Welcome
New Graduate Assistants
&
Short Term Academic Staff

Session time: 2 hours for presentation and Q&A

Links to essential forms, benefits information and application forms found at: http://benefits.wisc.edu/grads
New Employee Benefits Session 2017

Presented by:
UW-Madison Benefits Services
Office of Human Resources (OHR)
University of Wisconsin – Madison
UW-Madison Benefits Services

21 N. Park Street, Suite 5101
Walk-ins welcome 9 am-3 pm, Monday through Friday

(608) 262-5650
Benefits@ohr.wisc.edu
www.benefits.wisc.edu

We provide

• Individual benefit and retirement consultations
• Benefits education classes throughout the year
  • (register at www.talent.wisc.edu)
• Support for your departments’ HR staff
Find payroll & benefit information online:

www.benefits.wisc.edu

New UW Employees  |  Get started here...
Essential Forms, Benefit Plan Information and Applications and Additional Resources for New Employees
Translation Services

Appointees Not Covered by the Wisconsin Retirement System

- Graduate Assistants
- Employees-in-Training
- Fellows
- Scholars
- Short-Term Academic Staff
eBenefits

*NEW* in 2017

Enroll online with eBenefits!

Log-in with your NetID to the MyUW Portal

https://my.wisc.edu

Learn more: www.ohr.wisc.edu/ebenefits

Contact your department with any questions you have regarding your NetID or eBenefits.
MyUW

www.wisc.edu > MyUW tab  [use NetID to log in]

Paycheck stubs
• Payroll Information > Earnings Statement

Benefits Summary
• Benefit Information > Summary
Earnings Statements

Review your *Earnings Statements* for accuracy:

- Rate of pay & hours worked
- Insurance premium deductions
  - Premiums are paid one month in advance, thus your first paycheck may have multiple monthly deductions depending on effective dates of coverage

**Important:** Contact your Payroll & Benefit Coordinator and UW-Madison Benefits Services if something is missing or incorrect
State Group Health Insurance
State Group Health Insurance

What is my deadline to enroll?  
When will my coverage be effective?

Applications must be received within 30 days of the first day of your appointment.

Coverage would then be effective the first of the month following hire (or first day of hire if hired on the first of the month) assuming timely receipt of application.
State Group Health Insurance

*Which doctors or providers may I visit?*

*What is my monthly premium cost if I enroll?*

*What services are covered?*

It depends upon which of the plan designs you elect:

- **Tier 1 / Regional Wisconsin State networks**
  - IYC Health Plan*

- **Tier 3 / Nationwide network**
  - IYC Access Health Plan*

*Grad Assistants & Short-Term Academic Staff are ineligible for the High Deductible Health Plan with HSA & Opt-Out incentive.*
State Group Health Insurance

Which doctors & providers may I visit?

State Group Health Insurance

Which doctors & providers may I visit?

Enroll in a network & visit your chosen network’s providers (see their website/call them for provider list).

- HMOs (examples: Dean, GHC-SCW, P+, Unity-UW):
  - **No coverage** outside your HMO network unless services provided are determined to be emergency services.

- Access Health Plan with WPS:
  - **Reduced coverage** levels (higher out-of-pocket costs) if receiving non-emergency care outside your network.
State Group Health – Health Plan

What is the monthly premium?

- **Single coverage:** $45.50** / month
  Employee-only

- **Family coverage:** $113.50** / month
  Employee + spouse or domestic partner*
  +/or child(ren) +/or stepchild(ren)

*Adding coverage for a domestic partner involves additional forms & may affect your taxes.

** Save $3/month for single or $8/month for family if you waive dental coverage
Preventive Health Services

Preventive services covered 100%
Federal law requires that specific preventive services provided by in-network providers be offered at no cost to you, including

- Routine annual check-ups
- Certain screenings for illness
- Certain Prescriptions

Learn more:
• www.healthcare.gov > search: preventive
• http://etf.wi.gov > search: preventive 2017
What if it’s not Preventive?

- OOPL – Medical
- OOPL – Rx
- Federal MOOP
- Copayments
- Deductible
- Coinsurance
What is a Copay?

A copay is a fixed dollar amount you pay for certain covered health care services or prescription drugs. You usually pay the copay when you receive the service or drug.
What is a Copay?

In the Health Plan and the Access Plan we will pay **copays** for non-preventive primary care visits & specialty office visits. Office visit copays do not count toward our deductible, but will count toward the out of pocket limit (OOPL).

