Welcome to the University of Wisconsin-Madison

New Employee Benefits Summary – 2017
For appointees not covered by the Wisconsin Retirement System (WRS) with appointment start dates between December 2, 2016 - December 1, 2017

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

Office of Human Resources
21 North Park Street, Suite 5101
Madison, Wisconsin 53715-1218
Welcome to the University of Wisconsin-Madison!

This packet is designed to provide you with information regarding the benefit plans UW-Madison offers you and your family. Whether you are interested in health, dental, vision or life insurance benefits, we are confident you will find plans that suit your needs. The University contributes toward the cost of several benefit plans adding to your total compensation.

Selecting your benefits is an important process. We encourage you to read this information promptly and thoroughly as some plans require enrollment within the first 30 days of employment, or of becoming a benefits-eligible employee.

This packet includes information about a variety of benefit plans. Visit our website for more information: http://benefits.wisc.edu.

If you have questions about your benefits, please contact UW-Madison Benefits Services at benefits@ohr.wisc.edu or (608) 262-5650.

Once again, welcome to UW-Madison. On Wisconsin!
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This benefit summary is an overview of UW-Madison employee benefits. For more detailed information, applications, guides and booklets, visit the UW-Madison Benefits Services website: benefits.wisc.edu

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Every effort has been made to ensure the information in this benefit summary is true and accurate. If there is any discrepancy between this summary and the official plan documents, the language in the official documents shall be considered accurate.

To enroll and participate in the benefit plans outlined in this document, you must meet all eligibility requirements as defined by the Wisconsin Retirement System, Wisconsin State Statutes and University personnel rules.
Coverage Deadlines

Most benefit plans have a 30 day enrollment period from the start date of your appointment.

If you do not enroll during your initial enrollment opportunity, you may have an opportunity to enroll during an open enrollment event (usually held in the fall), or if you experience a life event such as marriage, domestic partnership, birth or adoption, or loss of other coverage. You will typically have 30 days from a life event to make changes to your benefits. Contact your Payroll/Staff Benefits Coordinator as soon as a life event occurs.

For some plans you may also have an opportunity to enroll through evidence of insurability.

Effective Date of Coverage

Effective dates of coverage vary by plan.

New Employee Resources

The resources listed below will assist you in reviewing your benefits options and making informed choices. Please take the time to utilize these resources that have been designed just for you.

- **benefits.wisc.edu**
  For detailed information about the benefit plans included in this summary, visit the UW-Madison Benefits Services website: benefits.wisc.edu

- **Graduate Assistants Benefit Seminars and Drop-in Sessions**
  The Benefits Seminar for Graduate Assistants will provide you with an overview of your UW benefits package. Health plan representatives will be available to answer questions. The schedule for seminars and drop-in sessions can be found online: [http://www.ohr.wisc.edu/benefits/new-emp/grad-nebs.aspx](http://www.ohr.wisc.edu/benefits/new-emp/grad-nebs.aspx)

- **Benefits Walkthrough**
  The Benefits Walkthrough is an on-line tool designed to assist you in determining your benefit plan options and estimating your premiums. The Walkthrough will produce a worksheet summarizing your selections, but it will not enroll you in the benefits plans.
  The Walkthrough is available at: [https://uwservice.wisconsin.edu/ebenefits/](https://uwservice.wisconsin.edu/ebenefits/)

For information regarding pay schedules, taxes, transportation and parking options, visit: [http://www.ohr.wisc.edu/benefits/new-emp/grad.aspx](http://www.ohr.wisc.edu/benefits/new-emp/grad.aspx) or see your Payroll/Staff Benefits Coordinator.

Completing Benefit Applications

You will complete your benefit enrollments using eBenefits through the MyUW Portal Employee Self Service. Some benefit enrollments may require paper application or additional documentation. Work with your department HR Payroll & Benefits contact for assistance completing your timely enrollment elections.

