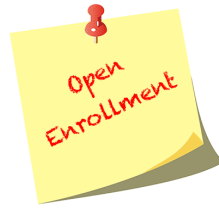


# It's Your Choice Open Enrollment Summary Brochure



For State of Wisconsin, Legislature and Courts System Employees

Go to ETF's [2024 It's Your Choice Website](#) for detailed Open Enrollment information.



### Plans Not Included in Open Enrollment

- ◇ State Group Life Insurance
- ◇ Income Continuation Insurance
- ◇ Can enroll in [Wisconsin Deferred Compensation](#), [Long Term Care](#) and [Edvest](#) at any time

SEPTEMBER 25 — OCTOBER 20, 2023

All changes made during this period are effective January 1, 2024. All elections will be made through [STAR eBenefits](#). Log into STAR and click on the **Open Enrollment** tile on the Employee Self Service Landing Page to begin.

## Actions that Can be Taken During Open Enrollment

	Enroll	Add or Remove Dependents	Change Plans	Cancel Coverage
<a href="#">Health*</a>	x	x	x	x
<a href="#">Delta Dental PPO—Supplemental Plan</a>	x	x	x	x
<a href="#">Delta Dental PPO—Preventive Plan</a>	x	x	N/A	x
<a href="#">DeltaVision</a>	x	x	N/A	x
<a href="#">Securian Accident Plan</a>	x	x - change coverage level	N/A	x
<a href="#">Healthcare FSA or LPFSA</a>	<b>Must re-enroll every year</b> Coverage will automatically end if no 2024 enrollment			
<a href="#">Dependent Day Care FSA</a>				
<a href="#">Pre-Tax Parking and Transit Accounts</a>				
<a href="#">Health Savings Account</a>	<b>Must re-enroll every year</b> If you don't elect a High Deductible Health Plan, enrollment will end and you can no longer contribute, but you will have access to funds in your account.			
<a href="#">Health Insurance Opt-Out Stipend</a>	<b>Must re-enroll every year</b> Must certify that eligibility requirements are met on an annual basis			

\* Can also enroll in or cancel Uniform Dental coverage

Watch your inbox for important Open Enrollment emails sent directly from STAR at [OpenEnrollmentDoNotReply@wisconsin.gov](mailto:OpenEnrollmentDoNotReply@wisconsin.gov).

# Enrollment

*Making Your Elections*

## How do I know if I need to do anything during open enrollment?

- Health Plan Service Areas and Provider Networks
  - Do a [Health Plan Search](#) to see all health plans available and confirm your providers are remaining in your network.
- [Pre-Tax Savings Accounts](#) (Healthcare/LPFSA, Dependent Day Care FSA, Parking/Transit Accounts, Health Savings Account)
  - You must re-enroll in these plans every year. Coverage does not automatically continue.
- [Opt-Out Stipend](#)
  - You must re-enroll in the Opt-Out Stipend each year, and continue to meet the eligibility requirements.

## How to Enroll

- Enroll online in [STAR](#). Click on the **Open Enrollment** tile on the Employee Self Service Landing Page to begin.
- Review the [eBenefits Open Enrollment Quick Guide](#) for tips about how to navigate through the enrollment pages.
- Have all enrollment information on hand when you log in to STAR, including your benefit choices and your dependent information (i.e. social security number, date of birth and date of marriage)
- eBenefits will time out after 30 minutes of inactivity.
- Thoroughly read each screen in eBenefits.
- Enrollment tips
  - ! Enrolling in a high deductible health plan? You must also enroll in a Health Saving Account (if you don't want to contribute anything, enter \$0 for your annual election).
  - ! Make sure you check the box next to the dependents that you want covered by the plan (or uncheck the box to remove them)
  - ! Must click the Submit button at the end of the enrollment process
  - ! Review your confirmation statement the day after you submit your elections.

## Enrollment FAQ

**I submitted my choices, but forgot to enroll in a plan. What can I do?** You can go back into eBenefits and update your elections at any time during Open Enrollment. **You must click submit again** once you've made your updates. You will receive an updated confirmation statement.

**I received my confirmation statement and there's an error. What can I do?** Update your elections in eBenefits - **you must click submit again**. If there is a mistake on a plan that isn't part of Open Enrollment, you need to contact your payroll and benefits office.

