

# BENEFITS+

## *Designed Exclusively for Active Employees*

### *Easy and Affordable*

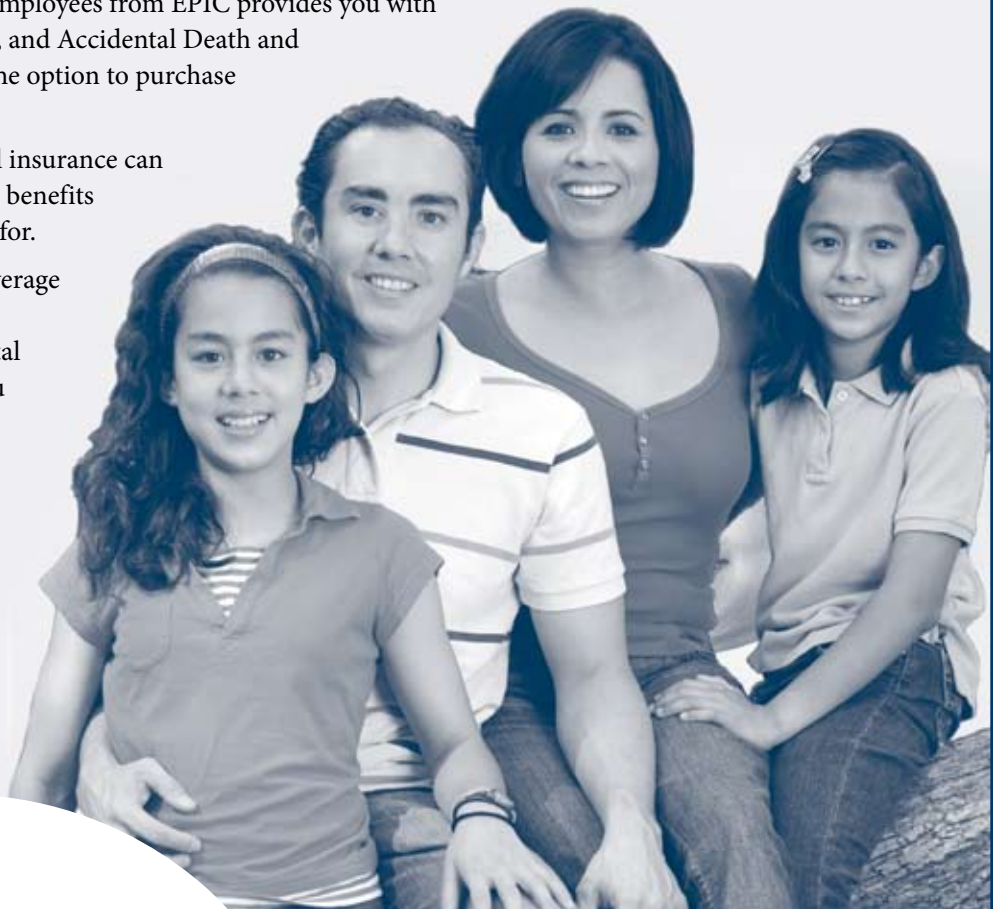
As a new State of Wisconsin employee, you may be eligible for automatic acceptance into our supplemental benefit plan from EPIC. This plan combines valuable benefit types all rolled into one package – benefit enhancement to your base insurance made simple. And, our competitive rates mean it's affordable, too!

### *What is Supplemental Insurance and Why Would I Want It?*

Supplemental insurance is an additional benefit that enhances your base insurance plan(s). The plan offered to State of Wisconsin employees from EPIC provides you with additional Dental, Hospital and Surgery, and Accidental Death and Dismemberment coverage, along with the option to purchase additional vision coverage.

Plain and simple, carrying supplemental insurance can save you money by providing additional benefits for costs you'd otherwise be responsible for.

