

It's Your Choice Open Enrollment

*September 30, 2024 –
October 25, 2024*



Open Enrollment Emails

- Open Enrollment emails will be sent directly from STAR again this year through employee messaging. Emails will be sent from **OpenEnrollmentDoNotReply@wisconsin.gov** and reference some aspect of Open Enrollment.
- Watch for these emails – they will contain important information and provide instructions. You should also expect to receive some Open Enrollment emails directly from your agency.



Actions that Can be Taken during Open Enrollment

	Enroll	Add or Remove Dependents	Change Plans	Cancel Coverage
Health*	X	X	X	X
Delta Dental PPO – Supplemental Plan	X	X	X	X
Delta Dental PPO – Preventive Plan <i>Only available if NOT covered by State Group Health Insurance</i>	X	X	N/A	X
DeltaVision	X	X	N/A	X
Accident Plan	X	X- change coverage level	N/A	X
Healthcare FSA or LPFSA	Must re-enroll every year Coverage will automatically end if no 2025 enrollment			
Dependent Day Care FSA				
Pre-Tax Parking & Transit Accounts				
Health Savings Account	Must re-enroll every year If you don't elect a High Deductible Health Plan (HDHP), enrollment will end and you can no longer contribute, but you will have access to funds in your account.			
Health Insurance Opt-Out Stipend	Must re-enroll every year Must certify that eligibility requirements are met on an annual basis			

* Can also enroll in or cancel Uniform Dental Benefit

Benefits NOT Part of Open Enrollment

- You can not enroll in **State Group Life Insurance** or **Income Continuation Insurance** during the Open Enrollment Period
 - You can apply for coverage through Evidence of Insurability at any time
 - You can cancel coverage at any time
- You can enroll in or make changes to [Wisconsin Deferred Compensation](#) at any time
- You can enroll in or make change to [Edvest](#) at any time
- You can enroll in [Long Term Care](#) through HealthChoice at any time. For more information call 1-800-833-5823.

Open Enrollment Resources



[2025 It's Your Choice
Website](#)



[2025 It's Your Choice
Decision Guide](#)



[Important Changes
for 2025](#)



[Health Plan Search](#)

State Group Health Insurance

- Changes for 2025
- Enrollment Choices
- Opt-Out Stipend Requires Action

New Benefits

Health Plan Name Change

- Dean Health Plan – Prevea360 West and Mayo Clinic will now be known as Dean Health Plan-Medica West and Mayo Clinic Health System. If you are currently enrolled in this plan, no action is required to remain enrolled for plan year 2025.
- Do a [2025 Health Plan Search](#) to see which health plans are available in each county.

Medical Benefit Changes

- The annual medical deductible for the High Deductible Health Plan (HDHP) and Access HDHP has increased to:
 - *Individual: \$1,650
 - *Family: \$3,300
- Coverage has been approved for the expansion of the orthoptic eye training lifetime limit from two to twelve.
- ETF has clarified the language in the Certificate of Coverage to allow nutritional counseling services related to weight management.

State Group Health

- Changes allowed:
 - Enroll or cancel coverage for 2025
 - Add or remove eligible dependents
 - **Only dependents 19 or older can be removed**
 - Change health plan design or network
 - Enroll in or cancel Uniform Dental
- Health plan providers may change annually
- You should confirm that your doctors, clinics and hospitals are available in 2025. See [ETF's Health Plan Search](#).

Health Insurance Plan Designs

- Before selecting a specific health plan, you need to pick a health plan design
 - With or Without Uniform Dental coverage
 - It's Your Choice Plan (low deductible) or High Deductible Health Plan (HDHP)
 - Specific provider network (IYC Health Plan) or a nationwide network (Access)

Resources

- [Health Plan Design Cost Comparison](#)
- [Health Plan Design video](#)

Low vs High Deductible Health Plan

For a full comparison chart of all health plan design options, go to:

[Breakdown of Your Costs](#)

	IYC Health Plan (low deductible)	IYC HDHP
Annual Medical Deductible	\$250 individual \$500 family	\$1,650 individual \$3,300 family
Office Visit Co-Pay (non-specialty)	\$15 (not subject to deductible)	Full cost until deductible met; \$15 thereafter
Office Visit Co-Pay (specialty & urgent care)	\$25 (not subject to deductible)	Full cost until deductible met; \$25 thereafter
Emergency Room (copays may be waived if admitted)	\$75	Full cost until deductible met; \$75 thereafter
Mental Health/Alcohol and Drug Abuse	Outpatient Services: \$15 copayment per visit up to OOPL	Outpatient Services: After deductible, \$15 copayment per visit up to OOPL
Annual Medical Out-of-Pocket Limit	\$1,250 individual \$2,500 family	\$2,500 individual \$5,000 family
Routine, preventive services required by law	Plan pays 100%, not subject to deductible	
Transplants	After deductible, you pay 10% up to out-of-pocket limit	After deductible, you pay 10% up to out-of-pocket limit

HDHP/HSA Eligibility

- [HDHP/HSA Eligibility](#)

- Employee (subscriber) must NOT be covered by any other health insurance, including Medicare Part A and Part B, and TRICARE
- Employee (subscriber) can't be claimed as a dependent on another person's tax return (unless it's your spouse)
- Employee (subscriber) can't be over 65 years of age.
- If the subscriber (employee) meets the HDHP eligibility requirements, the employee can enroll in single or family coverage
- Even if a covered family member is eligible for Medicare or covered by other insurance, they can still be covered as a dependent on an HDHP.

Prescription Coverage

- All health plans include prescription coverage
- Prescription benefits are administered by Navitus
- If enrolled in a High Deductible Health Plan, must meet annual deductible before benefits are paid
- For full details, including cost breakdowns, see the [Pharmacy page](#)
- The [Navi-Gate website](#) has tools to help you determine the cost of your prescriptions.
- Watch the [Saving on Your Prescriptions](#) video for cost saving tips

Prescription Coverage Summary

IYC Plan		HDHP Plan (benefits below are AFTER deductible is met)
Deductible	\$0	Combined medical/Rx deductible \$1,650 individual \$3,300 family
Level 1 Copay	\$5 or less	\$5 or less
Level 2 Coinsurance	20% (\$50 max)	20% (\$50 max)
Level 3 Coinsurance <i>(Dispensed as Written drugs may cost more)</i>	40% (\$150 max)	40% (\$150 max)
Level 4 Specialty Copay	\$50 (Must fill at specialty pharmacy)	After deductible \$50 (Must fill at specialty pharmacy)
Levels 1 & 2 Out-of-Pocket Limit	\$600 individual \$1,200 family	Combined medical & pharmacy \$2,500 / \$5,000
Level 3 & 4 Out-of-Pocket Limit	\$9,450 individual \$18,900 family	Combined medical & pharmacy \$2,500 / \$5,000

2025 Employee Health Premiums Non-HDHP Plans

Plan	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
IYC Plan with Dental	\$124.00	\$62.00	\$307.00	\$153.50
IYC Plan without Dental	\$120.00	\$60.00	\$297.00	\$148.50
Access with Dental	\$296.00	\$148.00	\$734.00	\$367.00
Access without Dental	\$292.00	\$146.00	\$724.00	\$362.00
Access with Dental (required to work out of state)	\$187.00	\$93.50	\$470.00	\$235.00
Access without Dental (required to work out of state)	\$183.00	\$91.50	\$460.00	\$230.00

2025 Employee Health Premiums HDHP Plans

Plan	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
HDHP Plan with Dental	\$46.00	\$23.00	\$114.00	\$57.00
HDHP Plan without Dental	\$42.00	\$21.00	\$104.00	\$52.00
HDHP Access with Dental	\$218.00	\$109.00	\$541.00	\$270.50
HDHP Access without Dental	\$214.00	\$107.00	\$531.00	\$265.50
HDHP Access with Dental (required to work out of state)	\$109.00	\$54.50	\$277.00	\$138.50
HDHP Access without Dental (required to work out of state)	\$105.00	\$52.50	\$267.00	\$133.50

Health Savings Account (HSA) Contribution

If enrolled in a High Deductible Health Plan for 2025, must enroll in an HSA
Must re-enroll in HSA every year!!