**What if my dependent information is incorrect?** You can review your current dependent information, but you cannot change it. If you see an error, contact your agency benefits office to update it. Do **NOT** add the dependent again.

**What happens if I don't enroll in benefits during the open enrollment period?** Health, Dental, Vision & the Accident Plan will automatically continue. The following plans require you to re-enroll every year: Healthcare FSA/LPSFA, Dependent Day Care FSA, Parking/Transit Accounts, Health Savings Accounts, Opt-Out Stipend.



# State Group Health Insurance

*What's New for 2024*

See the [2024 Important Changes](#) for full details.

## New Benefits for 2024

- The annual medical deductible for the High Deductible Health Plan (HDHP) and Access HDHP has increased to:
  - \* Individual: \$1,600
  - \* Family: \$3,200
- Coverage has been expanded for advance care planning.
- The expectation that physical, speech, and occupational therapies result in significant improvements for patients within two months of the beginning of treatment has been removed.
- The requirement of a 30-day rental of infusion pumps for insulin, pain relievers, and other drugs prior to the purchase of equipment has been removed.
- The requirement that members who change health plans during an inpatient stay need to move to a new in-network facility due to the change in the plan provider has been removed.

## 2024 Health Plans

GHC of South Central Wisconsin (GHC-SCW) will split into two separate networks starting January 1, 2024: GHC-SCW Dane Choice and GHC-SCW Neighbors.

Do a [2024 Health Plan Search](#) to see which health plans are available in each county.

## Thinking of Enrolling in a High Deductible Health Plan?

### Understanding Prescription Costs

There are several ways to reduce your prescription costs, including understanding the [co-pay levels](#), [using mail order](#), and [knowing which prescriptions are covered](#). Watch the "[Saving on Your Prescriptions](#)" video for more information.

See the [HDHP plan page](#) for eligibility requirements.

## [Vaccines/Immunizations at the Pharmacy](#)

You can get vaccinated at either the doctor's office or pharmacy at no cost. If you are considering getting your vaccine/immunization from the pharmacy, here are a few things to keep in mind:

Use an [in-network pharmacy](#)

- While most pharmacies participate in the Navitus Network and can administer vaccines/immunizations, not all of them do.
- Which vaccines are available? Influenza, Pneumonia, Tetanus, Hepatitis, Shingles, Measles, Mumps, Human Papillomavirus (HPV), Pertussis, Varicella, Meningitis
- COVID-19 vaccines are covered by medical benefits for all members and by pharmacy benefits for non-Medicare members.
- A claim for a vaccine/immunization will be rejected if you use an out-of-network pharmacy.

Contact the Pharmacy ahead of time.

- Make sure they have the vaccine/immunization in stock
- Find out if they require an appointment
- Determine if the pharmacy is authorized to give vaccines/immunizations to kids

**Bring your Navitus ID card and give it to the pharmacist.**

## 2023 Wellness Incentive Deadline is October 13, 2023

Don't miss your chance to earn your annual taxable \$150 incentive.

*Reminder - there are more options to help complete your "health check" activity, including a routine dental exam or a health coaching call*

**2024 Wellness Incentive Deadline is 10/11/2024**

## HEALTH INSURANCE RESOURCES

[2024 It's Your Choice Decision Guide](#)

[Benefits Mentor- Your Virtual Benefits Counselor](#)

[Transitioning Care to a New Health Plan](#)

[Choosing a Plan Designs](#)

[Health Plan Design Cost Comparison](#)

[Frequently Asked Questions](#)



# Dental Insurance

*Added benefits*

## Learn more....

[Your Guide to Delta Dental Benefits](#)

[2024 Dental Plans](#)

[Delta Dental Website](#)

[Provider Search](#)

The following dental plans are available:

- **Uniform Dental Benefits** (if enrolled in State Group Health Insurance)
- **Delta Dental PPO Supplemental Dental Plan** (may enroll in one plan only - Select Plan OR Select Plus Plan)
- **Delta Dental PPO—Preventive Plan** (can only enroll if not enrolled in State Group Health Insurance)

**Note:** Employees are not required to be enrolled in Uniform Dental or the Preventive Plan to enroll in one of the Supplemental Dental Plans; however, only the Uniform Dental Benefit /Preventive Plan provides coverage for preventive and basic services (i.e. cleanings, exams, fillings...).

