

2021 STATE OF WISCONSIN EMPLOYEE BENEFITS SUMMARY

STATE GROUP HEALTH INSURANCE

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 of the month following initial WRS eligibility or when the employer contribution begins (1st of the month after completion of two months of service).</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):</p> <p>Total Monthly Premium (no state share)</p> <p>Note: The IYC Access plan offers statewide/nationwide access.</p>	<p align="center">2021 It's Your Choice Health Plan WITH DENTAL</p> <p align="center">Employee Monthly Premiums</p> <table border="1" data-bbox="762 930 1234 1079"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC Plan</td> <td>\$96</td> <td>\$238</td> </tr> <tr> <td>IYC Access</td> <td>\$255</td> <td>\$632</td> </tr> </tbody> </table> <p align="center">2021 It's Your Choice Health Plan WITHOUT DENTAL</p> <p align="center">Employee Monthly Premiums</p> <table border="1" data-bbox="762 1209 1234 1359"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC Plan</td> <td>\$92</td> <td>\$229</td> </tr> <tr> <td>IYC Access</td> <td>\$251</td> <td>\$623</td> </tr> </tbody> </table>		<i>Single</i>	<i>Family</i>	IYC Plan	\$96	\$238	IYC Access	\$255	\$632		<i>Single</i>	<i>Family</i>	IYC Plan	\$92	\$229	IYC Access	\$251	\$623	<p align="center">2021 High Deductible Plan WITH DENTAL</p> <p align="center">Employee Monthly Premiums</p> <table border="1" data-bbox="1419 930 1892 1096"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC HDHP Plan</td> <td>\$36</td> <td>\$89</td> </tr> <tr> <td>IYC Access</td> <td>\$195</td> <td>\$483</td> </tr> </tbody> </table> <p align="center">2021 High Deductible Plan WITHOUT DENTAL</p> <p align="center">Employee Monthly Premiums</p> <table border="1" data-bbox="1419 1226 1892 1391"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC HDHP Plan</td> <td>\$32</td> <td>\$80</td> </tr> <tr> <td>IYC Access</td> <td>\$191</td> <td>\$474</td> </tr> </tbody> </table>		<i>Single</i>	<i>Family</i>	IYC HDHP Plan	\$36	\$89	IYC Access	\$195	\$483		<i>Single</i>	<i>Family</i>	IYC HDHP Plan	\$32	\$80	IYC Access	\$191	\$474
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It's Your Choice Health Plan (IYC)		
Benefit Schedule	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, Specialty \$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 Health Plan (IYC HDHP)		
Benefit Schedule	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 (except for 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>The It's Your Choice Health plan and the High Deductible (HDHP) plan offer four-level formulary prescription coverage with copayment.</p>	<p>Included in your Health coverage premium coverage details</p>

UNIFORM DENTAL BENEFITS

Who is Eligible and When	Benefits You Receive	Employee Pays
<p>Uniform Dental Benefits can be added to State Group Health Insurance plans for a small increase in premium.</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 dependent children under age 19 only 	<p>Included in your health plan premium.</p>

PREVENTIVE DENTAL BENEFITS

Who is Eligible and When	Benefits You Receive	Employee Pays							
<p>The Preventive plan is available to employees NOT enrolled in group health insurance through the State of Wisconsin who are looking for preventive coverage.</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>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 dependent children under age 19 only 	<p>Employee pays 100% of premium:</p> <table border="1" data-bbox="1381 305 1999 451"> <thead> <tr> <th>Plan</th> <th>Premium</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$30.20</td> </tr> <tr> <td>Family</td> <td>\$75.50</td> </tr> </tbody> </table>		Plan	Premium	Single	\$30.20	Family	\$75.50
Plan	Premium								
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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 or the preventive plan.</p> <p>Delta Dental Website</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>The Select Plus plan provides a \$1,500 Orthodontic Lifetime maximum benefit for adults and dependents</p>	<p>100% of premium:</p> <table border="1" data-bbox="1413 792 1822 1187"> <thead> <tr> <th></th> <th>Select</th> <th>Select Plus</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$9.28</td> <td>\$16.82</td> </tr> <tr> <td>Employee + Children</td> <td>\$12.52</td> <td>\$31.12</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$18.56</td> <td>\$33.64</td> </tr> <tr> <td>Family</td> <td>\$22.28</td> <td>\$51.30</td> </tr> </tbody> </table>			Select	Select Plus	Employee	\$9.28	\$16.82	Employee + Children	\$12.52	\$31.12	Employee + Spouse	\$18.56	\$33.64	Family	\$22.28	\$51.30	<p>0%</p>
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Family	\$22.28	\$51.30																	