HSA Annual Employer Contribution* (Increase from 2024)

- Single = \$828 (\$34.50 bi-weekly/\$69.00 monthly)
- Family = \$1,650 (\$68.75 bi-weekly/\$137.50 monthly)
- If required to pay half of total health insurance premium, receive half of total HSA employer contribution

HSA Total Annual Contribution Limit (employee + employer)

- Single = \$4,300 (\$150 increase from 2024)
- Family = \$8,550 (\$250 increase from 2024)
- Age 55 or older = \$1,000 catch-up contribution limit

NOTE: Contributions taken over 24 paychecks per year (12 if paid monthly)

* If not eligible for employer contribution towards health insurance, no employer HSA contribution

Health Insurance Opt Out Stipend (OOS)

If you're not enrolling in health insurance for 2025, you may be eligible for \$2,000 opt-out stipend

- **Eligibility requirements**

- Must not be covered by state or UW health insurance in 2025 as an employee, spouse or child; and
- If employed by the state in 2015 and were eligible for the employer contribution towards health insurance, did NOT opt out of coverage in 2015.
- \$2,000 stipend is paid over 24 pay periods per year (paid on first 2 checks payable each month)
- Stipend is considered taxable earnings, but the earnings do not count towards the Wisconsin Retirement System.



OOS in eBenefit

- Prior to enrolling in the OOS, you must first waive health insurance in eBenefits
- Then click the **Edit** next to Opt-Out Stipend in eBenefits (at bottom of plan summary page)
- You will then be asked a series of questions to ensure that you are eligible for the opt out stipend
- Once you answer the questions correctly, you will only be able to apply for the Opt-Out Stipend like all other benefit plans.

Benefits Certificate

2025 Health Opt Out Stipend

Answer the questions below to confirm your eligibility for the Health Insurance Opt-Out Stipend for 2025. Prior to enrolling in the Opt-Out-Stipend, you must waive your health insurance in STAR.

Will you be covered by State or UW Health Insurance in 2025 either as an employee, spouse or child?

Answer

☐ No

☐ Yes

Have you waived your health insurance in STAR for 2025?

Answer

☐ Yes

☐ No

In 2015, if you were a state employee, were you covered by State Group Health Insurance?

Selection

☐ No

☐ Yes

☐ Not employee in 2015

I agree that I am eligible for the opt-out stipend and have waived my health insurance for 2025.

Agree

Decline



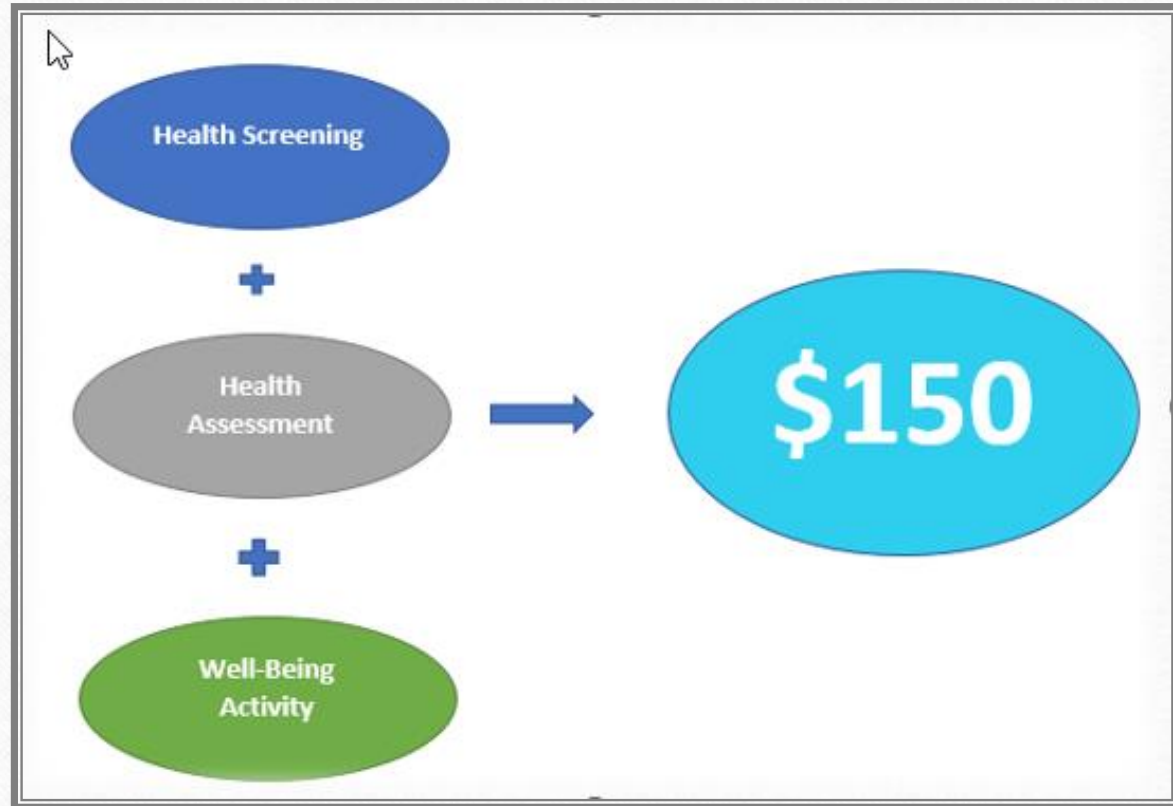
Staywell- Well Wisconsin

Powered by WebMD

2025 Well Wisconsin Incentive Overview

- Subscriber and spouse can both earn the incentive
- 2025 Wellness Incentive deadline is October 10, 2025

❖ 2024 Wellness Incentive deadline is **October 11, 2024**



2025 Well Wisconsin

- The [Well Wisconsin program](#), administered by WebMD, provides tools and resources to help participants set health and well-being goals, track progress and earn incentives.
- WebMD
 - If new to Well Wisconsin, you will be required to set up a new online account thru [WebMD One Wellness Portal](#).



Securian Accident Plan

- What is the Accident Plan?
 - Example of Payout

Securian Accident Plan

- Plan provides a lump sum cash payment directly to you for covered injuries, emergency and hospital care, surgery and follow-up care
 - Multiple benefits available for any one accident - See [Accident Insurance Plan](#) summary for payout amounts
- Includes AD&D coverage and Identity Theft Services
- Premiums taken post-tax so no taxes due on paid benefits
- Can only cancel coverage due to a qualifying event or during Open Enrollment
- Continuation available at termination or retirement until age 70
 - Premiums NOT taken from annuity – continuation directly with Securian

Coverage Benefit Payout Example

Here's how it works



Accident insurance claim example

You enroll in accident insurance. Ten months later, you fall off a ladder. The cash benefits from your injury can be used to help with medical costs that your health insurance plan might not cover, giving you the flexibility to spend the money on things such as deductibles, co-pays, child care or a dog sitter.*

✓ Employee accident insurance	Benefit
Fractured hip	\$6,000
Appliance (crutches)	\$125
Emergency room treatment	\$250
Ambulance	\$350
Hospital stay (2 days)	\$1,200
Securian Financial pays you	\$7,925

*Actual experience and benefit payouts may vary from this example.