	Uniform Dental Benefit and Preventive Plan	Delta Dental PPO - Select Plan	Delta Dental PPO - Select Plus Plan
<b>In-Network Providers</b>	Delta Dental PPO and Delta Dental Premier	Delta Dental PPO Only	Delta Dental PPO and Delta Dental Premier
<b>Annual Deductible</b>	\$0	\$100/person	\$25/person
<b>Annual Maximum</b>	\$1,000/person	\$1,000/person	\$2,500/person
<b>Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments pulp vitality tests</b>	100%	No coverage	No coverage
<b>Fillings and Periodontal maintenance</b>	100%	No coverage	No coverage
<b>Anesthesia (general &amp; IV sedation)</b>	80%	50%	80%
<b>Crowns, bridges, dentures, implants partials</b>	No coverage	50%	60%
<b>Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery</b>	No coverage	50%	80%
<b>Non-surgical extractions (above gumline)</b>	90%	No coverage	No coverage
<b>Orthodontic Services</b>	50% (under age 19)	No coverage	50% (regardless of age)
Coverage	\$1,500	No coverage	\$1,500 (in addition to Uniform Dental Benefit)
Lifetime Maximum			

# DeltaVision Insurance

*No changes for 2024*

## What You Need to Know about DeltaVision

- DeltaVision partners with EyeMed Vision care to provide benefits.
- New enrollees will receive an insurance card from EyeMed in late December/early January
- In-network benefits are available from Insight network providers - one of the largest vision networks in the nation. The network includes both independent and chain providers, as well as online providers. Out-of-network benefits are also available.
- Once coverage is effective, exclusive savings, discounts, and rebates on vision care and services above and beyond your vision benefit are available through EyeMed's online member portal.

### Learn more....

[Your Guide to Supplemental Vision Benefits](#)

[DeltaVision Overview](#)

[Online Provider Search](#)

[2024 DeltaVision Summary](#)

## Summary of Benefits (see [DeltaVision website](#) for full details)

	In-Network	Out of Network
<b>Annual Exam</b>	\$15 (twice/year for children)	Up to \$45/person
<b>Retinal Imaging Copay</b>	Up to \$39	Not covered
<b>Frames</b>	\$0 copay; \$150 allowance, 20% of balance over \$150 (see below for lens options)	Up to \$70 (see below for lens options)
<b>Lenses Benefit Frequency (per calendar year)</b>	12 months	12 months
<b>Frames Benefit Frequency (per calendar year)</b>	24 months (adult) 12 months (child)	24 months (adult) 12 months (child)
<b>Laser Vision Correction (Lasik or PRK)</b>	15% off retail price or 5% promotional price	Not covered
<b>Eyeglasses</b> Single Vision Bifocal Trifocal Lenticular	\$25 copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
<b>Lens Upgrades</b>	Several free to discounted lens upgrades available	\$0 to small allowance available
<b>Contact Lenses - covered only in lieu of eyeglasses lenses</b>		
<b>Conventional Contacts</b>	\$0 copay; \$150 allowance, 15% of balance over \$150	Up to \$105
<b>Disposable Contacts</b>	\$0 copay; \$150 allowance	Up to \$105
<b>Medically Necessary Contacts</b>	\$0 copay; paid in full	Up to \$210
<b>Contact Lens Fit &amp; Follow-Up</b>	Standard: Up to \$40 Premium: \$10 off retail price	Not covered

# Pre-Tax Savings Accounts

*Flexible Spending Accounts & Health Savings Accounts*

**Optum Financial**<sup>®</sup>

## Pre-Tax Savings Accounts

A Pre-Tax Savings Account allows you to set aside money on a pre-tax basis to pay for eligible medical, dependent day care, parking and transit expenses. The more you contribute to your pre-tax savings account, the more you reduce your taxable gross salary. All deductions are taken out before Federal, State and FICA taxes are calculated so you may save money on taxes. The following plans are available:

- [Healthcare Flexible Spending Account \(FSA\)](#)
- [Dependent Day Care FSA](#)
- [Health Savings Account](#): required for employees enrolled in a High Deductible Health Plan
- [Limited Purpose FSA](#): only for employees enrolled in a High Deductible Health Plan
- [Parking & Transit Account](#)

## Optum Financial

Visit [Optum Financial](#) microsite to view resources and access the member portal.

