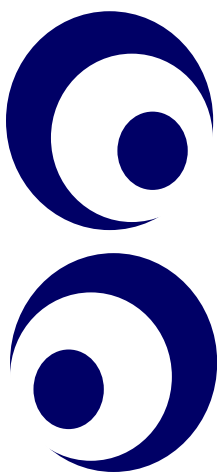


YOUR 2025 BENEFITS AT A GLANCE

STATE OF WISCONSIN

This Quick Guide is a high-level overview of the benefits package offered to State of Wisconsin employees.



Health, Dental & Vision Benefits

State Group Health Insurance

The [State Group Health Insurance program](#) offers hospital, surgical, medical and prescription coverage. Each health plan offers a regular and a High Deductible Health Plan (HDHP) and optional Uniform Dental coverage. If you do not wish to enroll in health insurance, you may be eligible to receive an [Opt-Out Stipend](#).

Dental & Vision Insurance

[Supplemental dental](#) and [vision plans](#) are available that wrap around the coverage provided by State Group Health Insurance. A preventive dental plan is also available to those not covered by State Group Health Insurance. See the [2025 Guide to Dental Benefits](#) for more information about dental options available.

What You Need to Know

- ✓ New employees have 30 days to make their benefit elections through [eBenefits](#).
- ✓ Coverage effective dates vary by plan.
- ✓ After your initial enrollment period, you have limited opportunities to change your benefits.
- ✓ If you have a life event, contact your agency within 30 days for allowable benefit changes.

Life, Accident & Disability Insurance

State Group Life Insurance

[State Group Life Insurance](#) provides group term life insurance coverage up to 5x your annual covered earnings in the event of death. You may also add coverage for your spouse and dependents.

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. It also includes Accidental Death and Dismemberment Coverage along with [Identity Theft Services](#).

Income Continuation Insurance

[Income Continuation Insurance](#) (ICI) is an income replacement plan that replaces up to 75% of your salary if unable to work for at least 30 days due to sickness or injury. ICI will cover annual earnings up to a maximum of \$120,000.

Saving for Retirement

Wisconsin Retirement System (WRS)

The [WRS](#) is one of the largest pension funds in the United States. Participation is mandatory for all eligible employees and enrollment is automatic. The WRS provides retirement (pension), separation, disability and death benefits. For most employees, both the employee and employer contribute 6.95% of covered earnings to the WRS in 2025.

Wisconsin Deferred Compensation (WDC)

[WDC](#) is a voluntary, supplemental retirement savings program which allows employees to set aside additional money for retirement. You can enroll and make changes any time directly with Wisconsin Deferred Compensation or by calling 1-877-457-9327. Employee contributions can be taken on a pre-tax or post-tax (Roth) basis. There is no employer contribution.

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Pre-Tax Savings Accounts

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
- Pre-Tax [Parking](#) & [Transit](#) Accounts

[Pre-tax savings accounts](#) 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 may save money on taxes. These plans are administered by [Optum Financial](#)

| 2025 Contribution Limits | |
|---|------------------------------------|
| Healthcare FSA (and LPFSA): | \$3,200 |
| Dependent Day Care FSA: | \$5,000 (limitations apply) |
| Parking & Transit Accounts: | (\$315/month = \$3,780/yr) |
| 2025 HSA Contribution Limits | |
| Employer Contribution*: | \$828 (single), \$1,650 (family) |
| Total HSA Limit**: | \$4,300 (single), \$8,550 (family) |
| Total Limit = Employee + Employer Contribution | |

Wellness Resources

Well Wisconsin Program: Provides health and well-being services and resources through [WebMD ONE](#). Employees and their spouses covered by State Group Health Insurance are eligible for a \$150 taxable incentive after the completion of a health assessment, health check and a well-being activity.

Employee Assistance Program (EAP): Provides resources through [Acentra Health](#) at no cost to employees and their families. The EAP may help with personal/work-related concerns, legal/financial situations, and work-life balance.

Paid Leave Benefits

Employees, except for LTEs, are eligible to earn the following [paid leave](#):

- **Personal Holiday:** 36 hours/year, can be used immediately
- **Legal Holiday:** 9 days/year

- **Vacation:** 104-216 hours/year based on years of service and FLSA status. Classified employees: available for use after 6 months of probation. Un-classified employees: immediately available for use.

- **Sick Leave:** 5 hours/pay period, up to 130 hours/year
- Note:** All leave types are prorated for employees who work less than 100%.

2025 Insurance Premiums

| Health Plan Type* | Single with Dental | | Family with Dental | | Single without Dental | | Family without Dental | |
|--------------------|--------------------|----------|--------------------|----------|-----------------------|----------|-----------------------|----------|
| | Monthly | Biweekly | Monthly | Biweekly | Monthly | Biweekly | Monthly | Biweekly |
| IYC Health Plan | \$124.00 | \$62.00 | \$307.00 | \$153.50 | \$120.00 | \$60.00 | \$297.00 | \$148.50 |
| IYC HDHP | \$46.00 | \$23.00 | \$114.00 | \$57.00 | \$42.00 | \$21.00 | \$104.00 | \$52.00 |
| Access Health Plan | \$296.00 | \$148.00 | \$734.00 | \$367.00 | \$292.00 | \$146.00 | \$724.00 | \$362.00 |
| Access HDHP | \$218.00 | \$109.00 | \$541.00 | \$270.50 | \$214.00 | \$107.00 | \$531.00 | \$265.50 |

| Plan | Employee | | Employee + Spouse | | Employee + Child(ren) | | Family | |
|-------------------------------|----------|----------|-------------------|----------|-----------------------|----------|---------|----------|
| | Monthly | Biweekly | Monthly | Biweekly | Monthly | Biweekly | Monthly | Biweekly |
| Delta Dental Preventive Plan | \$36.10 | \$18.05 | n/a | n/a | n/a | n/a | \$90.28 | \$45.14 |
| Delta Dental Select Plan | \$9.08 | \$4.54 | \$18.16 | \$9.08 | \$12.24 | \$6.12 | \$21.76 | \$10.88 |
| Delta Dental Select Plus Plan | \$21.60 | \$10.80 | \$43.22 | \$21.61 | \$40.12 | \$20.06 | \$66.20 | \$33.10 |
| 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 | \$7.16 | \$3.58 | \$10.46 | \$5.23 |

*The HSA employer contribution and health premiums listed reflect the amounts for employees who are eligible for the full employer contribution towards the health insurance premium. Amounts differ if required to pay [half or all the health premium](#).

**If 55 or older, the total HSA contribution limit is increased by \$1,000.