Accident Plan Resources

- [Plan website](#)
- [Informational video](#)
- AD&D benefits will be payable based on WRS beneficiary designation
- [Identity Theft Services – Generali Global Assistance](#)



2025 Accident Plan Premiums

Coverage Type	Monthly	Biweekly
Employee	\$3.72	\$1.86
Employee + Spouse	\$5.32	\$2.66
Employee + Child(ren)	\$7.16	\$3.58
Family	\$10.46	\$5.23

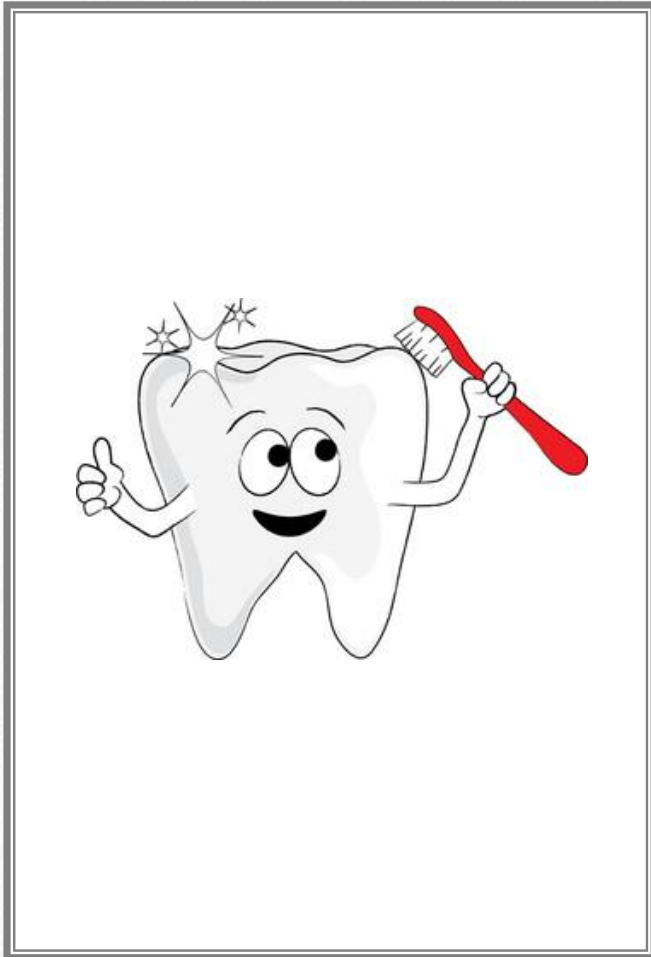


Dental Plans

Uniform Dental Benefit

Delta Dental PPO – Preventive Plan

Delta Dental PPO – Supplemental Plans (Select and
Select Plus Plans)



Dental Plan Summary

- All dental plans are administered by [Delta Dental](#)
- The following plans are available:
 - [Uniform Dental Benefits](#) (available if enrolled in State Group Health Insurance)
 - [Delta Dental PPO – Preventive Plan](#) (same benefits as Uniform Dental but only available if not covered by State Group Health Insurance)
 - [Delta Dental PPO – Supplemental Plans](#) (offers coverage beyond Uniform Dental/Preventive Plan)
 - Select Plan and Select Plus Plan

Dental Plan Comparison

How Basic and Major Coverage Work Together

REMINDER: If you are enrolled in the UDB or Preventive Plan AND a major supplemental plan (Select or Select Plus) and had a qualified preventive service (cleaning/exam) in 2023, your deductible on the major supplemental plan will be waived in 2024. Individuals must be enrolled in both plans (UDB or Preventive Plan AND Select or Select Plus Plans) in 2023 and 2024 to be eligible. In addition, if you continue coverage and have your preventive visit in 2024, your 2025 deductible will also be waived.

Summaries do not cover all plan details. Please refer to the Summary Plan Description or Handbook.

	UDB or Delta Dental PPO Plus Premier™ – Preventive Plan	Delta Dental PPO™ – Select Plan	Delta Dental PPO Plus Premier™ – Select Plus Plan
In-Network Providers (No out-of-network coverage)	Delta Dental PPO and Delta Dental Premier	Delta Dental PPO ONLY	Delta Dental PPO and Delta Dental Premier
Annual Deductible	None	\$100 / person	\$25 / person
Annual Maximum	\$1,000 / person	\$1,000 / person	\$2,500 / person
Routine evaluations, dental cleanings, sealants¹, X-rays, fluoride treatments¹	100%	No coverage	No coverage
Fillings White (composite) fillings covered at 100% for back teeth	100%	No coverage	No coverage
Periodontal Maintenance	100%	No coverage	No coverage
Crowns, bridges, dentures, implants	No coverage	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage	50%	80%
Non-surgical extractions (above gumline)	90%	No coverage	No coverage
Orthodontics Coverage	50% (under age 19)	No coverage	50% (Regardless of age)
Orthodontics Lifetime Maximum	\$1,500	No coverage	\$1,500*

¹For children to age 19

*In addition to UDB or Preventive Plan

Preventive Plan

- Delta Dental PPO – Preventive Plan
 - Provides same coverage as Uniform Dental Benefits
 - Cleanings
 - Fluoride Treatment
 - Fillings
 - Children's orthodontia
 - Can only enroll if **not** covered by State Group Health Insurance as an employee or dependent
 - If enrolled in State Group Health as an employee or dependent, must enroll in Uniform Dental when enrolling in health insurance ("Health with Dental" in eBenefits)
 - A certification must be completed in eBenefits in order to enroll in the Preventive Plan

Enrolling or Waiving Preventive Dental in eBenefits

- In order to access the Preventive Dental enrollment page in eBenefits, you must answer the questions in a certificate that will pop up in eBenefits
- If you want to enroll, answer “No” to the 1st question and “Not Enrolled in the Plan” for the 2nd question
- If you want to cancel your current coverage, answer the 1st question as applicable and answer “Yes” to the 2nd question

Benefits Certificate

×

2025 Preventive Dental Cert

If you are enrolled in State Health Insurance, you must enroll in Health Insurance with Dental instead of this plan. This plan is only for people who are NOT covered by State Health Insurance.

Will you be covered by State Health Insurance in 2025?

Answer	
<input type="radio"/>	No
<input type="radio"/>	Yes

If currently enrolled in Preventive Dental, do you want to waive coverage for 2025?

Selection	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Not enrolled in plan

Click "Agree" to go to the page to enroll in or waive Preventive Dental coverage.

Agree

Decline

Delta Dental Network Differences

- Delta Dental PPO
 - Offers significant fee reduction (lower out-of-pocket costs)
 - Only network available for the Select Plan
 - One of the networks available in Uniform Dental, Preventive, & Delta Dental PPO Select Plus Plan
- Delta Dental Premier
 - 90% of dentists in this network but the cost savings is not as significant
 - One of the networks available in Uniform Dental, Preventive, & Delta Dental PPO Select Plus Plan

[Provider Search](#)
[Page](#) (not supported by
Internet Explorer)



Printable [PDF](#)
[Directory](#) also
available

2025 Delta Dental Premiums

Coverage level	Select (monthly)	Select (biweekly)	Select Plus (monthly)	Select Plus (biweekly)	Preventive (monthly)	Preventive (biweekly)
Employee	\$9.08	\$4.54	\$21.60	\$10.80	\$36.10	\$18.05
Employee + Spouse	\$18.16	\$9.08	\$43.22	\$21.61	N/A	N/A
Employee + Child(ren)	\$12.24	\$6.12	\$40.12	\$20.06	N/A	N/A
Family	\$21.76	\$10.88	\$66.20	\$33.10	\$90.28	\$45.14

DeltaVision®

Vision

DeltaVision



Premiums will not change for 2025



DeltaVision partners with EyeMed Vision Care to provide vision benefits



New enrollees will receive an insurance card from EyeMed Vision in late December/early January



In-network benefits from Insight network providers - one of the largest vision networks in the nation. Includes both independent, chain, and online providers. Out-of-network benefits also available.



Once coverage is effective, exclusive savings, discounts, and rebates on vision care and services above and beyond your vision benefits are available through EyeMed's online member portal.