**Reminder:** Payment cards will not be reissued by Optum Financial until they expire –continue to use your ConnectYourCare card until it expires

## Eligible Expenses

An eligible expense is a health care service, treatment, or item the IRS states can be paid for without taxes. Eligible expenses can be incurred by you, your spouse or qualified dependents. See the full list of [eligible expenses](#) on the Optum Financial website.

Employees newly enrolling in an HSA or FSA will receive a debit card to pay for eligible expenses. Current enrollees will continue to use the same debit card used in 2023.

The debit card is not available for Dependent Day Care or Transit expenses.



## 2024 Contribution Limits

**Healthcare FSA (and LPFSA):** \$3,050  
⇒ with minimum annual election of \$50

**Dependent Day Care FSA:** \$5,000 (limitations apply)

**Parking & Transit Accounts:** (\$300/month = \$3,600/yr)  
⇒ with minimum annual election of \$50

## 2024 HSA Contribution Limits

**Employer Contribution\*:** \$750 (single), \$1500 (family)

**Total HSA Limit\*\*:** \$4,150 (single), \$8,300 (family)

**Total Limit = Employee + Employer Contribution**

*\* If you pay half total health premium, receive half total employer contribution. If you pay total health premium, no employer contribution.*

## 2023 Plan Year Deadlines

Must incur all 2023 plan year expenses by 12-31-23. For all plans except HSA, reimbursement requests must be submitted to Optum by 3-31-24.

## Healthcare & Limited Purpose FSA

- \$610 carryover\* allowed into 2024
- \*\* balances less than \$50 at the end of 2023 require the minimum election; balances greater than \$50 will automatically rollover with no election for 2024

## Dependent Day Care FSA

- No carryover allowed into 2024

## Parking and Transit Accounts

- Unused funds carryover into 2024\*  
\*\* With a minimum balance of \$50 at the end of the 2023 plan year; balances greater than \$50 will automatically rollover with no election for 2024

## Health Savings Account

- No carryover limit and no deadline to request reimbursement

*\* Carryover funds will not be available until 4-15-24. These accounts have a runout period that ends 3-31-24, so Optum is not able to rollover the remaining 2023 plan year balance to the 2024*

## Resources

[Pre-Tax Savings Accounts Program Overview](#)  
[Optum Financial Website](#)  
[Eligible Expenses](#)  
[Optum Store](#)  
[Mobile App Information](#)

*Note: LTEs are only eligible for the Parking & Transit accounts*

# Other Updates for 2024

*A few additional items of note...*

## Securian Accident Plan

The [Securian Accident Plan](#) provides a lump sum cash payment directly to you for covered injuries, emergency and hospital care, surgery and follow-up care regardless of health insurance coverage. It includes Accidental Death & Dismemberment (AD&D) coverage and [Identity Theft Services](#). Premiums are taken post-tax so no taxes are due on paid benefits.

### New for 2024

- Premiums for the accidental plan will decrease for 2024

See the [2024 Plan Brochure](#) for full details.



## Benefits Mentor - Your Interactive Benefits Counselor

[Benefits Mentor](#) is the new interactive benefits counselor that will use your claims information (if available) as basis for personalized plan design recommendation. Benefits Mentor also considers your medical needs and what is the most important to you when choosing a health plan. Start a conversation today!



## Mutual of Omaha Long-Term Care Insurance Administered by HealthChoice



Mutual of Omaha offers a [long-term care insurance plan](#) through HealthChoice. It is available to employees, their spouses, and the parents of employees and spouses who reside in Wisconsin, and can be purchased any time of year for those who qualify. Each member's policy will be individually underwritten—premiums are based on that person's age, gender and health at the time of enrollment. A subscriber can choose from a range of options. For more information call 1-800-833-5823. Current participants can keep their plan - no action is required.

## Edvest - Wisconsin's College Savings Plan



Edvest is a simple way for families to save for higher education costs. With a small minimum contribution, low fees and a tax deduction for Wisconsin residents, Edvest makes saving more affordable. Employees can enroll at any time and may contribute directly through payroll deductions. See the [Edvest Website](#) for details

## 2024 WRS Contribution Rates

There is a .20% increase to the Wisconsin Retirement System (WRS) contribution rates for 2024. The 2024 WRS rate is 6.90% of covered earnings for most employees.