In addition to your benefit applications there are many essential forms that you must complete as a new employee such as the Form W-4 – Employee’s Withholding Allowance Certificate and the Direct Deposit Authorization Form. If you have not yet completed these forms, visit: [http://www.ohr.wisc.edu/benefits/new-emp/](http://www.ohr.wisc.edu/benefits/new-emp/) or see your Payroll/Staff Benefits Coordinator.
State Group Health Insurance

Plan Description

The State Group Health Insurance plan provides comprehensive medical and prescription coverage. All health plans have an option to include dental coverage for diagnostic and preventive services. More information about Uniform Dental is available at: http://www.ohr.wisc.edu/benefits/health/uniform-dental.aspx. The prescription drug benefit is administered by Navitus.

For detailed information regarding the State Group Health Insurance program see the It’s Your Choice Guide available at http://etf.wi.gov/members/IYC2017/et-2107home.asp. To review a hard copy, contact your Payroll/Staff Benefits Coordinator.

Coverage Availability

Coverage is available for the employee, employee spouse or domestic partner and dependents.

Employee/Employer Contribution

State Group Health Insurance premiums are paid through a combination of employer and employee contributions.

2017 Premiums for Appointees not covered by WRS

<table>
<thead>
<tr>
<th>State Group Health Insurance Tiers</th>
<th>State of Wisconsin Employees Health Plan With Dental</th>
<th>State of Wisconsin Employees Health Plan Without Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Family</td>
</tr>
<tr>
<td>Tier 1 (all plans not listed in Tier 3)</td>
<td>$45.50</td>
<td>$113.50</td>
</tr>
<tr>
<td>Tier 2 (Access Plan, required to work out of state)</td>
<td>$70.50</td>
<td>$177.50</td>
</tr>
<tr>
<td>Tier 3 (Access Plan, WPS)</td>
<td>$134.50</td>
<td>$336.00</td>
</tr>
</tbody>
</table>

2017 Comparison of Benefit Options

The charts on the following pages are designed to compare Uniform Benefits and the Access Plan. The outlines are not intended to be a complete description of coverage. The Access Plan details are located in the Access Plan (ET-2112) benefits booklet.

Federally required Summaries of Benefits and Coverage (SBCs) and the Uniform Glossary are available through etf.wi.gov/members/health-plan-summaries.htm. If you need printed copies sent to you, please call the Department of Employee Trust Funds (ETF) at 1-877-533-5020 to let them know which plan’s Summary of Benefits and Coverage you want.

Enrollment and Effective Date of Coverage

You must apply within 30 days of your appointment start date.

Coverage is effective the first of the month on or following your appointment, as long as your application is received within 30 days.

Examples:
• If you are hired on January 1, and your application is received by January 31, coverage would be effective on January 1.
• If you are hired on any day of the month after the 1st, and your application is received within 30 days, coverage would be effective the first of the month following your date of hire.

If you elect to not enroll in State Group Health insurance, you must submit an application to decline coverage.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Health Plan</th>
<th>Access Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Annual Medical Deductible</td>
<td>$250 individual / $500 family</td>
<td>$250 individual / $500 family</td>
</tr>
<tr>
<td></td>
<td>Deductible applies to annual OOPL</td>
<td>Deductible applies to annual OOPL</td>
</tr>
<tr>
<td></td>
<td>After an individual within a family plan meets the $250 deductible, coinsurance will apply to covered medical services except for office visit copayments</td>
<td>After an individual within a family plan meets the $250 deductible, coinsurance will apply to covered medical services except for office visit copayments</td>
</tr>
<tr>
<td></td>
<td>Medical deductible does not apply to prescription drugs</td>
<td>Medical deductible does not apply to prescription drugs</td>
</tr>
<tr>
<td>Primary Care Physician Office Visit Copayment includes:</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Internist</td>
<td>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</td>
<td>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</td>
</tr>
<tr>
<td>General Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynecologist / Obstetrician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical / Occupational / Speech Therapy in an office visit setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Office Visit Copayment includes:</td>
<td>$25 per visit</td>
<td>$25 per visit</td>
</tr>
<tr>
<td>Specialty Providers</td>
<td>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</td>
<td>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</td>
</tr>
<tr>
<td>Urgent Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Exam in an office visit setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Component</td>
<td>Individual Plan</td>
<td>Family Plan</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Annual Medical Coinsurance</td>
<td>After deductible: 10% member cost</td>
<td>After deductible: 10% member cost</td>
</tr>
<tr>
<td></td>
<td>Applies to medical services except for office visits</td>
<td>Applies to medical services except for office visits</td>
</tr>
<tr>
<td></td>
<td>Coinsurance applies to the annual OOPL</td>
<td>Coinsurance applies to the annual OOPL</td>
</tr>
<tr>
<td>Annual Medical Out-of-Pocket Limit (OOPL)</td>
<td>$1,250 individual / $2,500 family</td>
<td>$1,000 individual / $2,000 family</td>
</tr>
<tr>
<td>Routine, preventive services as required by federal law</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Illness/injury related services beyond the office visit copayment (if applicable)</td>
<td>After deductible: 10% member cost up to OOPL</td>
<td>After deductible: 10% member cost up to the annual OOPL</td>
</tr>
<tr>
<td>Emergency Room Copayment (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)</td>
<td>$75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to the OOPL</td>
<td>$75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to the OOPL</td>
</tr>
</tbody>
</table>
## 2017 State - Comparison of Benefits Options for Prescription Drugs