<table>
<thead>
<tr>
<th>Visit Type</th>
<th>Includes</th>
<th>Copayment</th>
<th>Counts Toward Deductible?</th>
<th>Counts Toward OOPL?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Office Visit</td>
<td>· General Physicians · Pediatrician · Chiropractor · Nurse Practitioner · OB/GYN</td>
<td>$15</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Specialty Care Office Visit</td>
<td>· Specialty Providers · Urgent Care · Vision Exam in office visit setting</td>
<td>$25</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>· Emergency Room</td>
<td>$75</td>
<td>(waived if admitted)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
What is a Deductible?

A **deductible** is an annual amount you must pay toward the full negotiated cost of certain non-preventive health services *before* your health plan begins to pay toward non-preventive health services.

Both health plans have deductibles:

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>2017 Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$250</td>
</tr>
<tr>
<td>Family</td>
<td>$500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access Health Plan (in-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
</tr>
<tr>
<td>$250</td>
</tr>
<tr>
<td>Family</td>
</tr>
<tr>
<td>$500</td>
</tr>
</tbody>
</table>
What is Coinsurance?

• **Coinsurance** is the percentage (%) of the cost of a covered service or prescription that a member splits with the insurance company
• Coinsurance applies to services that are not subject to copayments
• Coinsurance amounts change based on total cost of the service, piece of equipment, or drug
  • **Medical Care:** 90/10
  • Durable Medical Equipment (crutches, etc.): 80/20
  • Prescription Drugs: varies
Medical Out of Pocket Limit

An **out of pocket limit** ("OOPL") is the maximum amount that a member will pay for in-network, covered medical care during a plan year (with a few exceptions).

Once the OOPL is met, coinsurance and copayments no longer apply for health care visits that year.

<table>
<thead>
<tr>
<th>2017 State plan OOPLs</th>
<th>Health Plan</th>
<th>Access Health Plan (in-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Family</td>
</tr>
<tr>
<td></td>
<td>$1,250</td>
<td>$2,500</td>
</tr>
<tr>
<td></td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
Pharmacy Benefits with Navitus

<table>
<thead>
<tr>
<th>Level 1</th>
<th>$5 per fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2</td>
<td>Member pays 20% (up to $50 per fill)</td>
</tr>
<tr>
<td>Level 3</td>
<td>Member pays 40% (up to $150 per fill)</td>
</tr>
<tr>
<td>Level 4 Preferred Rx</td>
<td>Preferred Specialty Pharmacy: $50 per fill</td>
</tr>
<tr>
<td>Level 4 Non-Preferred</td>
<td>40% (up to $200 per fill)</td>
</tr>
</tbody>
</table>

- A “fill” is usually a 30-day supply. A 90-day supply would require 3 copayment/coinsurance amounts.
- Consider the mail-order program for cost savings on Level 1 & 2 drugs (3 fills for the cost of 2)
- e-Learning: [Saving on Your Prescriptions](#)
Prescription Out of Pocket Limit

Once the OOPL for a level is met, coinsurance & copayments no longer apply for that level of prescription drugs that year.

<table>
<thead>
<tr>
<th>Levels</th>
<th>Health Plan</th>
<th>Access Health Plan (in-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 2</td>
<td>$600/$1,200</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td>Level 3*</td>
<td>$6,850 / $13,700</td>
<td>$6,850 / $13,700</td>
</tr>
<tr>
<td>Level 4 P</td>
<td>$1,200/$2,400</td>
<td>$1,200/$2,400</td>
</tr>
<tr>
<td>Level 4*</td>
<td>$6,850 / $13,700</td>
<td>$6,850 / $13,700</td>
</tr>
</tbody>
</table>

*Neither Level 3 nor Level 4 Non-preferred coinsurance applies toward non-HDHP health plan OOPL (federal MOOP applies)
Maximum Out of Pocket Limit

For certain costs which do not stop at a plan’s OOPL*, the federal maximum out of pocket limit ("MOOP") applies.

<table>
<thead>
<tr>
<th>2017 MOOP</th>
<th>All Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Family</td>
</tr>
<tr>
<td>$6,850</td>
<td>$13,700</td>
</tr>
</tbody>
</table>

*For example, Level 3 prescription drugs
Overview of Plan Costs

We pay our medical costs until we reach our deductible

Then, we pay medical coinsurance amounts while insurance pays the remainder of covered medical care costs

Insurance will cover most additional Rx costs in a Tier after the Tier’s maximum OOPL is met

We pay our drug copays / coinsurance when filling Rx

Insurance will cover most additional health costs after we reach our plan medical OOPL

Office visit copays are separate from the deductible and apply toward the OOPL
Health Plan vs. Access Plan

Health Plan with dental

- $45.50 or $113.50 per month
- Annual Deductible ($250 / $500)
- Regional WI networks only
  - Examples:
    - Dean
    - GHC-SCW
    - Physicians Plus
    - Unity-UW
- Receive services in-network (unless emergency)
- Well-eye vision exams for $25 office visit copay

