It’s Your Choice Open Enrollment

October 1, 2018 – October 26, 2018
Open Enrollment Emails

• Starting this year, you will receive Open Enrollment emails directly from STAR. They 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

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Enroll</th>
<th>Add or Remove Dependents</th>
<th>Change Plans</th>
<th>Cancel Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Delta Dental PPO</td>
<td>X</td>
<td></td>
<td>New plan for 2019</td>
<td>X</td>
</tr>
<tr>
<td>VSP Vision</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>AD&amp;D</td>
<td>X</td>
<td>Change coverage level</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Healthcare FSA or Limited Purpose FSA**
- Must re-enroll every year
- Coverage will automatically end if no 2019 enrollment

**Dependent Day Care FSA**
- Must re-enroll every year

**Pre-Tax Parking and Transit ERA**
- Must re-enroll every year

**Health Savings Account (HSA)**
- Enrollment will end if employee doesn’t elect High Deductible Health Plan but employee’s HSA account remains active.
- Must re-enroll every year

**Health Insurance Opt-Out Stipend**
- Must certify that eligibility requirements are met on an annual basis
- Must re-enroll every year

**Anthem Dental, EPIC Benefits+, Dental Wisconsin**
- Plans no longer available in 2019**
  - Supplemental dental coverage available through Delta Dental PPO
  - Supplemental vision coverage is available through VSP
  - AD&D coverage available through Zurich AD&D
  - No option for hospital and surgical indemnity coverage for 2019

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* Can also enroll in or cancel Uniform Dental Benefit
** No option to continue coverage through COBRA
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
Get to know ALEX – Your Virtual Benefits Counselor

- ALEX is an interactive decision-support tool that acts as an informative, virtual benefits counselor to help you learn more about your benefits in a personalized way.
- ALEX can walk you through your benefit options, so you can find the plans that are best for you.
- Click here to get started. You will select the ALEX tool for State, UWHC and Retirees. When asked for your Employment Category, most employees will select “Regular (Non-LTE) employee who works at least 50%.”
State Group Health Insurance

Changes for 2019

Enrollment Choices

No Premium Change

Opt-Out Stipend Requires Action
Open Enrollment Resources

• 2019 It’s Your Choice Website
• 2019 It’s Your Choice Decision Guide
• Important Changes for 2019 eLearning
• Health Plan by County Map
2019 Health Plans

- All 2018 health plans available in 2019
- New Health Plan – Robin with HealthPartners
  - Available in Northeast Wisconsin
  - Includes Aurora Health Care, BayCare Clinic, Bellin Health, Holy Family Memorial, ThedaCare
- Health Plan Name Changes
  - WEA Trust – Northwest Chippewa Valley ➔ WEA Trust West-Chippewa Valley
  - WEA Trust – Northwest Mayo Clinic Health System ➔ WEA Trust West-Mayo Clinic Health System
  - No action needed – name change to reflect service areas
- SMP only available in Forest County in 2019
  - In 2018, was only available in Florence County (can remain in SMP in 2019 if providers remain SMP providers)
  - Robin with HealthPartners now available in Florence County
Health Uniform Benefit Changes
New Benefits

• Telehealth
  ➢ Covered at 100% for non-HDHP plans. HDHP participants pay full cost until deductible met

• Home Sleep Studies
  ➢ Coverage for medically necessary sleep studies at home

• Contact Lenses for Keratoconus Treatment
  ➢ Coverage for one set of medically necessary hard contact lenses if being treated for keratoconus

• Removed the exclusion of transgender services and benefits under Uniform Benefits
  ➢ Defer to medical necessity of treatments as authorized by the health plan
Health Uniform Benefit Changes

Benefit Changes

• Tooth extractions
  • Coverage for extraction of erupted teeth (above gum line) will be covered by Uniform Dental instead of medical benefit
• Transplants
  • Language simplified to defer to health plan clinical teams to make decision on appropriateness

Limitations

• Skin Tags
  • Specifically added as an exclusion
• Prescription foot orthotics
  • Coverage for only 1 orthotic per foot per year
State Group Health

Changes allowed:
- Enroll or cancel coverage for 2019
- Add or remove eligible dependents
- 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 2019. See ETF’s Health Plan By County Map.
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 Options
- Health Plan Design Cost Comparison
- Health Plan Design eLearning (includes case studies)
## Low vs High Deductible Health Plan

For a comparison chart of all health plan design options, go to: [http://etf.wi.gov/members/IYC2019/et-2107cb.asp](http://etf.wi.gov/members/IYC2019/et-2107cb.asp)