Vision Summary of Benefits

DeltaVision Resources

- [DeltaVision Providers \(EyeMed\)](#)
- [DeltaVision Website](#)
- [DeltaVision Overview](#)

Summary does not cover all plan details. Please refer to the Handbook.		Vision Benefits	
Network	Insight		
Frame/Contact Allowance	\$150/\$150		
Copay (exams/standard plastic lenses)	\$15/\$25		
Frequency (exams/lenses or contact/frames) <i>Based on calendar year</i>	12 months (child - 6 months)/12 months/24 months (child - 12 months)		
Dependent Age Limit	To age 26		
Benefit Details	Network Benefit	Out-of-Network Reimbursement	
Exam with Dilation as Necessary	Member pays \$15, plan pays balance	\$45	
Retinal Imaging	Member pays up to \$39	N/A	
Standard Contact Lens* Fit and Follow-Up	Member pays up to \$40	N/A	
Premium Contact Lens** Fit and Follow-Up	10% discount off retail	N/A	
Frames <i>(any available frame at provider location)</i>	\$150 allowance, then 20% off balance	\$70	
Laser Vision Correction <i>(Lasik or PRK)</i>	15% off retail price or 5% off promotional price	N/A	
Plastic Lenses			
Single Vision	Member pays \$25, plan pays balance	\$30	
Bifocal	Member pays \$25, plan pays balance	\$50	
Trifocal	Member pays \$25, plan pays balance	\$65	
Standard Progressive	Member pays \$25	\$50	
Premium Progressive	Member pays \$95-\$200	\$50	
Lens Options			
UV Coating	Member pays \$0	\$9	
Tint (solid and gradient)	Member pays \$15	N/A	
Standard Scratch Resistance	Member pays \$0	\$9	
Standard Polycarbonate	Member pays \$0 child/\$35 adult	N/A	
Anti-Reflective Coating	Member pays \$45-\$85	N/A	
Other Add-Ons and Services	20% off retail	N/A	
Contact Lenses - In lieu of glasses (Contact lens allowance covers materials only)			
Conventional	\$150 allowance, then 15% off balance	\$105	
Disposable	\$150 allowance	\$105	
Medically Necessary***	Paid in full by plan	\$210	

2025 DeltaVision Premiums

Coverage level	Monthly	Bi-weekly
Employee	\$5.72	\$2.86
Employee + Spouse	\$11.42	\$5.71
Employee + Child(ren)	\$12.88	\$6.44
Family	\$20.58	\$10.29



Pre-Tax Savings Accounts

Healthcare FSA

Limited Purpose Healthcare FSA (for those enrolled in HDHP)

Dependent Day Care FSA

Pre-Tax Parking and Transit Accounts

Health Savings Account (HSA)

What is a Pre-Tax Savings Account?

- There are several pre-tax savings accounts available that allow you to set aside money on a pre-tax basis to pay for eligible expenses. All deductions are taken out before Federal, State, and FICA taxes are calculated so you save money on taxes

Eligible expenses may include:

- Medical, prescription, dental and vision out-of-pocket costs
- Child or adult daycare expenses
- Parking or transit expenses

[See Pre-Tax Savings Accounts for full plan details](#)

Things You Should Know

- Optum Financial is the administrator of all Pre-Tax Savings Plans
- [Optum Financial Mobile App Available](#)
- Dedicated 24/7/365 phone support: 1-833-881-8158
- Employees newly enrolling will receive a debit card to pay for eligible expenses. Current enrollees will continue to use the same debit card used in 2024.
 - The debit card is NOT available for Dependent Day Care or Transit Expenses
- Visit the [Optum Store](#) to easily purchase FSA and HSA-eligible products
- Once you enroll in a Healthcare, LPFSA or Dependent Day Care account for the year, you can **NOT** change your annual election unless you have a qualifying life event

Flexible Spending Accounts Summary

FSA Type	Eligible Expenses	Eligible Dependents	Annual Contribution Limits	Enrollment Restrictions
*Healthcare FSA	Medical, dental, vision & prescription	You, your spouse, qualifying child or relative	Min: \$50 Max: \$3,200	May <u>not</u> enroll if enrolled in an HDHP
Dependent Day Care FSA	After school care, adult or child daycare	Your spouse, qualifying child or relative	Max: \$5,000 — dependent on tax filing status	No restrictions
*Limited Purpose FSA	Dental, vision & post-deductible expenses	You, your spouse, qualifying child or relative	Min: \$50 Max: \$3,200	May enroll only if also enrolled in an HDHP

* \$50 minimum annual contribution requirement for 2025

Sample of Eligible Healthcare FSA Expenses

- Over-the-counter drugs and medicines not prescribed by a doctor (aspirin, cough medicine, decongestants, etc.)
- Insulin
- Co-payments, Deductibles, and Co-insurance
- Acupuncture
- Bandages
- Personal Protective Equipment (PPE) for preventing the spread of COVID-19 (face masks, disposable gloves, hand sanitizer, sanitizing wipes...)
- Crutches
- Chiropractic care
- Dental Treatments
- Infertility Treatments
- Flu shots
- Eyeglasses/exams
- Psychotherapy, psychiatric, psychological services
- Menstrual care products (pads, liners, tampons, etc.)

Ineligible Healthcare FSA Medical Expenses

These items cannot be reimbursed through your Healthcare FSA account:

- Insurance premiums
- Rx drugs imported from another country
- Controlled Substances that aren't legal under federal law (e.g., marijuana)
- Cosmetic Surgery
- Weight-Loss programs
- Maternity Clothes
- Teeth Whitening services
- Veterinary Fees
- Personal Use Items (e.g., toothbrush, toothpaste)
- Nutritional Supplements for ordinary good health
- Treatment unrelated to specific health problems (e.g., massage for general well-being; chiropractic maintenance visits)

Eligible LPFSA Expenses - HDHP Enrollees Only

Medical expenses may only be reimbursed after your HDHP deductible is met

Dental Expenses

- Braces and orthodontia
- Cleanings
- Crowns
- Fillings
- Dentures
- Copayments and deductibles

Vision Expenses

- Eye exams
- Prescription eyeglasses
- Prescription contact lenses
- Contact lens solution
- Laser eye surgery / LASIK
- Copayments and deductibles

Healthcare and Limited Purpose FSA

Note: LTEs are not eligible to participate

2025 Participants:

- Up to \$640 remaining in your Healthcare/LPFSA can carry over to the following plan year. Any unspent amount over \$640 will be forfeited. **Balance less than \$50 at the end of plan year 2024 after run out period requires a minimum annual election for 2025.**
- Carryover funds in FSA, LPFSA, Parking, and Transit accounts will have a waiting period and be made available to employees on April 15, 2025.
 - ❖ *Since these benefit accounts have a runout period ending March 31, Optum is not able to rollover the balances until the runout period has ended. The remaining funds will be used to process claims during the runout period. After the runout period is completed, remaining balances will transfer over to the new current plan year*

2025 Participants:

- Can contribute up to \$3,200
- Incur health expenses between 01/01/25 – 12/31/25
- You have access to your 2025 annual Healthcare and Limited Purpose FSA election as of your plan effective date

Eligible Dependent Care Expenses

If care provided enables you to work, look for work, or attend school:

- Fees for licensed child daycare or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home while you are at work/school
- Nanny expenses attributed to dependent care
- Summer Day Camp (primary purpose must be custodial not educational)
- Nursery school (preschool) fees
- Late pick-up fees

Ineligible Dependent Care Expenses

These items cannot be reimbursed through your Dependent Care account:

-
- Medical expenses
 - Baby-sitter in or out of your home for reasons other than to enable you to work, look for work, or attend school
 - Activity fees/educational supplies
 - Food, clothing, and entertainment
 - Transportation expenses
 - Child support payments
 - Kindergarten fees
 - Overnight camp
 - Late payment charges
 - Payment for services not yet provided (payment in advance)

Dependent Day Care FSA

Note: LTEs are not eligible to participate

2025 Participants:

- All expenses must be incurred between 01/01/25 – 12/31/25
- No carryover - unspent amounts are forfeited
- You have access to your Dependent Care money as soon as the money is deposited into your account
- Will NOT be able to use Optum Financial | CYC debit card to pay for Dependent Care Expenses

Parking & Transit Accounts

NOTE: LTEs are eligible to participate



- Parking and Transit Accounts allow you to set aside money on a pre-tax basis to pay for or reimburse yourself for eligible parking and transit expenses
- Funds are available as soon as payroll deductions are taken
- Eligible for carryover
- Enroll or make changes at any time during the year
- If you already have pre-tax payroll deductions to directly pay for a state parking lot/garage or for Vanpool, these expenses are NOT eligible for the Parking or Transit program.