Access Plan with dental

- $134.50 or $336.00 per month
- Annual Deductible ($250 / $500)
- National network
  - WPS
- Receive services in-network or out-of-network
- No adult vision included
State Group Health – Access Plan

What is the monthly premium?*

• **Single coverage:** $134.50**/ month
  Employee-only

• **Family coverage:** $336.00**/ month
  Employee + spouse or domestic partner***
  +/or child(ren) +/or stepchild(ren)

*If the UW requires that you live outside the state of WI for your job, the Access plan would cost you $70.50/month for Single or $177.50/month for Family.

** Save $3/month for single or $8/month for family if you waive dental coverage

*** Adding coverage for your domestic partner involves additional forms & may affect your taxes.
State Group Health – IYC Access Plan

Which doctors & providers may I visit?

http://wpsic.com/state/fad.shtml
State Group Health – Access Plan

Which doctors & providers may I visit?

WPS Nationwide Network
- WPS has a national network of doctors/providers, and you should visit those providers when seeking services.

Out-of-Network Providers
- If you choose to visit a doctor/provider who is not part of the WPS network, you will pay higher out of pocket costs.
State Group Health– IYC Access Plan

What services are covered?

If visiting one of WPS’s network providers

• Qualifying preventive services are covered 100%
• For non-preventive covered services you pay 100% of the bill up to a $250 deductible per calendar year per individual ($500 maximum per year for a family)
• **After the Deductible** has been met, most eligible medical services that calendar year are covered at 90%
  • You are billed for the remaining 10% up to a calendar year maximum of $1,000 for an individual or $2,000 for a family
  • $75 co-pay if visiting the Emergency Room
• Rx via Navitus ($5; 20% up to $50; 40% up to $150; $50; 40% up to $200)
State Group Health – Access Plan

What services are covered?

If visiting a medical provider NOT part of WPS’s network

Still have some coverage, but...

• Higher Deductible ($500 per person to maximum of $1,000 for a family) before any medical services are covered

• After the Deductible has been met, most other services in that same calendar year are covered at only 70%
  • You are billed for the remaining 30%
  • Additional $75 co-pay if visiting the Emergency Room
State Group Health - Uniform Dental

Network Access

The effectiveness of Delta Dental’s plan designs is enhanced by its two networks – Delta Dental PPO and Delta Dental Premier.

- Delta Dental PPO Dentists (Accept reduced fees – saving members the most money)
- Delta Dental Premier Dentists (Accept reduced fees, but not as low as PPO dentists)
- No coverage
# Uniform Dental Benefit Summary

**Approved Provider Network:** Delta Dental PPO or Delta Dental Premier Providers

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Benefit Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Benefit Maximum</strong></td>
<td>$1,000 per person</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Diagnostic and Preventive Services</strong></td>
<td></td>
</tr>
<tr>
<td>Exams, cleanings, X-rays</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants, fluoride treatments</td>
<td></td>
</tr>
<tr>
<td><strong>Restorative Services</strong></td>
<td></td>
</tr>
<tr>
<td>Amalgam (silver) fillings</td>
<td>100%</td>
</tr>
<tr>
<td><em>Resin (white) fillings paid up to the cost of silver fillings</em></td>
<td></td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td></td>
</tr>
<tr>
<td>Anesthesia (in conjunction with any covered service under the UDB)</td>
<td>80%</td>
</tr>
<tr>
<td>Periodontics – Maintenance only</td>
<td></td>
</tr>
<tr>
<td>Emergency Palliative Care – to relieve pain</td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td></td>
</tr>
<tr>
<td>Individual lifetime maximum</td>
<td>50%</td>
</tr>
<tr>
<td>Dependents eligible to age 19</td>
<td>$1,500 per person</td>
</tr>
<tr>
<td><strong>Non-covered Services (examples)</strong></td>
<td></td>
</tr>
<tr>
<td>Crowns, bridges, dentures, implants, endodontics (root canal treatment)</td>
<td>No Coverage</td>
</tr>
</tbody>
</table>

**NOTE:** This summary does not include all plan details. Please refer to the summary plan description from Delta Dental of WI for a thorough explanation of your plan, including limitations and exclusions.
State Group Health Insurance

Where do I find details about each plan?
Where are the companies’ phone numbers?
I have more questions about coverage!

- UW-Madison Benefits Services website:
  www.ohr.wisc.edu/benefits/health > Health Plans

- ETF’s It’s Your Choice website:
  - Health Plan Features
  - 2016 Health Plan Report Card
  - How to Choose Your Group Health Insurance Plan?
When I call the insurance companies, what should I ask?