<table>
<thead>
<tr>
<th></th>
<th>IYC Health Plan (low deductible)</th>
<th>IYC HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Medical Deductible</strong></td>
<td>$250 individual $500 family</td>
<td>$1,500 individual $3,000 family</td>
</tr>
<tr>
<td><strong>Office Visit Co-Pay (non-specialty)</strong></td>
<td>$15 (not subject to deductible)</td>
<td>Full cost until deductible met; $15 thereafter</td>
</tr>
<tr>
<td><strong>Office Visit Co-Pay (specialty)</strong></td>
<td>$25 (not subject to deductible)</td>
<td>Full cost until deductible met; $25 thereafter</td>
</tr>
<tr>
<td><strong>Annual Medical Out-of-Pocket Limit</strong></td>
<td>$1,250 individual $2,500 family</td>
<td>$2,500 individual $5,000 family</td>
</tr>
<tr>
<td><strong>Routine, preventive services required by law</strong></td>
<td>Plan pays 100%, not subject to deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Co-insurance for illness or injury services (in addition to co-payment)</strong></td>
<td>After deductible, you pay 10% up to out-of-pocket limit</td>
<td>Once deductible is met, you pay 10% up to out-of-pocket limit</td>
</tr>
</tbody>
</table>
HDHP/HSA Eligibility

- HDHP/HSA Eligibility (see eLearning for details)
  - Employee (subscriber) must NOT be covered by any other health insurance, including Medicare Part A
  - 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.
  - As long as 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 or Access (not required to work out of state), must meet annual deductible before benefits are paid
• For full details, see the Prescription Section of the Breakdown of Costs by Plan Design page
• The Navi-Gate website has tools to help you determine the cost of your prescriptions.
Prescription Coverage Changes

• Increased cost sharing for brand-name level 3 drugs that are “dispense as written (DAW-1)”
  ➢ Will pay 40% coinsurance + difference between cost of brand name drug and its generic equivalent
  ➢ Doctor can submit an FDA MedWatch form to Navitus to waive this increased cost sharing
  ➢ See following slides for examples
Level 3 Drug – No FDA MedWatch Form on File

Example: Receive Brand Name Level 3 drug and is marked as “DAW-1.” You do NOT have a medical need so doctor does NOT submit FDA MedWatch form.

Cost Calculation

Step 1: $2000 \times 40\% = $800 \rightarrow $150
You pay 40\% of original drug price, up to $150 limit.

Step 2: $2000 - $900 = $1100
You also pay the difference between the brand name drug and the generic equivalent

Step 1 + Step 2: $150 + $1100 = $1250 (your total cost)

When a brand name drug is not medically necessary, you save money by taking the generic equivalent.

30-Day Supply Cost

Your Cost with Insurance:
- Brand Name Level 3 Drug: $1250
- Generic Equivalent: $5

Cost Before Insurance:
- Brand Name Level 3 Drug: $2000
- Generic Equivalent: $900
Level 3 Drug – FDA MedWatch Form on File

Example: Receive Brand Name Level 3 drug and is marked as “DAW-1.” The Brand Name Drug is medically necessary because you are allergic to the generic equivalent. Your doctor submits the FDA MedWatch form to Navitus.

30-Day Supply Cost

Your Cost with Insurance:
• Brand Name Level 3 Drug: $150

Cost Before Insurance:
• Brand Name Level 3 Drug: $2000

Cost Calculation

$2000 x 40% = $800 ➔ $150

You pay 40% of original drug price, up to $150 limit.
<table>
<thead>
<tr>
<th></th>
<th>IYC Plan</th>
<th>HDHP IYC Plan (benefits below are AFTER deductible is met)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
<td>Combined medical/Rx deductible $1,500 individual $3,000 family</td>
</tr>
<tr>
<td><strong>Level 1 Copay</strong></td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Level 2 Coinsurance</strong></td>
<td>20% ($50 max)</td>
<td>20% ($50 max)</td>
</tr>
<tr>
<td><strong>Level 3 Coinsurance</strong></td>
<td>40% ($150 max)</td>
<td>40% ($150 max)</td>
</tr>
<tr>
<td><strong>Level 4 Specialty Copay</strong></td>
<td>$50 (Must fill at specialty pharmacy)</td>
<td>$50 (Must fill at specialty pharmacy)</td>
</tr>
<tr>
<td><strong>Levels 1 &amp; 2 Out-of-Pocket Limit</strong></td>
<td>$600 individual $1,200 family</td>
<td>Included in Medical OOPL</td>
</tr>
<tr>
<td><strong>Level 3 Out-of-Pocket Limit</strong></td>
<td>$6,850 individual $13,700 family</td>
<td>Included in Medical OOPL</td>
</tr>
<tr>
<td><strong>Level 4 Out-of-Pocket Limit</strong></td>
<td>$1,200 individual $2,400 family</td>
<td>Included in Medical OOPL</td>
</tr>
</tbody>
</table>

* Level 3 “Dispense as Written” or “DAW-1” drugs may cost more
# 2019 Employee Health Premiums