## Attend a Virtual Benefits Forum

Interested in attending a Virtual Benefits Forum? The Department of Employee Trust Funds (ETF) is hosting a series of webinars for employees to learn about health benefits and connect with health plans and other vendors during open enrollment. These sessions will provide the same personal touch as a benefit fair visit from the safety of your own home or workplace. Look for webinar dates and registration links on the [Upcoming Health Plan Changes](#) page.

**Disclaimer:** Every effort has been made to ensure that the information in this brochure is accurate, but it may be subject to change. In the event of conflicting information, federal law, state statute, state health contracts and/or policies and provisions established by the State of Wisconsin Group Insurance Board shall be followed.

# Open Enrollment Considerations

## Open Enrollment Checklist

<p><b>Health Insurance</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are my current providers and health plan still available? Do a <a href="#">Health Plan Search</a></li> <li><input type="checkbox"/> Do I want <a href="#">uniform dental coverage</a>?</li> <li><input type="checkbox"/> Do I want a low deductible (IYC Plan) or high deductible health plan (HDHP)?           <ul style="list-style-type: none"> <li>◆ See the <a href="#">Choosing a Health Plan Design video</a> for details about the difference</li> </ul> </li> <li><input type="checkbox"/> Do I need a nationwide provider network? If yes, should consider the <a href="#">Access Health Plan</a>.</li> <li><input type="checkbox"/> Not enrolling in health insurance? You may be eligible for an annual \$2,000 opt-out stipend. <b>Must re-apply every year.</b> (<a href="#">Eligibility requirements</a>: must not be covered by state or UW health insurance, and must be eligible for employer contribution towards health, and if employed by state in 2015, was covered by state health insurance)</li> </ul> <p><b>Plan Design:</b> IYC Plan or HDHP    <b>Uniform Dental:</b> Yes or No    <b>Health Plan Name:</b> _____</p>
<p><b>Health Savings Account (HSA)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are you enrolling in a High Deductible Health Plan (HDHP)?           <ul style="list-style-type: none"> <li><input type="checkbox"/> Must enroll in a <a href="#">Health Savings Account (HSA)</a>. <b>Must re-enroll every year.</b> <ul style="list-style-type: none"> <li>* Employer contribution: \$750 (Single), \$1,500 (Family)</li> <li>* Max employee + employer combined contribution*: \$4,150 (Single), \$8,300 (Family)</li> </ul> </li> </ul> </li> </ul> <p><b>Your HSA Annual Election:</b> \$ _____    * Limit increased by \$1000 if 55 or older</p>
<p><b>Dental and Vision Insurance</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do you anticipate any high cost dental procedures within the next year?           <ul style="list-style-type: none"> <li>◆ Consider enrolling in one of the <a href="#">Delta Dental PPO - Supplemental plans</a></li> </ul> </li> <li><input type="checkbox"/> Are you not covered by State Group Health Insurance and need basic dental coverage?           <ul style="list-style-type: none"> <li>◆ Consider enrolling in the <a href="#">Delta Dental PPO - Preventive Plan</a></li> </ul> </li> <li><input type="checkbox"/> Do you usually have out-of-pocket vision costs (glasses, contacts, LASIK)?           <ul style="list-style-type: none"> <li>◆ <a href="#">DeltaVision</a> offers vision insurance benefits above what is provided by State Group Health Insurance (coverage for an annual eye exam).</li> </ul> </li> </ul> <p><b>Dental Election:</b> _____    <b>Vision Election:</b> _____</p>
<p><b>Healthcare Flexible Spending Account (FSA)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do you plan to have out-of-pocket medical, dental, vision, or prescription expenses next year?           <ul style="list-style-type: none"> <li>◆ Can contribute up to \$3,050 to a <a href="#">Healthcare FSA</a> (or <a href="#">Limited Purpose FSA</a> if enrolling in a High Deductible Health Plan). This allows you to reduce your taxable income and set aside money for out-of-pocket medical-related expenses.</li> </ul> </li> </ul> <p><b>Healthcare FSA (or LPFSA) Annual Election:</b> \$ _____</p>
<p><b>Dependent Day Care FSA</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do you have child or adult daycare expenses?           <ul style="list-style-type: none"> <li>◆ Can contribute up to \$5,000 in a <a href="#">Dependent Day Care Account</a>. This allows you to reduce your taxable income and set aside money for dependent day care expenses.</li> </ul> </li> </ul> <p><b>Dependent Day Care Annual Election:</b> \$ _____</p>
<p><b>Parking &amp; Transit Accounts</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do you have parking or transit expenses?           <ul style="list-style-type: none"> <li>◆ Can contribute up to \$300/month (\$3,600/year) in a Pre-Tax <a href="#">Parking</a> and/or <a href="#">Transit</a> account. This allows you to reduce your taxable income and set aside money for commuter expenses.</li> <li>◆ If you already have deductions coming out of your check pre-tax to pay for a state parking lot/garage or vanpool, those expenses do not qualify for the Parking or Transit Account program.</li> </ul> </li> </ul> <p><b>Parking Annual Election:</b> \$ _____    <b>Transit Annual Election:</b> \$ _____</p>
<p><b>Securian Accident Plan</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do you want a plan that has Accidental Death &amp; Dismemberment coverage?</li> <li><input type="checkbox"/> Do you want a plan that could help offset medical costs due to injuries?           <ul style="list-style-type: none"> <li>◆ The <a href="#">Accident Plan</a> pays a lump sum benefit to you for covered injuries</li> </ul> </li> </ul> <p><b>Coverage Level:</b> Employee, Employee + Spouse, Employee + Child(ren), and Family</p>