When you visit the insurance websites or call them with questions, it may be helpful to ask:

- Is my current doctor in your network?
- I live _____ and work _____; do you have clinics near those locations?
- If I needed surgery, which hospital(s) would be available?
- Tell me about your Wellness Program...
Tell me about your Wellness Program...

Many plans have $100 - $200 in annual reimbursements* for certain healthy lifestyle expenses

- Community Supported Agriculture (“CSA”) shares
- Fitness classes / Gym membership
- Weight loss programs
- Some even reimburse for doula services/running shoes

*Subject to applicable taxes
State Group Health - Wellness

$150* Well Wisconsin Incentive
Is part of the State Group Health plan

https://wellwisconsin.staywell.com

By October 20, 2017:
- Complete the online StayWell health assessment
- Submit your health screening results to StayWell

*Subject to applicable taxes
State Group Health Insurance

I’ve decided on a plan! How do I enroll?

If eligible for eBenefits, within 30 days of the start of your appointment enroll via the MyUW Portal:

https://my.wisc.edu

After finalizing (Submit & Submit) the enrollments in eBenefits, you will receive an emailed confirmation statement within 24 hours.

Contact your department with any questions you have regarding eBenefits.
State Group Health Insurance

I’ve decided on a plan! How do I enroll?

If using paper application, complete and print a copy of the State Group Health Insurance application form:

[link](www.benefits.wisc.edu > Forms and Publications > State Group Health Insurance > Health Insurance Application/Change Form]

Within 30 days of the start of your appointment, work with your department HR Payroll & Benefits contact for assistance completing your timely enrollment elections.
State Group Health Insurance

When will I receive my insurance cards?

• Medical and prescription cards should arrive 4-6 weeks after enrollment is processed
• Mailed to the home address on your application form
• Consider rescheduling non-emergency doctor visits until you receive your cards
• If medical services are required prior to the receipt of your cards, ask your provider’s office to contact the insurance company directly to verify coverage
Domestic Partner Coverage
Domestic Partner Coverage

Review the steps to establishing a domestic partnership for Chapter 40 benefit purposes:

www.benefits.wisc.edu > Employee Information > Domestic Partner Benefits

Forms required include:

- Affidavit for Domestic Partnership (ET-2371)
- Two copies of timely enrollment applications
- Tax Status Verification Form (UWS-55)
  - EE subject to Imputed Income Tax if adding dependent who does not qualify as a tax dependent under IRS Code Sec 152
Domestic Partner Coverage

Imputed Earnings/Income

When you add your domestic partner (and, if applicable, his/her children or grandchildren) to your health insurance, unless qualifying as your tax dependent(s):

- The Fair Market Value of the UW’s employer contribution toward that coverage is considered a taxable fringe benefit, subject to tax withholding.
- This fringe benefit will increase your taxable income. Therefore, your Federal, State, Social Security and Medicare taxes may increase. As a result, your net pay will decrease.

www.benefits.wisc.edu > Forms and Publications > State Group Health Insurance > Add a Domestic Partner
Making Changes to your Health Enrollment
Making Changes to Insurance

Life Events (marriage, birth, divorce, ...)
- Review all benefits at time of life event
- Submit applications within 30 days of event

Change of Home Address
- Change your Personal Information at my.wisc.edu
- Contact OHR and complete new insurance forms

Benefits Fair and Annual “It’s Your Choice” Enrollment
- Benefits Fair: October 17th, 2017 at Union South from 11am-7pm
- Annual Enrollment Period: Any changes will be effective 01/01/2018
- Not all plans participate in the Annual Enrollment!
State Group Health Insurance

What if I Need to Add Family Coverage Later?

Single to Family Coverage

• Within 30 days of a marriage or birth – submit application.

• If a spouse or eligible dependent arrive in the USA at a later date, you will be able to change to Family coverage only if you can produce documentation showing loss of universal health insurance coverage from the home country.

• If the home country does not have universal health coverage you must enroll them now or wait to enroll them in the annual “It’s Your Choice” enrollment and change period for coverage to be effective the following January.
State Group Health Insurance

What if I am already covered by a family member’s WI State Group Health Insurance?

State Group Health Insurance through a Spouse/DP
- Two Single Plans
- One Family Plan (required if there is a eligible child)

State Group Health Insurance through a Parent
- May defer enrollment until no longer eligible under parent’s plan
- When losing parental coverage, must apply within 30 days of loss
- If you want your own coverage, your parent must drop you from his/her State Group Health plan
State Group Health Insurance

Student Health Insurance Plan (SHIP)

• International Students and J-1 Scholars are required to purchase the Student Health Insurance Plan or file a qualifying waiver.