## Non-HDHP Plans

*No premium increase for 2019*

<table>
<thead>
<tr>
<th>Plan</th>
<th>Single (monthly)</th>
<th>Single (biweekly)</th>
<th>Family (monthly)</th>
<th>Family (biweekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IYC Plan with Dental</td>
<td>$88.00</td>
<td>$44.00</td>
<td>$219.00</td>
<td>$109.50</td>
</tr>
<tr>
<td>IYC Plan without Dental</td>
<td>$85.00</td>
<td>$42.50</td>
<td>$211.00</td>
<td>$105.50</td>
</tr>
<tr>
<td>Access with Dental (required to work out of state)</td>
<td>$138.00</td>
<td>$69.00</td>
<td>$347.00</td>
<td>$173.50</td>
</tr>
<tr>
<td>Access without Dental (required to work out of state)</td>
<td>$135.00</td>
<td>$67.50</td>
<td>$339.00</td>
<td>$169.50</td>
</tr>
<tr>
<td>Access with Dental</td>
<td>$266.00</td>
<td>$133.00</td>
<td>$664.00</td>
<td>$332.00</td>
</tr>
<tr>
<td>Access without Dental</td>
<td>$263.00</td>
<td>$131.50</td>
<td>$656.00</td>
<td>$328.00</td>
</tr>
</tbody>
</table>
2019 Employee Health Premiums
HDHP Plans
No premium increase for 2019

<table>
<thead>
<tr>
<th>Plan</th>
<th>Single (monthly)</th>
<th>Single (biweekly)</th>
<th>Family (monthly)</th>
<th>Family (biweekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDHP Plan with Dental</td>
<td>$33.00</td>
<td>$16.50</td>
<td>$82.00</td>
<td>$41.00</td>
</tr>
<tr>
<td>HDHP Plan without Dental</td>
<td>$30.00</td>
<td>$15.00</td>
<td>$74.00</td>
<td>$37.00</td>
</tr>
<tr>
<td>HDHP Access with Dental (required to work out of state)</td>
<td>$83.00</td>
<td>$41.50</td>
<td>$210.00</td>
<td>$105.00</td>
</tr>
<tr>
<td>HDHP Access without Dental (required to work out of state)</td>
<td>$80.00</td>
<td>$40.00</td>
<td>$202.00</td>
<td>$101.00</td>
</tr>
<tr>
<td>HDHP Access with Dental</td>
<td>$211.00</td>
<td>$105.50</td>
<td>$527.00</td>
<td>$263.50</td>
</tr>
<tr>
<td>HDHP Access without Dental</td>
<td>$208.00</td>
<td>$104.00</td>
<td>$519.00</td>
<td>$259.50</td>
</tr>
</tbody>
</table>
Health Savings Account (HSA) Contribution

If enrolled in a High Deductible Health Plan for 2019, must enroll in an HSA
Must re-enroll in HSA every year!!

<table>
<thead>
<tr>
<th>HSA Annual Employer Contribution* (no change from 2018)</th>
<th>HSA Total Annual Contribution Limit (employee + employer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Single = $750 ($31.25 bi-weekly/$62.50 monthly)</td>
<td>• Single = $3,500 ($50 increase from 2018)</td>
</tr>
<tr>
<td>• Family = $1,500 ($62.50 bi-weekly/$125.00 monthly)</td>
<td>• Family = $7,000 ($100 increase from 2018)</td>
</tr>
<tr>
<td>• If required to pay half of total health insurance premium, receive half of total HSA employer contribution</td>
<td>• Age 55 or older = $1,000 catch-up contribution limit</td>
</tr>
</tbody>
</table>

**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

If you’re not enrolling in health insurance for 2019, you may be eligible for $2,000 opt-out stipend

- **Eligibility requirements**
  - Must not be covered by state or UW health insurance in 2019 as an employee, spouse or child; and
  - Must NOT be a craftworker; and
  - If employed by the state in 2015 and was eligible for the employer contribution towards health insurance, did NOT opt out of coverage in 2015.

- Employees can enroll in the Opt-Out stipend through eBenefits
- $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.
Wellness Incentive

• Covered employee and spouse can each earn a $150 Wellness Incentive by completing:
  • An online health assessment; and
  • A health screening; and
  • An easy health engagement activity through StayWell
• Incentive will be a prepaid Visa card again in 2019
• StayWell website

Deadline to earn 2018 incentive is October 19, 2018.
Dental Plans No Longer Available

Dental Wisconsin
EPIC Benefits+
Anthem Dental
Supplemental Benefit Changes

The following supplemental benefits will no longer be available in 2019:

- Anthem DentalBlue
- Dental Wisconsin
- EPIC Benefits+

Coverage under these plans will end as of December 31, 2018.