2025 Parking and Transit Accounts

Parking Accounts

*Annual Contribution Limit = \$3,780 (\$315/month; \$157.50/biweekly)

Eligible Parking Expenses include:

- Parking Lots
- Parking Ramps
- Park and Ride Lots

Eligible parking expenses must take place at or near your place of employment, or at a location from which you commute to work

Transit Accounts

*Annual Contribution Limit = \$3,780 (\$315/month; \$157.50/biweekly)

Eligible Transit Expenses include:

- Bus
- Train
- Ferry
- Subway

Eligible commuter expenses must be work-related

***\$50 minimum annual contribution requirement for 2025**

Parking & Transit Accounts Carryover

NOTE: LTEs are eligible to participate

-
- Unused funds carryover into 2025 ** With a minimum balance of \$50 at the end of the 2024 plan year; a balance greater than \$50 will automatically rollover with no election for 2025**
 - ❖ Since these benefit accounts have a runout period ending March 31, rollover balances are not available until the runout period has ended. The remaining funds will be used to process claims during the runout period. After the runout period is completed, remaining balances will transfer over to the new plan year.

Health Savings Account (HSA)

High Deductible Health Plan (HDHP) Enrollees Only



HSA General Information

Used to set aside money on a pre-tax basis to pay for all eligible medical expenses, as well as dental and vision expenses

Must be enrolled in the state High Deductible Health Plan (HDHP) as the subscriber to enroll

If enrolled as the subscriber of the state HDHP, you are **REQUIRED** to enroll in an HSA, even if you do not contribute anything yourself

Must re-enroll in HSA every year.

An HSA is a bank account that you own – funds carryover from year to year without any risk of forfeiture

May contribute pre-tax payroll deductions and via online transfer from your personal bank account.

Can change your contribution at any time

You have access to your HSA money after deposits are made into your account (paycheck to paycheck)

What are Qualified Expenses?

Qualified expenses include but are not limited to:

- Over-the-counter drugs and medicines not prescribed by a doctor (aspirin, cough medicine, decongestants, etc.)
- Insulin
- Co-payments, Deductible and Co-insurance
- Acupuncture
- Bandages
- Crutches
- Chiropractic visits
- Dental Treatments
- Infertility Treatments
- Flu shots
- Eyeglasses/exams
- Psychotherapy, psychiatric, psychological services
- Menstrual care products (pads, liners, tampons, etc.)

Non-Qualified Expenses & HSA

If you receive an HSA distribution for reasons other than qualified medical expenses:

- The amount is subject to income tax; and
- May be subject to an additional 20% penalty



Learn more: www.irs.gov > **Search:** IRS Publication 502 and 969

2025 HSA Limits

- Increase in total HSA annual contribution maximum

	2024	2025	Change
Single	\$4,150	\$4,300	+ \$150
Family	\$8,300	\$8,550	+ \$250
Catch-Up (age 55 or older)	\$1,000	\$1,000	No Change

- Change to HSA annual employer contribution
 - Single = \$828 increase of \$78
 - Family = \$1,650 increase of \$150
 - Prorated if required to pay < ½ time rates or coverage effective after January 1st

Growth of HSA Account



- Interest
 - Funds earn interest over time
 - Once balance reaches \$1,000, you may invest funds above that level in a variety of HSA investment options
- See the [How an HSA Works page](#) for details



Wisconsin Retirement System (WRS)

Change for 2025 contribution rates



WRS Category	2025 WRS Employee Contribution	2025 WRS Employer Contribution
General/Teacher	6.95%	6.95%
Executive/Elected	6.95%	6.95%
Protective w/ Social Security	6.95%	14.95%
Protective w/out Social Security	6.95%	18.95%

Wisconsin Retirement System (WRS)

WRS contribution rate increased 0.10% from 2024



eBenefits

All elections made through STAR eBenefits
Will receive a confirmation notice of elections

OE and Retirees – 2025!

- Employees who know they will be retiring on or before 1/1/25, should complete paper applications to make benefit changes and submit paper applications to the agency.
- The employee should not make changes within ESS because these changes will never go over to ETF.
- ETF is requesting retirees complete paper applications, and the agency will fax them to ETF for processing.

eBenefits

- See [eBenefits Quick Guide](#) and an [Open Enrollment Summary Brochure and Checklist](#).
- If you submit your open enrollment elections by 9:30pm on any day during open enrollment, you will receive a confirmation statement that evening. There will be a one-day delay if elections are received after 9:30pm.
- Go to the **My Benefits** tile on the [employee self-service landing page](#) click on **My Benefit Documents** to access your Confirmation Statement.
- If you need to change your Open Enrollment elections AFTER you submit them through eBenefits, you can go back into eBenefits at any time through October 25th to update your elections. You must re-submit your elections each time you log back in to eBenefits.

How to Access eBenefits

- STAR eBenefits available at:
<https://ess.wi.gov>
- Click on the **Open Enrollment** Tile to access eBenefits



Announcements 9/20/24 12:00AM STAR, TAM, and Cornerstone will be unavailable starting at 5pm on Sept 27th 9/13/2024 12:00PM Open Enrollment Starts on September 30!		My Time 
My Payroll  Last Pay Date 09/19/2024	My Information 	My Benefits  Action Required
My Learning 	Performance  Next Due Date 03/31/2025	Resources 
Open Enrollment  Enrollment Ends 10/25/2024	Careers 	

Navigating eBenefits

- Click the **Select** Button to begin
- **Reminder: You Must Re-Enroll in Healthcare FSA, Dependent Day Care FSA, Parking, and Transit. If you do nothing, you will not be enrolled in those plans for 2025.**

Open Enrollment

The annual It's Your Choice open enrollment period is:

September 30 – October 25, 2024.

Please review the [eBenefits Quick Guide](#) before you begin the enrollment process.

This is the only time of the year when you are able to make benefit plan changes unless you have a life event (marriage, birth, divorce, etc.) that allows you to add or change benefits.



Important Information:

- All benefit enrollments are made through STAR.
- All benefit elections must be submitted by 11:59pm on October 25, 2024.
- All elections made during this period will be effective January 1, 2025.
- You should review the [2025 It's Your Choice](#) website prior to starting the enrollment process. You may also want to review the [2025 Health Benefits Decision Guide](#) and [Changes for 2025](#).
- If adding new dependents, please have your personal and dependent information (i.e. SSN, date of birth, full name, etc.) before you begin your enrollment.

REMINDER: You must re-enroll in the Healthcare FSA, Limited Purpose FSA, Dependent Day Care FSA, Pre-Tax Parking and Transit Accounts, Health Savings Account and Opt-Out Stipend every year.

If the Event Status does not say "Open" or "Submitted", please contact your agency payroll and benefits office. If the status is "Submitted," you can still click on the SELECT button to update your elections at any time during the enrollment period.

Click SELECT to enroll in benefits.

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Open Enrollment		01/01/2025	Open	PAYROLL BEN SYSTMS COOR- SEN	

Click the 'Select' button to update your previously submitted Open Enrollment elections. If you change any elections, you will receive a new Confirmation Notice.



Navigating eBenefits

Once you click **Select**, you will be brought to the Enrollment Summary Page

Enrollment Summary

Health	Before Tax	After Tax	Edit
Current: Dean w/Dental:Family			
New: Dean w/Dental:Family	143.00		
Dental - Supplemental	Before Tax	After Tax	Edit
Current: Delta Dental PPO Select Plus:Family Opt			
New: Delta Dental PPO Select Plus:Family Opt	33.10		
Dental - Preventive(no health)	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Vision	Before Tax	After Tax	Edit
Current: DeltaVision:Family Opt			
New: DeltaVision:Family Opt	10.29		
Accident Plan	Before Tax	After Tax	Edit
Current: Accident Plan - Family			
New: Accident Plan - Family		5.24	
Health Savings Account	Before Tax	After Tax	Edit
Current: No Coverage			
New: Waive	0.00		
Healthcare FSA	Before Tax	After Tax	Edit
Current: Healthcare FSA: \$720.00			
New: No Coverage			
Dependent Day Care FSA	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Parking (Before Tax)	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Transit (Before Tax)	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Opt Out Stipend	Before Tax	After Tax	Edit
Current: No Coverage			
New: Waive			

Navigating eBenefits

- Please note that when you first look at your Enrollment Summary page, some plans already have a plan listed under New. These are plans where coverage automatically continues from year to year.
- For other plans (all pre-tax savings accounts), you will see a current election if enrolled in 2024 but *No Coverage* listed under New. You are required to re-enroll in these plans every year.