• More information: http://www.uhs.wisc.edu/ship/
Supplemental Dental Plans

Dental Wisconsin

EPIC | Specialty Benefits
Dental Wisconsin

What is my deadline to enroll?
Your application must be received within 30 days from the first day of your appointment.

When will my coverage begin?
Coverage may begin the first of the month following hire assuming timely receipt of the application.
### DENTAL WISCONSIN PROGRAM

<table>
<thead>
<tr>
<th>2017 Plan Coverages</th>
<th>Preferred Provider Organization Plan (PPO)</th>
<th>Select Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of Network</td>
</tr>
<tr>
<td>Diagnostic/Preventive</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Basic – includes oral surgery</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Major/Restore – includes implants</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Ortho – for children under the age of 19</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Ortho Lifetime Maximum</td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Office Visit Copay</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Annual Benefit Maximum</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>Endodontic &amp; Periodontic</td>
<td>Both Under Major/Restore</td>
<td>Both Under Major/Restore</td>
</tr>
<tr>
<td>Coverage</td>
<td>Waiting Period (if no prior dental insurance)</td>
<td>Waiting Period (if no prior dental insurance)</td>
</tr>
<tr>
<td>Basic Services</td>
<td>3 months</td>
<td>3 months</td>
</tr>
<tr>
<td>Major Services</td>
<td>3 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Ortho</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Network</td>
<td>Dental PPO Providers</td>
<td>Any Dentist</td>
</tr>
</tbody>
</table>

Learn More:

[www.benefits.wisc.edu](http://www.benefits.wisc.edu)

> Forms & Publications

> Dental Wisconsin
Dental Wisconsin

Which dentists may I visit?

**PPO Plan**
- **In-Network** coverage is available from Delta’s PPO providers. Find PPO dentists at www.deltadental.com
- If you visit a dentist who is not part of the Delta PPO network you will pay higher out of pocket costs, but you will still have some coverage.

**Select Plan**
- You may visit any dentist of your choice. Dental WI will pay a percentage of covered procedures using Usual & Customary charge limitations.
Dental Wisconsin

Waiting periods

• Enrollments in either the PPO or Select plan subject to a waiting period of 3 months for basic or major services and 12 months for orthodontics. Insurance will not payout for procedures incurred during the waiting period.

• If you had other comparable dental insurance prior to your Dental Wisconsin coverage, you may show proof of coverage to the insurance company and request a waiver of the waiting periods.
## Dental Wisconsin

### What is the monthly premium?

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>PPO Plan</th>
<th>Select Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$24.60</td>
<td>$20.52</td>
</tr>
<tr>
<td>Employee + Spouse or Domestic Partner</td>
<td>$52.08</td>
<td>$42.18</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$58.22</td>
<td>$48.68</td>
</tr>
<tr>
<td>Family</td>
<td>$88.02</td>
<td>$71.58</td>
</tr>
</tbody>
</table>
Dental Wisconsin

Where can I find more plan details?

How does this plan compare to EPIC Benefits +?

Visit UW-Madison’s Dental Wisconsin website:

www.ohr.wisc.edu/benefits/dental

Dental Plan Comparison Chart
Supplemental Dental Plans

EPIC Benefits +
What is my deadline to enroll?
Your application must be received within 30 days from the first day of your appointment.

When will my coverage begin?
Coverage may begin the first of the month following hire assuming timely receipt of the application.
EPIC Benefits+

What kind of insurance is this?

• Major & Restorative Dental & Child Orthodontics
• AD&D coverage
• Hospital/Surgery Benefit

• Vision
  • Davis Affinity Discount Program *(comes free with plan)*
  • EPIC Vision/Davis Vision Network *(additional premium)*
**EPIC Benefits**

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>$75 per member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Services</td>
<td>Deductible, then 50% of covered charges up to a calendar-year maximum, of $1,500 per member</td>
</tr>
<tr>
<td>• Extractions</td>
<td></td>
</tr>
<tr>
<td>• Therapeutic injections</td>
<td></td>
</tr>
<tr>
<td>• Periodontics</td>
<td></td>
</tr>
<tr>
<td>• Anesthesia services, as defined in the policy</td>
<td></td>
</tr>
<tr>
<td>• Endodontics</td>
<td></td>
</tr>
<tr>
<td>• Restorations, as defined in the policy</td>
<td></td>
</tr>
<tr>
<td>• Alveolotomy</td>
<td></td>
</tr>
<tr>
<td>• Prosthetics including dentures and bridges and their repair</td>
<td></td>
</tr>
<tr>
<td>• Crowns, as defined in the policy</td>
<td></td>
</tr>
<tr>
<td>• Inlays and onlays</td>
<td></td>
</tr>
<tr>
<td>• Oral surgery</td>
<td></td>
</tr>
<tr>
<td>• Dental implants</td>
<td></td>
</tr>
<tr>
<td>• Orthodontic services and supplies, as defined in the policy*</td>
<td></td>
</tr>
</tbody>
</table>

| Orthodontic Lifetime Maximum* | $1,200 per member |

*For eligible children under 19. All appliances must be in place before the eligible child’s 19th birthday. There is a 12-month waiting period from the dependent’s effective date for benefits for orthodontic services and supplies.*