Employees will not be eligible for COBRA or any other continuation provisions.
Options to Replace Outgoing Benefit Plans

- For basic and preventive dental coverage ➔ Uniform Dental (must be enrolled in health insurance to enroll in Uniform Dental)
  - There is NO coverage available for basic and preventive dental services outside of Uniform Dental
- To replace supplemental dental ➔ Delta Dental PPO Plan (Select Plan or Select Plus Plan)
  - Not required to enroll in Uniform Dental if enrolling in Delta Dental PPO
- To replace vision insurance available in EPIC Benefits+ ➔ VSP Vision
- To replace AD&D coverage available in EPIC Benefits+ ➔ Zurich AD&D
- There is no hospital and surgical indemnity coverage option for 2019
Transition of Services

• If in mid-treatment and enrolls in Delta Dental PPO, will need to work with Delta on continuation of treatment options

• See the Services in Progress Flyer and Ortho in Progress Flyer for details

• Contact Delta Dental at 1-844-337-8383 or go to the Delta Dental website to chat with a Benefit Advisor
Delta Dental

Uniform Dental Benefit
Delta Dental PPO - Select Plan
Delta Dental PPO - Select Plus Plan
Delta Dental Summary of Benefits

- Both the Uniform Dental Benefit and the Supplemental Dental Plan are now administered by Delta Dental
- New supplemental dental plan - Delta Dental PPO
- Employee can enroll in **one** of the two supplemental plan options:
  - Delta Dental PPO – Select Plan
  - Delta Dental PPO Plus Premier – Select Plus Plan
- True supplemental dental plan – wraps around Uniform Dental Benefits
  - Not required to be enrolled in Uniform Dental, but the Delta Dental PPO Plan will not provide coverage that is provided offered by Uniform Dental
# Summary of Dental Benefits Available

<table>
<thead>
<tr>
<th></th>
<th>Uniform Dental Benefit</th>
<th>Delta Dental PPO - Select Plan</th>
<th>Delta Dental PPO - Select Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network</strong></td>
<td>Delta Dental PPO and Delta Dental Premier</td>
<td>Delta Dental PPO Only</td>
<td>Delta Dental PPO and Delta Dental Premier</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$0</td>
<td>$100/person</td>
<td>$25/person</td>
</tr>
<tr>
<td><strong>Individual Annual Maximum</strong></td>
<td>$1,000/person</td>
<td>$1,000/person</td>
<td>$2,500/person</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Preventive Services</strong> (exams, cleanings, fluoride, x-rays, spacers, sealants)</td>
<td>100%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td><strong>Basic &amp; Major Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td>100%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Anesthesia (general &amp; IV sedation)</td>
<td>80%</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency pain relief, periodontal maintenance</td>
<td>80%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td><strong>Major &amp; Restorative Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implants, crowns, bridges, dentures, partials</td>
<td>No coverage</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery</td>
<td>No coverage</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Non-surgical extractions (above gumline)</td>
<td>90%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage</td>
<td>50% (under age 19)</td>
<td>No coverage</td>
<td>50% (regardless of age)</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$1,500</td>
<td>No coverage</td>
<td>$1,500 (in addition to Uniform Dental Benefit)</td>
</tr>
</tbody>
</table>
Delta Dental Network Differences

• Delta Dental PPO
  • Offers significant fee reduction (lower out-of-pocket costs)
  • Only network available in the Select Plan
  • One of the networks available in Uniform Dental & 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 & Delta Dental PPO Select Plus Plan

Provider Search Page
Delta Dental Resources

- Delta Dental website
- 2019 Delta Dental information
- How Uniform and Supplemental Dental Work Together
- Benefits of Supplemental Dental Insurance Video
- Provider search
- Evidence Based Integrated Care Plan
  - Summary
  - Member enrollment guide
## 2019 Delta Dental Monthly Premiums

### Delta Dental PPO – Select Plan

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$8.55</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$17.10</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$11.54</td>
</tr>
<tr>
<td>Family</td>
<td>$20.52</td>
</tr>
</tbody>
</table>

### Delta Dental PPO – Select Plus Plan

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$16.19</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$32.38</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$29.95</td>
</tr>
<tr>
<td>Family</td>
<td>$49.38</td>
</tr>
</tbody>
</table>
VSP Vision

New for 2019

• No charge for standard progressive lenses
• An additional $50 towards brand name frames
  • Premium decrease
# VSP Summary of Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copy</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$15</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>• Available twice every calendar year for dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td>$250 allowance for a wide selection of frames</td>
<td>$25</td>
<td>See frame and lenses</td>
</tr>
<tr>
<td></td>
<td>$200 allowance for featured frame brands</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% savings on the amount over your allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$50 Costco® frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Available every calendar year for dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>Scratch Resistant Coating</td>
<td>$0</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>UV Protection</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standard progressive lenses</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Premium progressive lenses</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Custom progressive lenses</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average savings of 30-35% on other lens enhancements</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contacts (instead of glasses)</strong></td>
<td>• $150 allowance for contact lens copy does not apply</td>
<td>Up to $40</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>• Contact lens exam fitting and evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Eye Care</strong></td>
<td>Treatment and diagnosis of eye conditions like pink eye, vision loss</td>
<td>$20</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>and monitoring of cataracts, glaucoma and diabetic retinopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Limitations and coordination with medical coverage may apply. Ask</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>your VSP physician for details</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extra Savings</strong></td>
<td>Glasses and Sunglasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Retinal Screening</strong></td>
<td>No more than a $30 copy on routine retinal screening as an enhancement to a WellVision Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laser Vision Correction</strong></td>
<td>Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Your Monthly Contribution</strong></td>
<td>$20.36 Employee only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$127.76 Employee • spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$143.06 Employee • children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$222.98 Employee • family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Your Coverage with Out-of-Network Providers**