Health

Current: Quartz-UW Health w/ Dental:Family

New: Quartz-UW Health w/ Dental:Family

Healthcare FSA


Current: Healthcare FSA: \$800.00

New: No Coverage

Navigating eBenefits

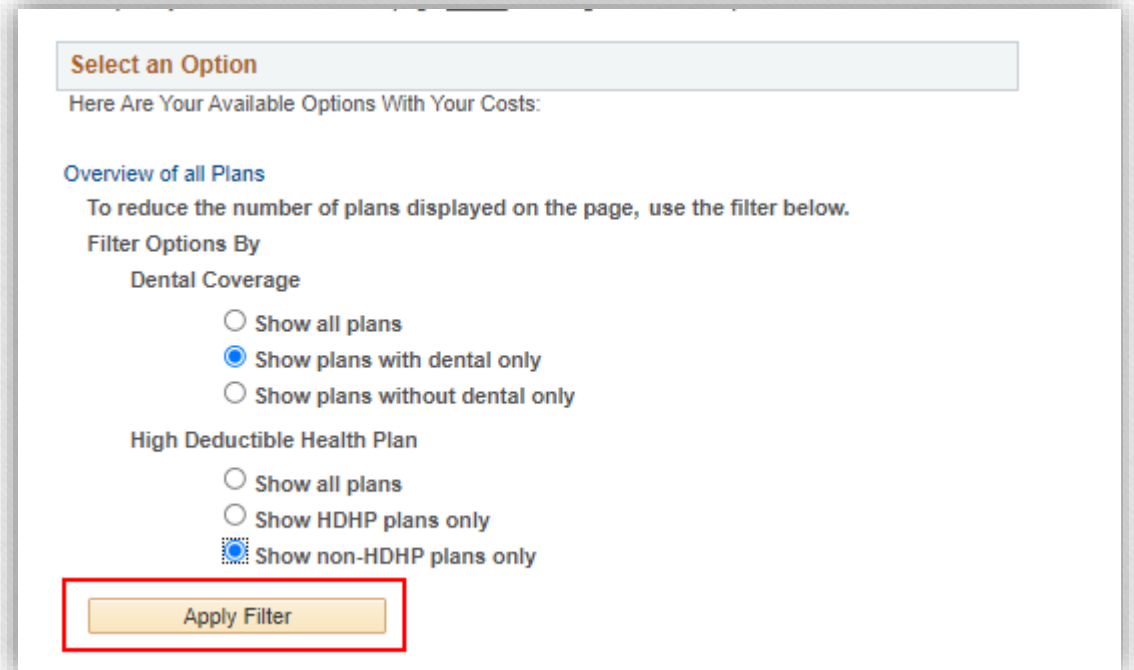
- To make a new election click the Edit button to the far right of the plan name
- This will bring you to the plan-specific enrollment page

Enrollment Summary			
Health	Before Tax	After Tax	Edit
Current: Waive			
New: Waive			



Navigating eBenefits

- On each plan, you will see what you can do during Open Enrollment and links to more information.
- On the health page, you can reduce the number of plans on the page by indicating the type of health plan you want
 - With or Without Dental
 - High Deductible Health Plan (HDHP) or non-HDHP



The screenshot shows a web interface for selecting health plan options. At the top, a light blue header bar contains the text "Select an Option". Below this, a subtitle reads "Here Are Your Available Options With Your Costs:". The main section is titled "Overview of all Plans" in blue text, followed by the instruction "To reduce the number of plans displayed on the page, use the filter below." Under the heading "Filter Options By", there are two filter categories. The first is "Dental Coverage", which includes three radio button options: "Show all plans", "Show plans with dental only" (which is selected with a blue dot), and "Show plans without dental only". The second category is "High Deductible Health Plan", which includes three radio button options: "Show all plans", "Show HDHP plans only", and "Show non-HDHP plans only" (which is selected with a blue dot). At the bottom of the filter section, there is a yellow button labeled "Apply Filter" that is highlighted with a red rectangular border.

Navigating eBenefits

- To select a plan, click on the radio button next to the plan name
- You do NOT pick the coverage level; the system will determine the coverage level based on who is covered by the plan



Coverage Level	Your Costs	Tax Class
Employee Only	\$57.50	Before-Tax
Family	\$143.00	Before-Tax

Navigating eBenefits

- Scroll to the bottom of the page to review your dependents
- Check the box next to any dependent who you want covered by the plan
- Uncheck the box next to any dependent who you do NOT want covered by the plan
 - **REMINDER** – if you enroll in family health insurance, you are required to cover all eligible family members. For the dental and vision plans, there is no requirement to cover all family members if you elect family coverage.
- Click the Add/Review Dependents button to review information about your dependent or add a new dependent. **Do NOT add yourself as a dependent.**

Enroll Your Dependents

The following list displays your dependents on record. If a dependent is missing from the list, click on the Add/Review Dependents button to add a dependent(s). You may also use this button to review the details of the dependent.

If a dependent is listed more than once or there is missing or incorrect information on a dependent, contact your Payroll and Benefits Office to make the correction.

NOTE: Do not add yourself as a dependent and do not add a dependent more than once.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

If you do not want a dependent covered by the plan, uncheck the Enroll box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Bob Employee	Spouse

Add/Review Dependents

Update and Continue

Discard Changes

Navigating eBenefits

- You can review your current dependent information, **but you can NOT change it**. If dependent information is wrong, contact your agency benefits office to update it. Do **NOT** add the dependent again.
- To add a new dependent, click **Add a dependent**

Add/Review Dependent

Ima Employee

The people listed may be eligible for Benefit Coverage. Select a name to view personal information. To add a dependent, select the "Add a dependent" button.

Dependent Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Disabled
Bob Employee	Spouse	07/20/1973	Married	01/01/2022	No

Add a dependent

[Return to Event Selection](#)

Adding a Dependent

- Must enter the following:
 - Legal name
 - Date of birth
 - Gender
- Social security number
- Relationship to employee
 - Marital status
- Marital status as of date (if not single)
 - Address
 - Phone
- **Save** at the bottom of the page when entry complete

Dependent Personal Information


Select Save once you have added your dependent's personal information. This information will go into effect as of Jan 1, 2025.


Personal Information


*First Name

Middle Name

*Last Name

Name Prefix 

Name Suffix 

*Date of Birth 

*Gender

Social Security Number

*Relationship to Employee

Status Information

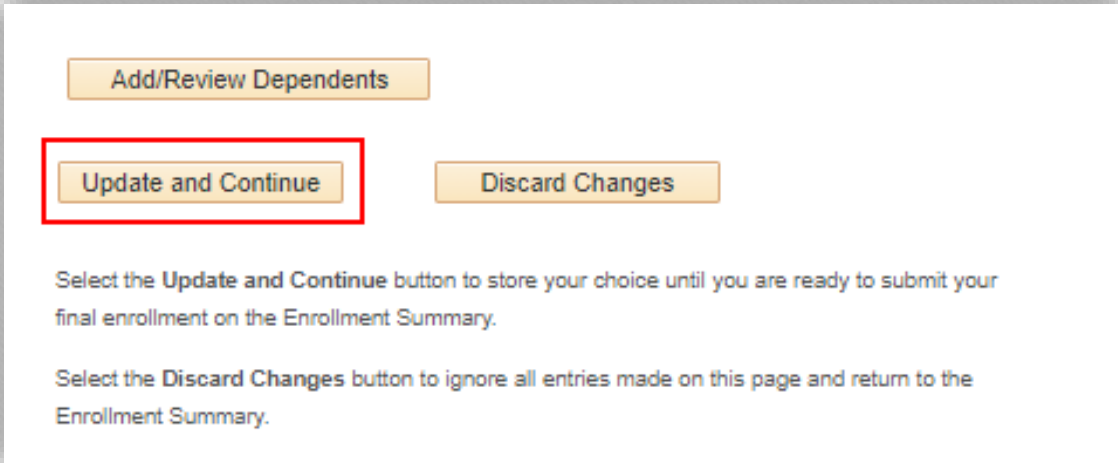
*Marital Status Single  As of 

*Disabled No  As of 

Address and Telephone

Navigating eBenefits

- Once you have made your benefit plan election, click the **Update and Continue** button. This will store your election.
- This will take you to a screen that confirms your election.