[www.benefits.wisc.edu](http://www.benefits.wisc.edu) > Forms & Publications > EPIC Benefits +
Hospital & Surgery Benefit

INPATIENT HOSPITAL STAY
A benefit of $200 per day will be paid, beginning on the third day and continuing through the 365th day of a hospital confinement. Confinement in a skilled nursing facility does not qualify for this benefit.

OUTPATIENT SURGERY
A benefit of $200 per outpatient surgery will be paid when performed in a hospital outpatient department or freestanding Ambulatory Surgical Center. Multiple procedures occurring during a single surgical session qualify for a single $200 benefit. Surgery performed in a physician’s office does not qualify for the benefit.
## Accidental Death & Dismemberment (AD&D)

<table>
<thead>
<tr>
<th>IN THE EVENT OF THE ACCIDENTAL LOSS OF...</th>
<th>COVERAGE</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>Employee</td>
<td>$15,000</td>
</tr>
<tr>
<td>Both feet</td>
<td>Spouse/Domestic Partner</td>
<td>$7,500</td>
</tr>
<tr>
<td>Both hands</td>
<td>Child</td>
<td>$3,000</td>
</tr>
<tr>
<td>One foot</td>
<td>Employee</td>
<td>$7,500</td>
</tr>
<tr>
<td>One hand</td>
<td>Spouse/Domestic Partner</td>
<td>$3,750</td>
</tr>
<tr>
<td>Sight in one eye</td>
<td>Child</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

Loss must occur within 90 days of injury to qualify
EPIC Benefits+

What is the vision benefit?

Davis Vision Affinity Program

• Discounts and reduced out-of-pocket costs within the Davis Vision Network.
• Automatically provided to all Epic Benefits+ participants
• Print an Affinity ID card:
  www.davisvision.com > Members > client code 7748
EPIC Benefits+

What is the vision benefit?

EPIC Vision Plan

Learn more:

[www.benefits.wisc.edu](http://www.benefits.wisc.edu)
> Forms & Publications
> EPIC Benefits +

<table>
<thead>
<tr>
<th>EPIC VISION PLAN (DAVIS VISION NETWORK)</th>
<th>IN-NETWORK BENEFITS (MEMBER PAYS COPAYMENT)</th>
<th>NON-NETWORK BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Eye Exam</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Lens: Spectacles or contact</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>Frame Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fashion Copay</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Designer Copay</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Premier Copay</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>Non-Collection</td>
<td>EPOC pays $130 &amp; member receives 20% discount on charges over $150 - No copay required</td>
<td></td>
</tr>
<tr>
<td>Lens Allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, Bi-focals, Tinted, Lenticular</td>
<td>Plastic lenses included</td>
<td>Copay not applicable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lenses (In Lieu of Eyeglasses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Evaluation, Fitting &amp; Follow-up</td>
<td>Included</td>
<td>$75 allowance</td>
</tr>
<tr>
<td>- Materials</td>
<td>Includes Daily Wear, Failed Replacement, &amp; Disposable</td>
<td>$75 allowance</td>
</tr>
<tr>
<td>Non-Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Standard Evaluation, Fitting &amp; Follow-up</td>
<td>Included</td>
<td>$75 allowance</td>
</tr>
<tr>
<td>- Specialty Evaluation, Fitting &amp; Follow-up</td>
<td>$60 allowance, plus 15% discount over allowance</td>
<td>$75 allowance</td>
</tr>
<tr>
<td>- Materials</td>
<td>$130 allowance, plus 15% discount over allowance</td>
<td>$75 allowance</td>
</tr>
<tr>
<td>medically necessary</td>
<td>Materials, evaluation, fitting, and follow up included at no cost</td>
<td>EPOC pays $225 allowance</td>
</tr>
<tr>
<td>Lens Upgrade (Non-insurance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glass, Over-size, Scratch</td>
<td>Included at no cost</td>
<td>Not covered</td>
</tr>
<tr>
<td>Polycarbonate Lenses (children &amp; sports)</td>
<td>Included at no cost</td>
<td>Not covered</td>
</tr>
<tr>
<td>Fashion Tinting Plastic Lens</td>
<td>$0 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Gradient Tinting Plastic Lens</td>
<td>$0 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Benefit Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>24 months</td>
<td>24 months</td>
</tr>
</tbody>
</table>

2017 UW-Madison Benefits Services
EPIC Benefits+

What is the monthly cost if I enroll?

