after 30 consecutive calendar days or use of all accumulated sick leave (up to 130 days), whichever is greater.</p> <p>State and federal entitlements or payments from other employer-sponsored programs may reduce benefits.</p>	<p>Basic ICI: 0% - 100% of premium depending upon sick leave balance/accumulation.</p> <p>Supplemental Plan: 100% of premium</p>	<p>Basic ICI: 0% - 100% of premium depending upon sick leave balance/accumulation.</p> <p>Supplemental ICI Plan: 0%</p>

LIFE INSURANCE (State Group Life)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>Must apply in the first 30 days of employment if a new hire. Coverage is effective the first of month after 30 days of employment.</p> <p>Current employees at any time may apply for coverage through Medical Evidence of Insurability (acceptance not guaranteed).</p> <p>Employees experiencing qualifying events will have the opportunity to make changes or elect coverage for spouse and dependents.</p> <p>For more information: http://etf.wi.gov/members/benefits_life_ins.htm (External Site)</p>	<p>Term group life insurance with coverage option of up to five times annual salary (Basic, Supplemental, and three levels of Additional). Coverage reduces after age 70 for active employees.</p> <p>After termination with 20 years of WRS service or at retirement, coverage can be continued. Premium ends at age 65 and your coverage reduces to 75% of your basic coverage, if retired, and at age 66 coverage drops to one-half of the original Basic coverage; any coverage in addition to Basic coverage ceases at age 65 (if retired).</p> <p>Spouse and Dependent coverage available. Accidental Death and Dismemberment and Living Benefits included for employee.</p>	<p>Basic & Supplemental: Premium cost based on age of employee and amount of coverage.</p> <p>Additional levels of employee coverage and Spouse & Dependent Coverage: 100%</p> <p>Premiums for coverage up to \$50,000 are deducted pre-tax.</p>	<p>Basic: Additional 65.25% of employee's premium amount.</p> <p>Supplemental: Additional 37.25% of employee's premium amount.</p> <p>Additional levels of employee coverage and Spouse & Dependent Coverage: 0%</p>

WISCONSIN RETIREMENT SYSTEM – Mandatory Payroll Deduction

Who is Eligible and When	Benefits You Receive	Employee and State Contributions														
<ul style="list-style-type: none"> WRS coverage is immediate and mandatory for those hired with permanent status in a .58 FTE or greater position enrolled. Employees not immediately eligible will be placed under WRS after one year if they worked at least 1200 hours in the previous 12 months. Must have five years of creditable WRS service to be vested in the WRS (may take more than five years if working part-time). 	<p>Vested after five years of continuous service.</p> <p>General/Executive class minimum retirement age is 55 years. Protective class minimum retirement age is 50 years.</p> <p>WRS also provides death, permanent disability, and separation benefits.</p> <p>For more information: http://etf.wi.gov/members/benefits_wrs.htm (External site)</p>	<p>Percent of gross wages depending on the WRS category. See chart below.</p> <p>Deductions taken on a pre-tax basis for state and federal tax purposes.</p> <p>Employees are eligible to contribute additional amounts to their account (post-tax).</p> <table border="1" data-bbox="1402 464 2039 737"> <thead> <tr> <th>Employee Category</th> <th>Employee Contribution 2019</th> <th>Employer Contribution 2019</th> </tr> </thead> <tbody> <tr> <td>General/Teacher</td> <td>6.55%</td> <td>6.55%</td> </tr> <tr> <td>Elected Official/Executive/Judge</td> <td>6.55%</td> <td>6.55%</td> </tr> <tr> <td>Protective</td> <td>6.55%</td> <td>6.55%</td> </tr> </tbody> </table>			Employee Category	Employee Contribution 2019	Employer Contribution 2019	General/Teacher	6.55%	6.55%	Elected Official/Executive/Judge	6.55%	6.55%	Protective	6.55%	6.55%
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WISCONSIN DEFERRED COMPENSATION (WDC) – Voluntary Payroll Deduction

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All employees are eligible and can enroll at any time.</p> <p>For more information see the WDC web site at www.wdc457.org</p> <ul style="list-style-type: none"> Under age 50 contribution limit: \$19,000 in 2019 Age 50 & Over contribution limit: \$25,000 in 2019 	<p>This voluntary supplemental retirement savings program (457) allows employees to invest pre-tax or post-tax (Roth). Funds are chosen and monitored by the State of Wisconsin Deferred Compensation Board.</p> <p>WDC Investment Planning Guide</p>	<p>Total contribution on pre-tax and/or post-tax (Roth option) basis.</p> <p>Administrative fee based on account balance (\$0 - \$198 per year).</p>	<p>0%</p>

This summary isn't intended to replace the certificate of coverage for each of the benefits. It is just an overview of what each available benefit has to offer state employees.