<table>
<thead>
<tr>
<th>Drug Level</th>
<th>Health Plan</th>
<th>Access Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Copayment / Coinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>Level 2</td>
<td>20% ($50 max)</td>
<td>20% ($50 max)</td>
</tr>
<tr>
<td>Level 3</td>
<td>40% ($150 max)</td>
<td>40% ($150 max)</td>
</tr>
<tr>
<td>Level 4 Preferred</td>
<td>$50 or 40% ($200 max)</td>
<td>$50 or 40% ($200 max)</td>
</tr>
<tr>
<td>Level 4 Non-Preferred</td>
<td>40% ($200 max)</td>
<td>40% ($200 max)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Limits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels 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</td>
<td>$1,200 / $2,400</td>
<td>$1,200 / $2,400</td>
</tr>
</tbody>
</table>

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Dental and Vision Plans

UW-Madison offers dental and vision plans that provide coverage beyond the coverage available through your State Group Health plan. You are eligible for the dental and vision plans if you are eligible for State Group Health Insurance. Once enrolled, you must remain enrolled for the entire calendar year.

Comparison charts follow the description of these plans.

**EPIC Benefits+**

**Plan Description**

Epic Benefits+ offers supplemental dental and vision coverage, a hospital/surgery benefit and an accidental death and dismemberment benefit. There is no coverage for routine dental services.


**Covered benefits include:**

- Annual benefit maximum of $1,500/person
- Fillings, crowns, implants, bridges, etc.
- Orthodontia, if under 19, with a lifetime max of $1,200/person (12 month waiting period)
- Hospital confinement and outpatient surgery benefit
- Accidental Death and Dismemberment coverage up to $15,000
- Davis Vision Discount Program
- Optional Vision Insurance for an additional premium including coverage for:
  - $130 frame allowance every other year after copay, lenses every year after $25 co-pay
  - $130 contact lens allowance per year
- Additional coverage and discounts on materials not covered under the policy.

**Available Coverage**

Coverage is available for the employee, employee spouse or domestic partner and dependents.

**Employee/Employer Contribution**

There is no employer contribution.

**Premiums**

<table>
<thead>
<tr>
<th>2017 Monthly Premium</th>
<th>Employee</th>
<th>Employee + Spouse/DP</th>
<th>Employee + Child</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIC Benefits+ With Vision Discount</td>
<td>$21.56</td>
<td>$43.12</td>
<td>$43.12</td>
<td>$64.68</td>
</tr>
<tr>
<td>EPIC Benefits+ With Vision Insurance</td>
<td>$25.60</td>
<td>$50.24</td>
<td>$50.24</td>
<td>$75.16</td>
</tr>
</tbody>
</table>
Enrollment and Effective Date of Coverage

You must apply within 30 days of your appointment start date.

Coverage is effective the first of the month on or following your appointment, as long as your application is received within 30 days.