The screenshot shows a web interface with three buttons at the top: 'Add/Review Dependents', 'Update and Continue', and 'Discard Changes'. The 'Update and Continue' button is highlighted with a red rectangular border. Below the buttons, there is instructional text: 'Select the Update and Continue button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.' and 'Select the Discard Changes button to ignore all entries made on this page and return to the Enrollment Summary.'

Add/Review Dependents

Update and Continue

Discard Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

Navigating eBenefits

- On this screen, confirm that your election is correct and click the **Update Elections** button.
- You will then be brought back to the Enrollment Summary page



Open Enrollment

Health

i **IMPORTANT:** Your enrollment will not be complete until you click **SUBMIT** and your choices are electronically sent to the Benefits Department. Please contact your Agency Payroll and Benefit Specialist with any questions.

Your Choice

You have chosen Quartz Central with Dental with Family coverage.

Your Estimated Per-Pay-Period Cost

Your Cost	\$153.50
-----------	----------

Your Covered Dependents

Dependent Information	
Name	Relationship
Willy D Nilly	Spouse

Notes

Once submitted, this choice will take effect on 01/01/2025. Deductions for this choice will start with the pay period beginning 12/15/2024.

Update ElectionsDiscard Changes

Select the **Update Elections** button to store your choices.
Select the **Discard Changes** button to go back and change your choices.

Navigating eBenefits

- Your new election will now be on the Enrollment Summary page
- To update a different benefit plan, click the Edit button next to that next plan

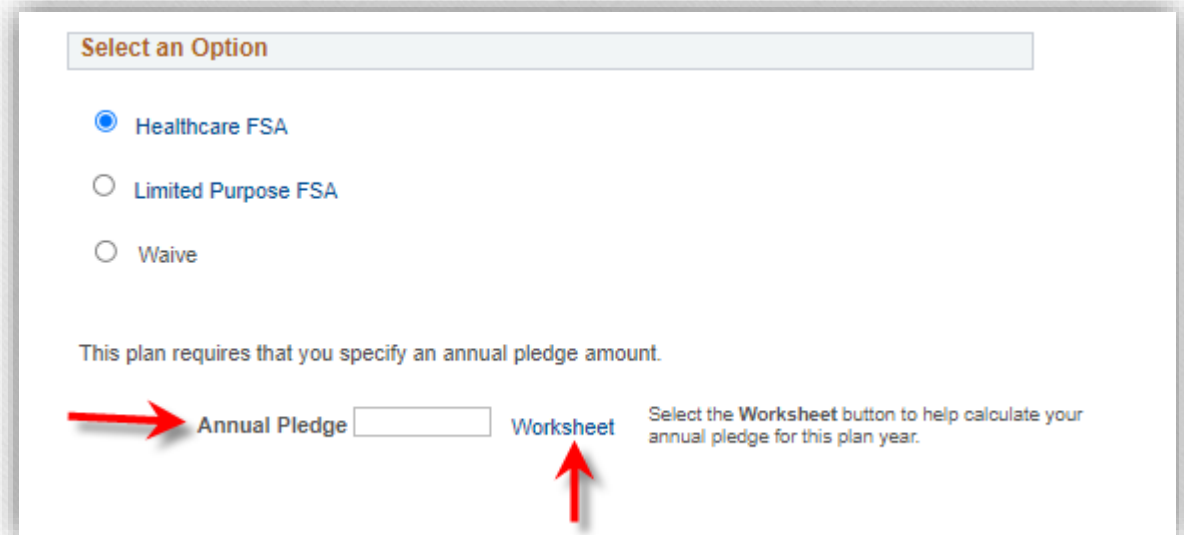
i IMPORTANT: Your enrollment will not be complete until you click SUBMIT and your choices are electronically sent to the Benefits Department. Please contact your Agency Payroll and Benefit Specialist with any questions.

Enrollment Summary

Health	Before Tax	After Tax	Edit
Current: Dean w/Dental:Family			
New: GHC-SCW Dane Choice w/Dental:Family	143.00		
Dental - Supplemental	Before Tax	After Tax	Edit
Current: Delta Dental PPO Select Plus:Family Opt			
New: Delta Dental PPO Select Plus:Family Opt	33.10		
Dental - Preventive(no health)	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Vision	Before Tax	After Tax	Edit
Current: DeltaVision:Family Opt			
New: DeltaVision:Family Opt	10.29		

Navigating eBenefits

- You must re-enroll in Pre-Tax Savings Accounts and your Health Savings Account (HSA) every year (if enrolled in a HDHP).
- When you elect an FSA, you must enter an annual pledge. You can enter the annual pledge directly on the initial enrollment page or click on the Worksheet link to enter the annual pledge and see how much the deduction will be each pay period.



Select an Option

☒ Healthcare FSA

☐ Limited Purpose FSA

☐ Waive

This plan requires that you specify an annual pledge amount.

→ Annual Pledge [Worksheet](#) ↑

Select the **Worksheet** button to help calculate your annual pledge for this plan year.

Navigating eBenefits

- The worksheet allows you to enter your annual pledge and see how much the deduction will be per pay period.
- Click Estimate from Per-Pay-Period Contribution to enter the pay period amount you want, and it will calculate the annual contribution.

[Open Enrollment](#)

[Healthcare FSA](#)

Ima Employee

Flexible Spending Accounts Worksheet

Use this worksheet to determine your desired Annual Pledge. Once you enter your New Annual Pledge, select the Calculate button to estimate your per-pay-period contributions.

[Estimate from Per-Pay-Period Contributions](#)

Your New Annual Pledge

Minus Your Year-To-Date Contributions 0.00

Divided by Pay Periods Remaining 24

Estimated Per-Pay-Period Contribution 100.00

[Return to Benefits Enrollment - Health Flexible Spending](#)

[Calculate](#)

Navigating eBenefits

- If you would like to cancel coverage for 2025 click on the Edit button next to the plan and select the “Waive” option.



The screenshot displays a web interface for managing health benefits. At the top, there is a plan name 'HDHP Access OutState no Dental' and a 'Provider Link' button. Below this, a table lists coverage options. The 'Waive' option is selected, indicated by a red arrow and a filled radio button.

Coverage Level	Your Costs	Tax Class
Employee Only	\$48.50	Before-Tax
Family	\$124.50	Before-Tax
<input checked="" type="radio"/> Waive		

Navigating eBenefits

- If you enroll in or change your health insurance for 2025, a Coordination of Benefits page will appear. You must indicate if you have Other Health Insurance or Medicare. You must select either “Yes” or “No.”
- If yes, enter the information if you have it
- You may also enter your clinic or physician information, but it is not required.

Coordination of Benefits - Employee

Other Health Insurance

Medicare

Physician Details

National Provider ID [Lookup Provider ID](#)

Clinic Name

Physician First Name

Physician Last Name

Save and Continue

Navigating eBenefits

- Once you are done making all your elections, scroll to the bottom of the Enrollment Summary Page and click the **Save and Continue** button. This will bring you to the next step in the process.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	146.59	140.43	6.16
Your Costs	146.59	140.43	6.16

These costs do not include certain choices that are based on variable earnings.

You must re-enroll in Healthcare FSA, Dependent Day Care FSA, Healthcare Savings Account (HSA), Pre-Tax Parking and Transit Accounts, and the Health Insurance Opt-Out Stipend every year.

[Save and Continue](#)

Navigating eBenefits

- This is the page in which you **SUBMIT** your elections. You must **SUBMIT** your elections no later than 11:59 pm on October 25, 2024.



Open Enrollment

Submit Benefit Choices

You have almost completed your enrollment. If you have no further changes, select the **Submit** button at the bottom of this page to finalize your benefit choices.