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you’ll receive a lower level of benefits. Visit vsp.com for plan details. Allowance after applicable copy:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>up to $45</td>
</tr>
<tr>
<td>Liner Bifocal Lens</td>
<td>up to $60</td>
</tr>
<tr>
<td>Progressive Lens</td>
<td>up to $60</td>
</tr>
<tr>
<td>Frame</td>
<td>up to $70</td>
</tr>
<tr>
<td>Liner Trifocal Lens</td>
<td>up to $65</td>
</tr>
<tr>
<td>Contacts</td>
<td>up to $45</td>
</tr>
<tr>
<td>Single Vision Lens</td>
<td>up to $30</td>
</tr>
</tbody>
</table>

## VSP Resources
- [VSP Summary of Benefits](#)
- [VSP Website](#)
- [Member Login](#)
2019 VSP Monthly Premiums

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Premium</th>
</tr>
</thead>
<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>
Accidental Death & Dismemberment Insurance (AD&D)

Identify Theft Protection added for 2019
AD&D Insurance

• Coverage Levels
  • Single or Family; and
  • 3 or 5x your annual salary (up to $500,000 for employee, $300,000 for covered spouse and $50,000 for covered child)

• The plan offers accidental death and dismemberment coverage, as well as added benefits such as:
  • **New for 2019** - Identify Theft Protection
  • [Travel assistance](#), including medical evacuation
  • Spousal education and daycare expenses due to covered losses
  • Home or vehicle alteration for accessibility (10% up to $50,000)

• [Zurich website](#)
AD&D – Identify Theft Benefit

• Added Identity Theft Protection Benefits
  • LifeStages services provide identity theft education and resolution resources
    • Provides step-by-step customized help based on the situation
    • Call and paperwork handled by experts who know how to navigate the recovery process
  • LifeStages Identity Management Services from CyberScout
  • CyberScout Knowledge Center
# AD&D – Sample of Benefits

## Coverages and Benefits Provided

### Accidental Death and Accidental Dismemberment and Covered Loss of Use Benefit

Any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown:

<table>
<thead>
<tr>
<th>Loss of:</th>
<th>Benefit Amount</th>
<th>Loss of:</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100% of benefit amount</td>
<td>Speech and Hearing</td>
<td>100% of benefit amount</td>
</tr>
<tr>
<td>Both hands or both feet</td>
<td>100% of benefit amount</td>
<td>Speech or Hearing</td>
<td>50% of benefit amount</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>100% of benefit amount</td>
<td>One hand, one foot, or sight of one eye</td>
<td>50% of benefit amount</td>
</tr>
<tr>
<td>One hand or one foot</td>
<td>100% of benefit amount</td>
<td>Thumb and index finger of the same hand</td>
<td>25% of benefit amount</td>
</tr>
<tr>
<td>plus the sight of one eye</td>
<td>100% of benefit amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sight of both eyes</td>
<td>100% of benefit amount</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Loss of Use of:

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Limbs</td>
<td>150% of benefit amount</td>
</tr>
<tr>
<td>Three Limbs</td>
<td>75% of benefit amount</td>
</tr>
</tbody>
</table>

### Loss of Use of:

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Limbs</td>
<td>66.67% of benefit amount</td>
</tr>
<tr>
<td>One Limb</td>
<td>50% of benefit amount</td>
</tr>
</tbody>
</table>
## AD&D Sample of Benefits