Examples:

- If you are hired on January 1, and your application is received by January 31, coverage would be effective on January 1.
- If you are hired on any day of the month after the 1st, and your application is received within 30 days, coverage would be effective the first of the month following your date of hire.

Dental Wisconsin

Plan Description

Dental Wisconsin is a dental insurance plan that offers comprehensive dental coverage. There are two benefit plans you can choose from: the PPO or the Select Plan.

For detailed information about Dental Wisconsin: http://www.ohr.wisc.edu/benefits/new-emp/dental.aspx

Covered benefits include:

- Annual benefit maximum of $1,000/person
- Annual cleanings and x-rays (PPO plan only)
- Fillings, crowns, implants, bridges, etc. (3 month waiting period)*
- Orthodontia, if under 19, with a lifetime max of $1,000/person (12 month waiting period)*
- Davis Vision Discount Program

*Unless you have prior creditable dental coverage

Available Coverage

Coverage is available for the employee, employee spouse or domestic partner and dependents.

Employee/Employer Contribution

There is no employer contribution.

Premiums

<table>
<thead>
<tr>
<th>2017 Monthly Premium</th>
<th>Employee</th>
<th>Employee + Spouse/DP</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental WI Select</td>
<td>$20.52</td>
<td>$42.19</td>
<td>$48.68</td>
<td>$71.59</td>
</tr>
<tr>
<td>Dental WI PPO</td>
<td>$24.60</td>
<td>$52.08</td>
<td>$58.22</td>
<td>$88.02</td>
</tr>
</tbody>
</table>

Enrollment and Effective Date of Coverage

You must apply within 30 days of your appointment start date.

Coverage is effective the first of the month on or following your appointment, as long as your application is received within 30 days.
Examples:

- If you are hired on January 1, and your application is received by January 31, coverage would be effective on January 1.
- If you are hired on any day of the month after the 1st, and your application is received within 30 days, coverage would be effective the first of the month following your date of hire.

**VSP Vision**

**Plan Description**

VSP Vision insurance provides coverage to help offset the costs of an annual eye exam, prescription glasses, and contact lenses. For detailed information about VSP Vision: [https://www.wisconsin.edu/ohrwd/benefits/download/med/vision/broch.pdf](https://www.wisconsin.edu/ohrwd/benefits/download/med/vision/broch.pdf).

**In-Network coverage includes:**

- One well-vision exam per year after $15 co-payment
- Coverage for glasses or contact lenses each year
  - $130 frame allowance every other year after $25 co-pay, lenses every year after $25 co-pay
  - $130 contact lens allowance per year
- Discounts on additional glasses, laser vision correction and some services/materials not covered under the policy.
- KidsCare Program - allows two exams per year, impact resistant lenses, lenses replaced as needed, frames replaced annually with $25 co-pay

**Available Coverage**

Coverage is available for the employee, employee spouse or domestic partner and dependents.

**Employee/Employer Contribution**

There is no employer contribution.

**Premiums**

<table>
<thead>
<tr>
<th>2017 Monthly Premium</th>
<th>Employee</th>
<th>Employee + Spouse/DP</th>
<th>Employee + Child(ren)*</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP</td>
<td>$6.54</td>
<td>$13.08</td>
<td>$14.73</td>
<td>$23.54</td>
</tr>
</tbody>
</table>

**Enrollment and Effective Date of Coverage**

You must apply within 30 days of your appointment start date.

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Examples:

- If you are hired on January 1, and your application is received by January 31, coverage would be effective on January 1.
- If you are hired on any day of the month after the 1st, and your application is received within 30 days, coverage would be effective the first of the month following your date of hire.
<table>
<thead>
<tr>
<th>Provider Network</th>
<th>In-Network ONLY</th>
<th>Open Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>Open Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$75</td>
<td>$25</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Office Visit Copayment</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Calendar Benefit Max</td>
<td>$1,000</td>
<td>$1,500</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventative</td>
<td>100%</td>
<td>Not Covered</td>
<td>100%</td>
<td>75%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Routine Cleanings</td>
<td>2 per year</td>
<td>1 every 6 months</td>
<td>75%</td>
<td>55%</td>
<td>75%</td>
</tr>
<tr>
<td>Extractions (non-surgical)</td>
<td>Not covered</td>
<td>Not Covered</td>
<td>50%</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Local Anesthesia</td>
<td>80%</td>
<td>50%</td>
<td>75%</td>
<td>55%</td>
<td>75%</td>
</tr>
<tr>
<td>Fluoride</td>
<td>2 per year</td>
<td>2 per year to age 16</td>
<td>50%</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Not covered, but may be covered under medical plan</td>
<td>50%</td>
<td>75%</td>
<td>55%</td>
<td>50%</td>
</tr>
<tr>
<td>Major/Restorative</td>
<td>50%</td>
<td>75%</td>
<td>55%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Implants</td>
<td>Not covered</td>
<td>Not covered</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns</td>
<td>80%</td>
<td>50%</td>
<td>50%</td>
<td>25%</td>
<td>50%</td>
</tr>
<tr>
<td>Bridges</td>
<td>50%</td>
<td>50%</td>
<td>25%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dentures</td>
<td>50%</td>
<td>50%</td>
<td>25%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontic</td>
<td>50%</td>
<td>50%</td>
<td>25%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>50%</td>
<td>50%</td>
<td>25%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dental Waiting Period</td>
<td>None</td>
<td>None</td>
<td>Preventive - No Coverage</td>
<td>Preventive - No Coverage</td>
<td></td>
</tr>
<tr>
<td>Claim Filing Timeline</td>
<td>12 months</td>
<td>120 days</td>
<td>Basic &amp; Major - 3 months</td>
<td>Basic &amp; Major - 3 months</td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td>50% (under 19 only)</td>
<td>50% (under 19 only)</td>
<td>50% if begun before age 19</td>
<td>50% if begun before age 19</td>
<td></td>
</tr>
<tr>
<td>Ortho Lifetime Max</td>
<td>$1,500</td>
<td>$1,200</td>
<td>$1,000</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>Ortho Waiting Period</td>
<td>None</td>
<td>24 months</td>
<td>12 months</td>
<td>12 months</td>
<td></td>
</tr>
</tbody>
</table>

### 2017 Premium Rates

**Without Vision**

- Employee: $21.56
- Employee + Spouse: $43.12
- Employee + Child(ren): $64.68
- Family: $84.88

**With Vision**

- Employee: $25.60
- Employee + Spouse: $50.24
- Employee + Child(ren): $75.16
- Family: $88.02

**Active Employees & COBRA**

- Employee: $24.60
- Employee + Spouse: $52.08
- Employee + Child(ren): $58.22
- Family: $88.02

**Employee + Spouse or Domestic Partner**

To view the 2017 State Group Health Insurance premiums with and without dental, go to: [www.wisconsin.edu/ohrwd/benefits/premiums](http://www.wisconsin.edu/ohrwd/benefits/premiums)

**Customer Service**

- Claims: 800-343-7615
- Billing: 800-236-7610

**Website**


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Note: Under Uniform Dental, “Restorative” services include fillings. Under EPIC Benefits+ and Dental Wisconsin, fillings are covered under “Basic” services.
## Comparison Chart of 2017 Vision Coverage Options

<table>
<thead>
<tr>
<th>Vision Benefit</th>
<th>EPIC Benefits+ Vision Plan Option - Additional Premium Cost</th>
<th>VSP Vision Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Benefits</td>
<td>Out-of-Network Benefits</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>Routine Eye Examination</strong></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Lenses (Spectacle or Contact)</strong></td>
<td>Every 12 months - $25 copay</td>
<td>See Spectacle Lenses</td>
</tr>
<tr>
<td><strong>Benefit Frequency</strong></td>
<td>Lenses</td>
<td>No limit</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>Every 24 months based upon date of service</td>
<td>No limit</td>
</tr>
<tr>
<td><strong>Affinity Vision Discount Program - Included with EPIC Benefits+</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Vision Plan Option</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Member pays $40 plus 90% of balance</strong></td>
<td>Every 12 months - $25 copay</td>
<td>See Spectacle Lenses</td>
</tr>
</tbody>
</table>