## 2024 Premiums

<b>Non-High Deductible Health Plans</b>	<b>Single (monthly)</b>	<b>Single (biweekly)</b>	<b>Family (monthly)</b>	<b>Family (biweekly)</b>
IYC Plan with Dental	\$115.00	\$57.50	\$286.00	\$143.00
IYC Plan without Dental	\$112.00	\$56.00	\$276.00	\$138.00
Access with Dental	\$270.00	\$135.00	\$673.00	\$336.50
Access without Dental	\$267.00	\$133.50	\$663.00	\$331.50
Access with Dental (required to work out of state only)	\$173.00	\$86.50	\$438.00	\$219.00
Access without Dental (required to work out of state only)	\$170.00	\$85.00	\$428.00	\$214.00
<b><u>High Deductible Health Plans</u></b>	<b>Single (monthly)</b>	<b>Single (biweekly)</b>	<b>Family (monthly)</b>	<b>Family (biweekly)</b>
HDHP Plan with Dental	\$42.00	\$21.00	\$107.00	\$53.50
HDHP Plan without Dental	\$39.00	\$19.50	\$97.00	\$48.50
HDHP Access with Dental	\$197.00	\$98.50	\$494.00	\$247.00
HDHP Access without Dental	\$194.00	\$97.00	\$484.00	\$242.00
HDHP Access with Dental (required to work out of state only)	\$100.00	\$50.00	\$259.00	\$129.50
HDHP Access without Dental (required to work out of state only)	\$97.00	\$48.50	\$249.00	\$124.50

<b>2024 Premiums</b>	<b>Employee (monthly)</b>	<b>Employee (biweekly)</b>	<b>Employee + Spouse (monthly)</b>	<b>Employee + Spouse (biweekly)</b>	<b>Employee + Child(ren) (monthly)</b>	<b>Employee + Child(ren) (biweekly)</b>	<b>Family (monthly)</b>	<b>Family (biweekly)</b>
Delta Dental PPO – Select Plan	\$9.08	\$4.54	\$18.16	\$9.08	\$12.24	\$6.12	\$21.76	\$10.88
Delta Dental PPO – Select Plus Plan	\$21.60	\$10.80	\$43.22	\$21.61	\$40.12	\$20.06	\$66.20	\$33.10
Delta Dental – Preventive (no health)	\$36.10	\$18.05	n/a	n/a	n/a	n/a	\$90.28	\$45.14
DeltaVision	\$5.72	\$2.86	\$11.42	\$5.71	\$12.88	\$6.44	\$20.58	\$10.29
Accident Plan	\$3.72	\$1.86	\$5.32	\$2.66	\$7.17	\$3.59	\$10.47	\$5.24