<table>
<thead>
<tr>
<th>Benefit or Coverage</th>
<th>Percentage of Principal Sum</th>
<th>Maximum Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coma Benefit (for the insured employee only)</td>
<td>1%</td>
<td>Payable up to 12 months with the balance in a lump sum</td>
</tr>
<tr>
<td>Critical Illness Benefit*</td>
<td>10%</td>
<td>$25,000</td>
</tr>
<tr>
<td>Permanent and Total Disability Benefit*</td>
<td>1%</td>
<td>Payable up to 100 months</td>
</tr>
<tr>
<td>Carjacking Benefit</td>
<td>10%</td>
<td>$50,000</td>
</tr>
<tr>
<td>Continuation of Insurance Benefit*</td>
<td>10%</td>
<td>Payable up to 12 months</td>
</tr>
<tr>
<td>Day Care Benefit</td>
<td>3%</td>
<td>$5,000</td>
</tr>
<tr>
<td>Exposure and Disappearance</td>
<td>100%</td>
<td>Lump Sum</td>
</tr>
<tr>
<td>(if the conveyance in which a covered person is riding disappears, is wrecked, or sinks, and he or she is not found within 305 days of the event, under the terms of the policy, we will pay the covered person's benefit amount, subject to all policy terms.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felonious Assault Victim Benefit*</td>
<td>20%</td>
<td>$15,000</td>
</tr>
<tr>
<td>Hearing Aid or Prosthetic Device Benefit</td>
<td>10%</td>
<td>$15,000</td>
</tr>
<tr>
<td>Higher Education Benefit*</td>
<td>10%</td>
<td>$50,000</td>
</tr>
<tr>
<td>If no child qualifies, an additional $1,000 will be awarded to your designated beneficiary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Alteration and Vehicle Modification Benefit</td>
<td>10%</td>
<td>$50,000</td>
</tr>
<tr>
<td>Natural Disaster Benefit</td>
<td>10%</td>
<td>$50,000</td>
</tr>
<tr>
<td>Occupational Hepatitis Accident Benefit*</td>
<td>30%</td>
<td>$100,000</td>
</tr>
<tr>
<td>Payable in 24 equal monthly installments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational HIV Accident Benefit*</td>
<td>20%</td>
<td>$100,000</td>
</tr>
<tr>
<td>Payable in 24 equal monthly installments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve Corps/National Guard unit Benefit</td>
<td>100%</td>
<td>$50,000</td>
</tr>
<tr>
<td>Rehabilitation Benefit*</td>
<td>10%</td>
<td>$50,000</td>
</tr>
<tr>
<td>Seat Belt Benefit</td>
<td>10%</td>
<td>$50,000</td>
</tr>
<tr>
<td>Air Bag Benefit</td>
<td>10%</td>
<td>$50,000</td>
</tr>
<tr>
<td>Spouse/Domestic Partner Retraining Benefit*</td>
<td>5%</td>
<td>$25,000</td>
</tr>
<tr>
<td>Surviving Spouse/Domestic Partner Benefit*</td>
<td>1%</td>
<td>Payable up to 12 months</td>
</tr>
<tr>
<td>Therapeutic Counseling Benefit</td>
<td>0%</td>
<td>Actual cost or $2,000</td>
</tr>
</tbody>
</table>
### 2019 AD&D Premiums

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Monthly Premium Per $1000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General - Employee</td>
<td>$0.028</td>
</tr>
<tr>
<td>General - Family</td>
<td>$0.038</td>
</tr>
<tr>
<td>Protective - Employee</td>
<td>$0.046</td>
</tr>
<tr>
<td>Protective - Family</td>
<td>$0.062</td>
</tr>
</tbody>
</table>
Employee Reimbursement Accounts (ERA)

Healthcare FSA
Limited Purpose Healthcare FSA (for those enrolled in HDHP)
Dependent Day Care FSA
Pre-Tax Parking and Transit ERA
What is an Employee Reimbursement Account?

- The Employee Reimbursement Account (ERA) program allows 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 the ETF website for full plan details: [http://etf.wi.gov/members/IYC2019/et-2107era.asp](http://etf.wi.gov/members/IYC2019/et-2107era.asp)
### Flexible Spending Accounts Summary

<table>
<thead>
<tr>
<th>FSA Type</th>
<th>Eligible Expenses</th>
<th>Eligible Dependents</th>
<th>Annual Contribution Limits</th>
<th>Enrollment Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare FSA</td>
<td>Medical, dental, vision &amp; prescription</td>
<td>You, your spouse, qualifying child or relative</td>
<td>Max: $2,650</td>
<td>May <strong>not</strong> enroll if enrolled in an HDHP</td>
</tr>
<tr>
<td>Dependent Day Care FSA</td>
<td>After school care, adult or child daycare</td>
<td>Your spouse, qualifying child or relative</td>
<td>Max: $5,000 — dependent on tax filing status</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Limited Purpose FSA</td>
<td>Dental, vision &amp; <strong>post-deductible</strong> expenses</td>
<td>You, your spouse, qualifying child or relative</td>
<td>Max: $2,650</td>
<td>May enroll only if also enrolled in an HDHP</td>
</tr>
</tbody>
</table>
Healthcare and Limited Purpose FSA
Note: LTEs not eligible to participate

2018 Participants:
• For 2018 benefit period, must incur expenses through 12-31-18
• All claims must be submitted by 3-31-19
• If you have unspent 2018 Healthcare/LPFSA money, up to $500 will be carried over into 2019. Unspent balances above $500 will be forfeited.

2019 Participants:
• Must re-enroll every year
• Contribute up to $2,650 in 2019
• Incur health expenses between 01/01/19 – 12/31/19
• Up to $500 remaining in your Healthcare/LPFSA can carry over to the following plan year. Any unspent amount over $500 will be forfeited.
Sample of **Eligible** Healthcare FSA Expenses

- A medicine or drug (including OTC) for which you have a prescription
- Insulin
- Co-payments, Deductibles, and Co-insurance
- Acupuncture
- Bandages
- Crutches
- Chiropractic care
- Dental Treatments
- Infertility Treatments
- Flu shots
- Eye glasses/exams
- Psychotherapy, psychiatric, psychological services
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
Dependent Day Care FSA
Note: LTEs not eligible to participate

2018 Participants:
• All expenses must be incurred by 12-31-18
• All claims must be submitted by 3-31-19
• No carryover - unspent amounts are forfeited

2019 Participants:
• Contribute up to $5,000 in 2019
• All expenses must be incurred between 01/01/19 – 12/31/19
• No carryover - unspent amounts are forfeited
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
How do I Access my Health and Dependent Care Money?