### Lens Upgrades - Member Pays Discounted Cost

<table>
<thead>
<tr>
<th>Metric</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
<th>Member Price1</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass Lenses</td>
<td>$0</td>
<td>$18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tinting of Plastic Lenses</td>
<td>$0</td>
<td>$10 / $12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratch Resistant Coating</td>
<td>$0</td>
<td>$20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratch Protection Plan - Single Vision / Multifocal</td>
<td>$20 / $40</td>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultraviolet Coating</td>
<td>$12</td>
<td>$15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$35</td>
<td>$45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polycarbonate Lenses (C6/C9Adult)</td>
<td>$0.930</td>
<td>$30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-Index Lenses2</td>
<td>$0.55</td>
<td>$55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progressive Lenses3 Standard / Premium</td>
<td>$0.990</td>
<td>$75 / $125</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blended Invisible Bifocals</td>
<td>$2</td>
<td>$20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photoresistant Lenses Glass / Plastic</td>
<td>$2.0956</td>
<td>$35 / $65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polarized Lenses</td>
<td>$75</td>
<td>$75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate Vision Lenses</td>
<td>$30</td>
<td>$30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Contact Lenses - Covered up to 8 boxes

<table>
<thead>
<tr>
<th>Metric</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
<th>Member Price1</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection Series Contacts</td>
<td>Covered up to 8 boxes</td>
<td>Lesser of 8 boxes or $130</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$130 allowance, Member receives 15% discount on charges over $130</td>
<td>$75 allowance</td>
<td>90% of provider’s Usual &amp; Customary Fees</td>
<td>Contact lens allowance of $130 can be applied towards the contact lens exam as well as contact lens materials.</td>
<td>$105 maximum reimbursement allowance applies towards contact lens exam as well as contact lens materials.</td>
</tr>
<tr>
<td>Disposable/Planned Replacement</td>
<td>Included at no cost</td>
<td>Evaluation - 85% of provider’s Usual &amp; Customary Fees</td>
<td>Fitting and follow-up fees are member’s responsibility</td>
<td>Contact lens exam (fitting &amp; follow-up) is discounted 15% through a VSP provider; maximum copay of $50. Contact lens allowance of $130 can be applied towards contact lens materials.</td>
<td>$105 maximum reimbursement allowance applies towards contact lens exam as well as contact lens materials.</td>
</tr>
</tbody>
</table>

### Evaluation, Fitting & Follow Up

<table>
<thead>
<tr>
<th>Metric</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
<th>Member Price1</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Contact Lenses</td>
<td>Included at no cost</td>
<td>Evaluation - 85% of provider’s Usual &amp; Customary Fees</td>
<td>Fitting and follow-up fees are member’s responsibility</td>
<td>Contact lens exam (fitting &amp; follow-up) is discounted 15% through a VSP provider; maximum copay of $50. Contact lens allowance of $130 can be applied towards contact lens materials.</td>
<td>$105 maximum reimbursement allowance applies towards contact lens exam as well as contact lens materials.</td>
</tr>
<tr>
<td>Specialty Contact Lenses</td>
<td>$60 allowance, Member receives 15% discount on charges over $60</td>
<td>$75 allowance</td>
<td>Evaluation - 85% of provider’s Usual &amp; Customary Fees</td>
<td>Fitting and follow-up fees are member’s responsibility</td>
<td>Contact lens exam (fitting &amp; follow-up) is discounted 15% through a VSP provider; maximum copay of $50. Contact lens allowance of $130 can be applied towards contact lens materials.</td>
</tr>
</tbody>
</table>

### Value Added Features

<table>
<thead>
<tr>
<th>Metric</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
<th>Member Price1</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser Vision Discount Network</td>
<td>Up to 25% off provider’s Usual &amp; Customary or 5% off advertised specials, whichever is lower.</td>
<td>Average 15% discount with contracted facilities, including TLC. 5% discount on promotional price offered through contracted facilities.</td>
<td>No additional discounts or reimbursements available at a non-contracted facility.</td>
<td>No additional discounts or reimbursements available at a non-contracted facility.</td>
<td>No additional discounts or reimbursements available at a non-contracted facility.</td>
</tr>
</tbody>
</table>

1 Special lens designs, materials, powers, and frames may require additional cost.
2 Does not apply to all forms of high-index lenses.
3 Does not apply to all forms of progressive lenses.
4 Members receive full allowance towards everyday low prices at Walmart and Sam’s Club. Additional discounts do not apply.