You must click the **Submit** button below to finalize and submit your benefit elections.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Once you submit your elections, you are able to log back in to eBenefits to make changes to your elections through Friday, October 25, 2024. All elections submitted at the end of the day on October 20th are considered your final open enrollment elections.

Once your enrollment is processed, you will have limited opportunities to make any benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Authorize Elections

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

By Clicking SUBMIT you agree to the following and have read the terms and conditions relevant to application for benefits through the Department of Employee Trust Funds: To the best of my knowledge, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information, misrepresentation or fail to provide complete or timely information on this application, I may face action, including, but not limited to, loss of coverage, employment action, and/or criminal charges/sanctions under Wis. Stat. § 943.395.

Submit

Cancel

Select the **Submit** button to send your final choices to the Benefits Department.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Navigating eBenefits

- If you see this page, you have successfully submitted your benefit elections.

Open Enrollment

Submit Confirmation

Milly Nilly

Your benefit choices have been successfully submitted to the Benefits Department.

If you submit your open enrollment elections by 8pm on any day during open enrollment, you will receive an email and confirmation statement just after 8pm that same day. There will be a one-day delay if elections are received after 8pm. Go to the **My Benefits Tile** on the [Employee Self-Service Landing Page](#) and click on **My Benefit Documents** to view your confirmation statement.

To return to the Benefits Enrollment page, use the OK button.

OK

Navigating eBenefits

- If you submit your elections by 9:30pm, you will receive a confirmation statement that evening. Elections submitted after 9:30pm will receive a confirmation statement the following evening.

CONFIRMATION OF 2025 ELECTIONS - Open Enrollment

Employee ID:
Department ID:

Statement Date: 9/24/2024
Effective Date: 01/01/2025
Event Class: OE

This notice is confirmation of the changes you made during the open enrollment period, as well as ongoing benefit elections. Please review this Benefit Confirmation carefully. It is your responsibility to report any errors to your benefits office by Friday, October 25, 2024. If all information is accurate, no action is required. Coverage listed below is effective January 1, 2025.

YOUR BENEFIT ELECTIONS AS OF JANUARY 1, 2025

	<u>Benefit Plan</u>	<u>Coverage/Annual Election</u>	<u>Pay Period Pre-Tax Deduction</u>	<u>Pay Period After-Tax Deduction</u>
Health	HDHP Network with Dental	Family	\$57.00	
Dental - Supplemental	Delta Dental PPO Select	Employee + Spouse	\$9.08	
Dental - Preventive(no health)	Delta Dental PPO Preventive	Family	\$45.14	
Vision	DeltaVision	Employee + EE Children	\$6.44	
State Group Life	Life - Basic+Suppl (2x salary)		\$10.40	
State Group Life Additional	Waive			
State Group Life Spouse & Dep	Waive			
Health Savings Account	HSA Network w/Dental	\$6,900	\$287.50	
ICI Standard	ICI Category 5	Up to 75% of Salary		\$1.68
Accident Plan	Securian Accident Plan	Employee Only		\$1.86

eBenefit Tips


- Once you submit your elections, you can go back into eBenefits at any time during the Open Enrollment period to make updates to your elections.
 - You must **SUBMIT** your elections again if you make any changes
 - A new confirmation statement will be generated
- If you save elections but never submit them, no updates will be made to your benefits for 2025.





How to Access Confirmation Statement


ESS Landing Page - My Benefits Tile - My Benefit Documents


My Benefits


 Benefits Summary


 Dependent Information


 Health Care Summary


 Health Care Dependent Summary

 Life/Disability Summary

 **My Benefit Documents**




 View Form 1095-C


 Form 1095-C Consent

 Benefits Enrollment

Benefits File

Empl ID

	Document Type	Number of Documents	
<input type="checkbox"/>	Confirmation Statements	10	
<input type="checkbox"/>	Applications	0	
<input type="checkbox"/>	Supporting Documents	0	

☐ Toggle Select 













Your Open Enrollment Confirmation Statement will be available the day after you submit your OE elections.

Confirmation Statements are the only documents currently stored in the Benefits File. Click on the icon to the far right in the Confirmation Statements row to see your Open Enrollment Confirmation Statement.

Refresh

How to Access Confirmation Statement

- You will be brought to your confirmation statement. Click on the icon on the right to view your statement.
- If you submit your OE elections multiple times, you will see a confirmation statement for each submission. All previous year confirmation statements will also be displayed.
 - ❖ Only the confirmation statement with the most recent date is valid.

Confirmation Statements					
	Document Effective Date	Business Unit	Attached File	Status	
<input type="checkbox"/>	01/01/2025	50500	OE2025_confirm_stmt_09-24-2024.pdf	Available	
<input type="checkbox"/>	01/01/2024	50500	OE2024_confirm_stmt_10-19-2023.pdf	Available	
<input type="checkbox"/>	01/01/2023	50500	OE2023_confirm_stmt_10-17-2022.pdf	Available	
<input type="checkbox"/>	01/01/2023	50500	OE2023_confirm_stmt_10-05-2022.pdf	Available	
<input type="checkbox"/>	01/01/2022	50500	OE2022_confirm_stmt_10-18-2021.pdf	Available	
<input type="checkbox"/>	01/01/2021	50500	OE2021_confirm_stmt_10-21-2020.pdf	Available	
<input type="checkbox"/>	01/01/2020	50500	OE2020_confirm_stmt_10-07-2019.pdf	Available	
<input type="checkbox"/>	01/01/2020	50500	OE2020_confirm_stmt_09-30-2019.pdf	Available	
<input type="checkbox"/>	01/01/2019	50500	OE2019_confirm_stmt_10-22-2018.pdf	Available	
<input type="checkbox"/>	01/01/2019	50500	OE2019_confirm_stmt_10-01-2018.pdf	Available	
<input type="checkbox"/>	01/01/2018	50500	OE2018_confirm_stmt_11-06-2017.pdf	Available	
<input type="checkbox"/>	01/01/2018	50500	OE2018_confirm_stmt_10-25-2017.pdf	Available	

Confirmation Statement

- Your confirmation statement will show ALL your benefits as of January 1, 2025. It will confirm your Open Enrollment elections and show any ongoing benefits.
- If you see any errors on your Confirmation Statement either go back into eBenefits to correct or reach out to your agency's Payroll and Benefits Specialist.

CONFIRMATION OF 2025 ELECTIONS - Open Enrollment

Employee ID:
Department ID:

Statement Date: 9/24/2024
Effective Date: 01/01/2025
Event Class: OE

This notice is confirmation of the changes you made during the open enrollment period, as well as ongoing benefit elections. Please review this Benefit Confirmation carefully. It is your responsibility to report any errors to your benefits office by Friday, October 25, 2024. If all information is accurate, no action is required. Coverage listed below is effective January 1, 2025.

YOUR BENEFIT ELECTIONS AS OF JANUARY 1, 2025

	<u>Benefit Plan</u>	<u>Coverage/Annual Election</u>	<u>Pay Period Pre-Tax Deduction</u>	<u>Pay Period After-Tax Deduction</u>
Health	HDHP Network with Dental	Family	\$57.00	
Dental - Supplemental	Delta Dental PPO Select	Employee + Spouse	\$9.08	
Dental - Preventive(no health)	Delta Dental PPO Preventive	Family	\$45.14	
Vision	DeltaVision	Employee + EE Children	\$6.44	
State Group Life	Life - Basic+Suppl (2x salary)		\$10.40	
State Group Life Additional	Waive			
State Group Life Spouse & Dep	Waive			
Health Savings Account	HSA Network w/Dental	\$6,900	\$287.50	
ICI Standard	ICI Category 5	Up to 75% of Salary		\$1.68
Accident Plan	Securian Accident Plan	Employee Only		\$1.86

Important Reminders

- Access eBenefits and your confirmation statement at <https://ess.wi.gov>
- **All Open Enrollment elections must be made by 11:59 pm on October 25th**
- Review your Confirmation Statement and contact your agency's Payroll and Benefits Specialist if anything is incorrect
- All elections made during Open Enrollment will be **effective January 1st, 2025.**



Questions?

Contact your agency's payroll and benefits office.