- TASC Card
- Paper Claim Form
- Online Claim with TASC
- Mobile App

- You have access to your full annual Healthcare and Limited Purpose FSA election as of your plan effective date.
- You have access to your Dependent Care money as soon as the money is deposited in to your account
- If you were enrolled in 2018, KEEP YOUR TASC CARD. The cards are good for up to 4 years (see expiration date on card)

*Keep All Your Receipts!*
ERA Plans – Things You Should Know

• The ERA program is administered by TASC.
• TASC will send an ERA Welcome Brochure to current enrollees – account login information will remain the same if already enrolled for 2018.
• 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.
Parking and Transit Employee Reimbursement Accounts

No changes for 2019
Parking & Transit ERA

NOTE: LTEs are eligible to participate

- Program is administered by TASC
- Parking and transit ERAs allow you to set aside money on a pre-tax basis to pay for eligible parking and transit expenses
- Funds are available as soon as payroll deductions are taken
- Eligible for unlimited carryover (no use it or lose it provision)
- 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 ERA program.
2019 Parking and Transit ERA

**Parking ERA**

Annual Contribution Limit = $3,120 ($260/month; $130/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 ERA**

Annual Contribution Limit = $3,120 ($260/month; $130/biweekly)

*Eligible Transit Expenses include:*

- Bus
- Train
- Ferry
- Subway

Eligible commuter expenses must be work-related
Health Savings Account (HSA)

For High Deductible Health Plan (HDHP) Enrollees Only
HSA General Information

- HSA program is administered by TASC
- 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 every year.**
- Contribution and plan limits discussed earlier in presentation
- Used to set aside money on a pre-tax basis to pay for all eligible medical expenses, as well as dental and vision expenses
- 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
**What are Qualified Expenses?**

*Qualified expenses* include but are not limited to:

- A medicine or drug *which requires a prescription*
- Insulin
- Co-payments, Deductible and Co-insurance
- Acupuncture
- Bandages
- Crutches
- Chiropractic visits
- Dental Treatments
- Infertility Treatments
- Flu shots
- Eye glasses/exams
- Psychotherapy, psychiatric, psychological services
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

Growth of HSA Account

- Interest
  - Funds earn interest over time
  - Once balance reaches $2,000, you may invest funds above that level in a variety of HSA investment options

- See the [HSA Enrollment Brochure](#) for details
How do I Access my HSA Money?

- TASC Card
- Distribution Form
- Online Request Through TASC
- Mobile App

- You have access to your HSA money after deposits are made into your account (paycheck by paycheck).
- If you already have a TASC card, DON’T THROW IT AWAY. The cards are good for up to 4 years (see expiration date on card).

Keep All Your Receipts!
Long-Term Care Insurance

No long-term care coverage available in 2019
Long-Term Care Insurance

• The current Mutual of Omaha long-term care insurance (administered by HealthChoice) will no longer be available for enrollment effective January 1, 2019
• Current enrollees can continue their current policy & have premiums taken via payroll deduction
• If employees want to change or cancel their current plan, they must contact HealthChoice at 1-800-833-5823
• There are no other long-term care providers available so as of January 1, 2019, there is no long-term care insurance available through the State
Wisconsin Retirement System (WRS)

Lower contribution rates in 2019
WI Retirement System (WRS)

- 2019 WRS contribution rates are decreasing slightly
- The new contribution rate will be on the 1\textsuperscript{st} check payable in 2019

<table>
<thead>
<tr>
<th>WRS Category</th>
<th>2019 WRS Employee Contribution</th>
<th>2018 WRS Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/Teacher</td>
<td>6.55%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Executive/Elected</td>
<td>6.55%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Protective w/ Social Security</td>
<td>6.55%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Protective w/out Social Security</td>
<td>6.55%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>
eBenefits

All elections made through STAR eBenefits
Will receive a confirmation notice of elections
You will apply for the Health Insurance Opt-Out Stipend through eBenefits
eBenefits

- See the 2019 Open Enrollment Toolkit for an eBenefits Quick Guide and an Open Enrollment Summary Brochure and Checklist.

- The day after you submit your eBenefits elections, you will receive an email from STAR indicating that you have a Confirmation Statement available.

- Go to the Wisconsin Benefits section of the employee self-service landing page to access your Confirmation Statement.