**Disclaimer:** If there are differences in this document and the Group Policy, the Group Policy is the governing document. The comparison chart is only a general outline of benefits. You can find a more detailed description of coverage in the applicable certificate of insurance.

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**VSP KidsCare Program**

The VSP KidsCare program provides extra benefits for dependent children (under age 26).

- **Two vision exams per year**
- **Impact resistant lenses**
- **Lens replacement annually or more often if needed (per 0.5 diopter prescription change)**
- **Frames replaced annually with $25 copay**

13. This document may be viewed online at: https://www.wisconsin.edu/ohrwd/benefits/download/med/visioncomp2017.pdf

Last updated: 10/3/16
Life Insurance Plans

The University offers life insurance coverage through several different plans. Appointees not covered by WRS cannot enroll in State Group Life or University Insurance Association plans.

Plan descriptions for the life insurance plans available to you are listed on the following pages. Comparison charts highlighting the features and costs of the plans are available to help you compare benefits and make informed choices.

http://www.ohr.wisc.edu/benefits/docs/sgl-life-insurance-features-comparison-chart-uw1261.pdf
https://uwservice.wisc.edu/docs/publications/life-insurance-cost-comparison-uw1483.pdf

Life Insurance Premiums

Premiums for all life insurance plans are available here: https://www.wisconsin.edu/ohrwd/benefits/premiums/#life.

Individual and Family Group Life Insurance

Plan Description

The plan provides group term life insurance. Initially, you may select up to $20,000 of coverage for yourself, up to $10,000 for a spouse/domestic partner, and up to $5,000 per child. Maximum employee coverage is $300,000, $150,000 for a spouse/domestic partner, and $25,000 per child. Annually, participants have an opportunity to increase coverage without evidence of insurability. More information: http://www.ohr.wisc.edu/benefits/new-emp/indfam.aspx.

Coverage Availability

Coverage is available for the employee, employee spouse or domestic partner and dependents.

Employee/Employer Contribution

There is no employer contribution for Individual and Family Group Life Insurance. All premiums are paid through employee contribution.

Enrollment and Effective Date of Coverage

You must apply within 30 days of your appointment start date.

Coverage is effective the first of the month following 30 days from the appointment start date.
UW Employees, Inc. Life Insurance

Plan Description

UW Employees, Inc. Life Insurance plan offers decreasing term life insurance for employees only. Coverage is based on age and ranges from $33,000-$7,000. You are eligible for this life insurance plan if you are eligible for State Group Health Insurance. More information: http://www.ohr.wisc.edu/benefits/new-emp/uwemp.aspx.

Coverage Availability

Coverage is available for the employee only.

Employee/Employer Contribution

There is no employer contribution for UW Employees, Inc. Life Insurance. All premiums are paid through employee contribution.

Enrollment and Effective Date of Coverage

You must apply within 30 days of your appointment start date.

Coverage is effective the first of the month following 30 days from the appointment start date.

Accidental Death and Dismemberment Insurance

Plan Description

The Accidental Death and Dismemberment Insurance plan (AD&D) protects you against losses resulting from a covered accident. You may select a coverage amount up to $500,000. If you enroll in family coverage, your dependents are covered for a percentage of the benefit amount you select, subject to certain maximums. The plan also includes Zurich Travel Assist®, a comprehensive travel assistance program that provides benefits and services when you are traveling 100 miles or more from your residence. More information: http://www.ohr.wisc.edu/benefits/new-emp/add.aspx.

Coverage Availability

Coverage is available for the employee, employee spouse or domestic partner and dependents.

Employee/Employer Contribution

There is no employer contribution for AD&D. All plans premiums are paid through employee contribution.

Enrollment and Effective Date of Coverage

You must apply within 30 days of your appointment start date.