<table>
<thead>
<tr>
<th>2017 MONTHLY RATES FOR ACTIVE EMPLOYEES</th>
<th>Without Vision</th>
<th>With Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$21.56</td>
<td>$25.60</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td>$43.12</td>
<td>$50.24</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$43.12</td>
<td>$50.24</td>
</tr>
<tr>
<td>Family</td>
<td>$64.68</td>
<td>$75.16</td>
</tr>
</tbody>
</table>

2017 UW-Madison Benefits Services
EPIC Benefits+

Compare to the Dental Wisconsin plan:

2017 Dental Plan Comparison Chart

~~~~~~~~

Compare to the VSP vision plan:

2017 Vision Plan Comparison Chart
Vision
VSP Vision

**What is my deadline to enroll?**
Your application must be received within 30 days from the first day of your appointment.

**When will my coverage begin?**
Coverage may begin the first of the month following hire assuming timely receipt of the application.
# VSP Vision

## What services are covered?

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>• $130 allowance for a wide selection of frames</td>
<td>$25</td>
<td>See frame and lenses</td>
</tr>
<tr>
<td></td>
<td>• $150 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>• Available every calendar year for dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lens Enhancements</td>
<td>• Scratch-resistant coating</td>
<td>$0</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>• Standard progressive lenses</td>
<td>$55</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Premium progressive lenses</td>
<td>$95 - $105</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Custom progressive lenses</td>
<td>$150 - $175</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Average savings of 20-25% on other lens enhancements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts (instead of glasses)</td>
<td>• $130 allowance for contacts; copay does not apply</td>
<td>Up to $60</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>• Contact lens exam (fitting and evaluation)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VSP Vision

Which vision providers may I visit?

Search for a VSP doctor online:

www.vsp.com
VSP Vision

Where can I find more plan details?

How does this compare to other vision options?

Visit UW-Madison’s website:

www.ohr.wisc.edu/benefits/vision

2017 Vision Comparison Chart
### VSP Vision

**What is the monthly premium in 2017?**

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employer+ Spouse/ Domestic Partner</th>
<th>Employee+ Child(ren)</th>
<th>Employee+ Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$6.54</td>
<td>$13.08</td>
<td>$14.73</td>
<td>$23.54</td>
</tr>
</tbody>
</table>
VSP doesn’t issue cards. Instead, your provider will confirm benefits online or via phone using your UW employee ID number (located on your earnings statement)

Log into your online account to print your own card (if you desire):  www.vsp.com
Life Insurance
# Life Insurance

**Three optional plans:**

<table>
<thead>
<tr>
<th></th>
<th>Individual &amp; Family</th>
<th>UW Employees Inc.</th>
<th>AD&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much coverage for employee?</td>
<td>Up to $20,000 initially</td>
<td>Depends upon age</td>
<td>Up to $500,000</td>
</tr>
<tr>
<td>How much coverage for family?</td>
<td>Up to $10,000 on spouse/DP and/or $5,000 on child(ren)</td>
<td>None</td>
<td>Certain % of employee coverage</td>
</tr>
<tr>
<td>When is it effective?</td>
<td>1st of the month following 30 days from the date of hire</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2017 UW-Madison Benefits Services
Life Insurance

What are my deadlines to enroll?

30 days from the first day of your appointment to enroll in:

• Individual and Family Group Life
• UW Employees Inc.

No deadline for enrollment into:

• Accidental Death and Dismemberment
Life Insurance

*When will my coverage begin?*

In many cases, the insurance will be effective the first of the month following 30 days from the date of hire.
Life Insurance

Where do I find plan details?

www.benefits.wisc.edu > Forms and Publications
> Individual and Family Group Insurance
> UW Employees Inc. Life Insurance
> Accidental Death and Dismemberment
Life Insurance

Where can I compare different life insurance costs?

Life Insurance Cost Comparison

Which life insurance policy is for me?

Life Insurance Features Comparison
Supplemental Retirement Plans

403(b) & 457(b)

UW TSA 403(b) Program

NOTE: Fellows, Scholars, Graduate Interns/Trainees, & Post-Doctoral Fellows/Trainees are not eligible.
TSA & WDC

Consider contributing to supplemental retirement plan(s)*:

Tax Shelter Annuity 403(b)
&/or
Wisconsin Deferred Compensation 457(b)

www.talent.wisc.edu > Catalog > Search > Event: TSA or WI Deferred
### TSA & WDC

**Tax Sheltered Annuities (403b)**

- Pre- or Post-Tax option
- 2017 Max contribution of $18,000
- Age 50+ Catch-Up contribution of additional $6,000 allowed
- Additional special catch-up may also be allowed if 15+ years service (depends upon past contribution $)

**Wisconsin Deferred Comp (457b)**

- Pre- or Post-Tax option
- 2017 Max contribution of $18,000
- Age 50+ Catch-Up contribution of additional $6,000 allowed
- Additional special catch-up may also be allowed if 3 years from normal retirement age

**Minimum contributions apply ($8 or $20 per paycheck)**

- No administrative fee in 2016
- Loan services available
- Early-withdrawal penalty

**No minimum contributions**

- Administrative fees charged based on account balance
- No loans offered
- No early-withdrawal penalty
Flexible Spending Accounts (FSA)

- Health Flexible Spending Account (FSA)
- Dependent Care FSA

**NOTE:** Fellows, Scholars, Graduate Interns/Trainees, & Post-Doctoral Fellows/Trainees are not eligible.
Flex Spending Account (FSA) with TASC

What is an FSA?
An FSA is a pretax account allows you to set money aside from your paychecks that you then may spend on certain eligible health or dependent care expenses throughout your plan year – without that money being considered taxable income to you.

For example:

**Without Pretax Account**
- $100 earned
- - $25 tax (assumes 25% bracket)
- $75 to spend on anything

**With Pretax Account**
- $100 earned and sent to TASC
- - $0 (not taxable)
- $100 to spend on qualifying items
FSA - Eligible Expenses 2017*

**Medical Account - $2,550 max**
- Rx Co-pays
- Deductibles & Co-Insurance
- Dental costs & Orthodontics
- Glasses / Contacts / Lasik
- Acupuncture
- Mileage to/from appointments
- OTC Medical Items
  - Band-Aids, Contact lens solution, Pregnancy tests, Thermometers
- OTC Medication – if Rx provided
  - Cough syrup, Diaper rash ointment, Fever reducers, Pain relievers, etc.

**Dependent Account – $5,000 max per household**
- Daycare
- Nanny / Au pair / Sitter
- Before & After-school programs
- Certain summer day camps

Must be for care provided to child under age 13 (or qualified dependent mentally/physically incapable of self care) during employee’s work hours.

Summer day camps must be primarily providers of childcare (vs. educational or athletic training).

*Not an exhaustive list*
How do I Access my Health FSA $?

- TASC card
- Paper Claim Form
- Website or via phone app

You have access to your full annual Health FSA election as of your plan effective date.

*Keep All Your Receipts!*
How do I Access my Dependent Care $?

- TASC card
- Paper Claim Form
- Website or via phone app

You have access to your Dependent Care FSA money after deposits are made into your account (paycheck by paycheck).

*Keep All Your Receipts!*
Flex Spending Account (FSA) with TASC

What is the advantage?

• Overall tax liability is reduced for the year. See the savings calculators online at www.tasconline.com
• Medical/Health account allows participants to access their full annual election upon plan effective date. Provides debit card for qualified health expenses.
• Dependent daycare account reimburses childcare expenses throughout the year (versus waiting to file taxes)

Remember: Use it or Lose it

• Incur expenses through 12/31/2017 – No grace period.
• Medical FSA allows up to a maximum of $500 rollover into 2018
Free or Affordable Resources
Resources for UW-Madison Ees

- UW-Madison Libraries
  www.library.wisc.edu
- Employee Assistance Office
  http://eao.wisc.edu
- Recreational Facilities (free introductory week)
  http://recsports.wisc.edu
- Subsidized annual Madison Metro bus passes and emergency taxi vouchers
  http://transportation.wisc.edu
- Pre-tax parking deductions with campus ramp permit
Resources for UW-Madison Ees

- 5% discount on food purchases made with Wiscard ID at all Wisconsin Union and University Housing locations
  
  www.wiscard.wisc.edu

- Reduced cost software via WI Integrated Software Catalog
  
  http://wiscsoftware.wisc.edu/wisc

- Professional Technical Education with DoIT Software training / Classroom & online options
  
  http://pte.doit.wisc.edu

- Lynda.com
  
  More than 1,000 self-paced online courses
  
  www.lynda.com
Questions?

UW-Madison Benefits Services
benefits@ohr.wisc.edu
608-262-5650

University of Wisconsin – Madison
Office of Human Resources
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www.benefits.wisc.edu