- If you need to change your Open Enrollment elections AFTER you submit them through eBenefits, you can go back in to eBenefits at any time through October 26th 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
  - Go to the Benefits Enrollment link in the Wisconsin Benefits section
Navigating eBenefits

- Once you click the Benefits Enrollment link, you will be brought to the Open Enrollment Landing Page
- Click the Button to begin
Navigating eBenefits

- Once you click Select, you will be brought to the Enrollment Summary Page.
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 employee reimbursement accounts and Health Savings Account), you will see a current election if enrolled in 2018 but No Coverage listed under New. You are required to re-enroll in these plans every year.

Health
- Current: Dean w/Dental: Family
- New: Dean 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.

<table>
<thead>
<tr>
<th>Enrollment Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
</tr>
<tr>
<td>Current: Waive</td>
</tr>
<tr>
<td>New: Waive</td>
</tr>
<tr>
<td>Before Tax</td>
</tr>
<tr>
<td>After Tax</td>
</tr>
</tbody>
</table>
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
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.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Your Costs</th>
<th>Tax Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$44.00</td>
<td>Before-Tax</td>
</tr>
<tr>
<td>Family</td>
<td>$109.50</td>
<td>Before-Tax</td>
</tr>
</tbody>
</table>
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.**
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.

• Even though you may see that your dependent is listed as a beneficiary, we do NOT store beneficiary information in STAR.
Navigating eBenefits

- 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
Navigating eBenefits

• Once you have made your election, click the Update and Continue button. This will store your election.
• This will take you to a screen that confirms your election.
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.
Navigating eBenefits

• Your new election will now be on the Enrollment Summary page
• Click the Edit button next to the next plan that you would like to update.
Navigating eBenefits

• You must re-enroll in Employee Reimbursement Accounts (ERA) and your Health Savings Account (HSA) every year (if enrolled in and 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.
Navigating eBenefits

- If you would like to cancel coverage for 2019, you click on the Edit button next to the health plan and select the “Waive” option.
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.
Navigating eBenefits

- If you enroll in health insurance for 2019, 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.
Navigating eBenefits

- This is the page in which you SUBMIT your elections. You must SUBMIT your elections by October 26, 2018.
Navigating eBenefits

• If you see this page, you have successfully submitted your benefit elections.
• The day after you submit your elections, you will receive an email from STAR saying that you have a confirmation statement available.
How to Access Confirmation Statement

• Go to the self-service landing page (https://ess.wi.gov) and click on My Benefit Documents
How to Access Confirmation Statement

• You will be brought to your online benefits folder.
• Click on the icon in the Confirmation Statements row

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.
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 2018 confirmation statements will also be displayed.
  - Only the confirmation statement with the most recent date is valid.

![Benefits File]

Click on the View icon on the far right to see your Open Enrollment Confirmation Statement.
Confirmation Statement

Your confirmation statement will show ALL your benefits as of January 1, 2019. It will confirm your Open Enrollment elections and show any ongoing benefits.
Enrolling in the Opt-Out Stipend

- Enrollment in the Opt-Out Stipend is done through eBenefits.
- You must first waive health insurance in eBenefits by clicking the edit button next to health, scroll to the bottom of the page and click the radio button next to “Waive.”
Enrolling in the Opt-Out Stipend

- Once you waive health insurance for 2019, you will need to enroll in the opt-out stipend by scrolling to the bottom of the Enrollment Summary page and clicking edit next to Opt-Out Stipend.
Enrolling in the Opt-Out Stipend

- You will then be asked a series of questions to ensure that you are eligible for the opt out stipend.
- You will only be able to apply for the Opt-Out Stipend if you answer the questions correctly.
Enrolling in the Opt-Out Stipend

- The system will automatically default to “No I do not want to enroll”.
- To enroll, click the radio button next to “Health Opt Out Stipend” and click “Update and Continue”
Enrolling in the Opt-Out Stipend

- Your election will be confirmed on the next screen. Click “Update Elections”
Enrolling in the Opt-Out Stipend

- Back on the Enrollment Summary page, when you scroll to the bottom and check your Election Summary, you may see a negative amount for your deductions. This is taking into account the $83.34 credit ($166.67 if paid monthly) that you will receive on your paycheck.
eBenefit Tips

• Once you submit your elections, you can go back in to 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 notice will be generated
• You can go in to eBenefits and make changes, but not submit the elections. They will be saved once you make an update on a specific plan.
• If you save elections but never submit them, no updates will be made to your benefits for 2019
Not Making Any Changes for 2019

• Recommend that you still log in to eBenefits
• Scroll to the bottom of the Enrollment Summary page and select the “I Have No Changes” button and then Submit your election
• This will generate a confirmation notice for you so you can validate your ongoing benefit elections
Important Reminders

- Access eBenefits and your confirmation statement at https://ess.wi.gov
- All Open Enrollment elections must be made by 11:59pm on October 26\textsuperscript{th}
- Review your Confirmation Statement and contact agency if anything is incorrect
- All elections made during Open Enrollment are effective January 1\textsuperscript{st}, 2019
Questions?

Contact your agency payroll and benefits office.