DELTAVISION SUPPLEMENTAL INSURANCE - EyeMed

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>DeltaVision Website</p>	<p>The plan provides partial payment to offset the costs of annual eye exams, frames, lenses and contact lenses. Benefits are greater if a DeltaVision provider is used.</p>	<p>100% of premium</p> <table border="1" data-bbox="1451 277 1780 539"> <tr> <td>Employee</td> <td>\$5.72</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$11.42</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$12.88</td> </tr> <tr> <td>Family</td> <td>\$20.58</td> </tr> </table>	Employee	\$5.72	Employee + Spouse	\$11.42	Employee + Child(ren)	\$12.88	Family	\$20.58	<p>0%</p>
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Family	\$20.58										

EMPLOYEE REIMBURSEMENT ACCOUNTS (ERA)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All permanent and project employees are eligible for Employee Reimbursement Accounts. 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 accounts.</p> <p>Employees must complete a new enrollment during Its Your Choice Open Enrollment for the next calendar year.</p> <p>State Group Health Insurance, Delta Vision (EyeMed), 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>Connect Your Care Website</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 tax.</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.</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>Employees must complete a new enrollment during Its Your Choice Open Enrollment for the next calendar year.</p> <p>Annual contribution maximums:</p> <p>Health Care FSA/LPFSA: \$2,750</p> <p>Dependent Care FSA: \$5,000 (restrictions may apply)</p>	<p>Program administrative cost</p>

ACCIDENT PLAN (SECURIAN FINANCIAL)

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 following 30 days of employment.</p> <p>Once enrolled, must remain covered until the end of the calendar year.</p> <p>Securian Financial Website</p>	<p>Provides lump sum cash payment directly to participants to cover the unexpected, such as concussion, burns, dislocation, fracture, emergency care, hospitalization, loss of a limb, surgery, accidental death and dismemberment.</p> <p>Can offset out of pocket costs for HDHP enrollees</p> <p>Dependents eligible for same benefit amounts as employee except for AD&D</p>	<p>100% of monthly premium</p> <table border="1" data-bbox="1398 269 1728 532"> <tr> <td>Employee</td> <td>\$4.38</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$6.26</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$8.44</td> </tr> <tr> <td>Family</td> <td>\$12.32</td> </tr> </table>	Employee	\$4.38	Employee + Spouse	\$6.26	Employee + Child(ren)	\$8.44	Family	\$12.32	<p>0%</p>
Employee	\$4.38										
Employee + Spouse	\$6.26										
Employee + Child(ren)	\$8.44										
Family	\$12.32										

INCOME CONTINUATION INSURANCE

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>Employees are initially eligible for Income Continuation Insurance 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>Current employees at any time may apply for coverage through Medical Evidence of Insurability (acceptance not guaranteed).</p> <p>Deferred enrollment opportunities maybe available after accumulating specific amounts of sick leave.</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.</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 and accumulation.</p> <p>Supplemental ICI Plan: 0%</p>

STATE GROUP LIFE INSURANCE

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>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 are included.</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 (WRS)

Who is Eligible and When	Benefits You Receive	Employee and State Contributions														
<p>WRS coverage is immediate and mandatory for those hired with permanent status in a position with a .58 FTE or greater.</p> <p>Employees not immediately eligible will be placed under WRS after one year of employment, if they have worked at least 1200 hours in the previous 12 months.</p> <p>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>	<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>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 467 2039 737"> <thead> <tr> <th data-bbox="1402 467 1671 570">Employee Category</th> <th data-bbox="1671 467 1839 570">Employee Contribution 2021</th> <th data-bbox="1839 467 2039 570">Employer Contribution 2021</th> </tr> </thead> <tbody> <tr> <td data-bbox="1402 570 1671 618">General/Teacher</td> <td data-bbox="1671 570 1839 618">6.75%</td> <td data-bbox="1839 570 2039 618">6.75%</td> </tr> <tr> <td data-bbox="1402 618 1671 691">Elected Official/Executive/Judge</td> <td data-bbox="1671 618 1839 691">6.75%</td> <td data-bbox="1839 618 2039 691">6.75%</td> </tr> <tr> <td data-bbox="1402 691 1671 737">Protective</td> <td data-bbox="1671 691 1839 737">6.75%</td> <td data-bbox="1839 691 2039 737">6.75%</td> </tr> </tbody> </table>			Employee Category	Employee Contribution 2021	Employer Contribution 2021	General/Teacher	6.75%	6.75%	Elected Official/Executive/Judge	6.75%	6.75%	Protective	6.75%	6.75%
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WISCONSIN DEFERRED COMPENSATION (WDC)

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: \$19,500 in 2021 Age 50 & Over contribution limit: \$26,000 in 2021 	<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>Total contribution on pre-tax and/or post-tax (Roth option) basis.</p> <p>Administrative fee based on account balance (\$0 - \$17.50 per month).</p>	<p>0%</p>