Coverage is effective the first of the month following 30 days from the appointment start date.
**Flexible Spending Accounts (FSA)**

**Plan Description**

The Flexible Spending Accounts program allows you to set aside money on a pre-tax basis to pay for eligible medical and dependent care expenses annually. You decide how much to set aside, and that amount is deducted from each paycheck before federal, state and FICA taxes are calculated so you save money on taxes.

http://www.ohr.wisc.edu/benefits/fsa/

*Fellows, scholars, trainees, and employees-in-training are not eligible to participate in the FSA program.*

You may only change your annual election amount during the year if you have a life event change in status (e.g. marriage, divorce, birth, leave of absence).

**A Health Care FSA** is used to pay for eligible medical expenses that aren’t covered by your insurance. Eligible expenses include but are not limited to co-insurance, co-payments, dental costs and vision expenses (e.g. glasses, contacts, contact solution). Most over-the-counter medications are not covered unless you have a prescription from your doctor. These expenses can be incurred by you, your spouse (same or opposite-sex spouse) and your qualifying child or relative.

You may contribute a minimum of $100 or up to $2,550 to your Health Care FSA. The 2017 plan year is from January 1, 2017 – December 31, 2017. If you have unused monies left in your Healthcare or Limited Purpose FSA on December 31, 2017, up to $500 will carry over to the entire 2018 plan year. Any amount over $500 will be lost.

**A Dependent Day Care FSA** is used to pay for eligible dependent care expenses such as after school care, baby-sitting fees, adult or child daycare and preschool.

Eligible dependents include your qualifying child, spouse (same or opposite-sex spouse) and/or relative.

You may contribute a minimum of $100 or up to $5,000 into your Dependent Day Care FSA. Plan carefully; any money remaining in your FSA account at the end of the plan year will be lost. For 2017 expenses, you have until March 30, 2018 to submit dependent day care expenses against 2017 balances.

**Enrollment and Effective Date of Coverage**

You must apply within 30 days of your appointment start date.

Coverage is effective the 1st of the month on or following the appointment start date.
Tax-Sheltered Annuity 403(b)

Plan Description

The UW Tax-Sheltered Annuity (TSA) 403(b) Program is a supplemental retirement savings program regulated by Section 403(b) of the Internal Revenue Code. Through the TSA Program you can invest a portion of your income for retirement on either a pre-tax basis, an after-tax basis (Roth) or a combination of both. Participation in the UW TSA Plan is voluntary.


Fellows, scholars, trainees, and employees-in-training are not eligible to participate.

UW TSA 403(b) Program investment options include a wide array of mutual funds and fixed and variable annuities managed by several investment companies:

- TIAA-CREFF
- Fidelity
- T. Rowe Price
- Ameriprise/RiverSource Life Insurance
- Lincoln National Life Insurance

Coverage Availability

Participation is available for the employee only.

Employee/Employer Contribution

You make the entire contribution; there is no employer match. You may contribute as little as $20 per paycheck.

There is no enrollment deadline.
**Wisconsin Deferred Compensation**

**Plan Description**

The Wisconsin Deferred Compensation 457 (WDC) Program is a supplemental retirement savings plan, regulated by Section 457 of the Internal Revenue Code. Through the WDC Program you can invest a portion of your income for retirement on either a pre-tax basis, an after-tax basis (Roth) or a combination of both. Participation in the plan is voluntary.


*Fellows, scholars, trainees, and employees-in-training are not eligible to participate.*

WDC offers a wide range of investment options to meet your needs. The investment options are divided into 4 tiers:

- Lifecycle Funds
- Passive Index Funds
- Actively Managed Funds
- Self-Directed Brokerage Account

**Coverage Availability**

Participation is available for the employee only.

**Employee/Employer Contribution**

The employee makes the entire contribution; there is no employer match. There is no minimum monthly contribution.

There is no enrollment deadline.
Benefits Information and Tools to Help You Make Wise Decisions

The UW-Madison Benefits Services website is designed to help you find important benefits information before you enroll and throughout the year. The site makes it easy for you to learn, select plans and enroll.

http://benefits.wisc.edu