If you enroll now and continue your coverage through the date you become an eligible annuitant, you may take the supplemental benefits with you when you retire. If you terminate your employment prior to achieving annuitant status, you may continue the coverage under the law and requirements of COBRA.



**EPIC**  
LIFE INSURANCE

*We Take Care of You*

**Benefits+**

Dental | Hospital/Surgery | AD&D  
Vision Option

DESIGNED EXCLUSIVELY FOR STATE OF WISCONSIN EMPLOYEES

# D E N T A L

## Protection for unpredictable, high-cost dental services

Dental expense benefit coverage lets you enjoy a wider range of dental protection by paying benefits for the following services once you've paid the annual deductible.

<b>Annual Deductible</b>	\$75 Per Member
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Extractions</li> <li>• Therapeutic injections</li> <li>• Periodontics</li> <li>• Anesthesia services, as defined in the policy</li> <li>• Endodontics</li> <li>• Restorations, as defined in the policy</li> <li>• Alveolectomy</li> <li>• Prosthetics including dentures and bridges and their repair</li> <li>• Crowns, as defined in the policy</li> <li>• Inlays and onlays</li> <li>• Dental implants</li> <li>• Orthodontic services and supplies, as defined in the policy*</li> </ul>	Deductible, then 50% of covered charges up to a calendar-year maximum, of \$1,000 per member
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.

*Note: We'll pay secondary after your primary dental plan.*

The EPIC plan features Delta Dental providers. Although you can see any dental provider you wish, you'll receive the best value when you choose a Delta Dental provider. Since Delta's extensive network includes 80% of Wisconsin's dentists, it's easy to locate one near you. However, if you choose to receive treatment from a provider not in the Delta network, you'll still be eligible for coverage, but any difference between Delta's allowable fee and what the provider charges will be your responsibility.

The plan's easy to use. After you visit your dentist, submit your dental claims to your primary plan for consideration. Then, submit all of your claims (including the portion paid by your primary coverage) to Delta Dental for consideration.

The bottom line? Your out-of-pocket costs for qualified dental procedures will be reduced by 50%, up to a maximum of \$1,000 per member per year, with insurance from EPIC. It's coverage you won't want to be without!

Not sure if your dentist is a Delta Dental provider? Call Delta Dental at **800-236-3712**, visit Delta Dental on the Web at [www.deltadentalwi.com](http://www.deltadentalwi.com), or contact your dentist directly.

## A C C I D E N T A L D E A T H & D I S M E M B E R M E N T ( A D & D )

### Help when the unexpected happens

AD&D coverage is designed to help offset some of the financial costs involved in coping emotionally and financially, with accidental death or specific life-altering injuries. AD&D pays a lump sum benefit as outlined in the table below.

In the event of the accidental loss of...	Coverage	Non-Annuitant	Annuitant
• Life • Both feet • Both hands	Employee	\$10,000	\$5,000
• One hand and one foot • Sight in both eyes	Spouse/Domestic Partner	\$5,000	\$2,500
• Sight in one eye and loss of one hand or foot	Child	\$2,000	\$1,000
• One foot	Employee	\$5,000	\$2,500
• One hand	Spouse/Domestic Partner	\$2,500	\$1,250
• Sight in one eye	Child	\$1,000	\$500

Loss must occur within 90 days of injury to qualify.

# HOSPITAL & SURGERY BENEFIT

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## **Inpatient Hospital Stay**

A benefit of \$100 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 \$100 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 \$100 benefit. Surgery performed in a physician's office does not qualify for the benefit.



**These benefits are not subject to any waiting periods, copayments, or deductibles, and payments will be made directly to the member, to be used in any way they see fit.**

## **DAVIS VISION AFFINITY PROGRAM**

If you do not choose to enroll with the Vision Benefit Option, your Benefits+ plan will offer added savings through the Davis Vision Affinity Discount Program. The Affinity Discount Program provides member savings on professional vision care services and eyewear. This program is not an insurance plan – it offers fixed out-of-pocket costs and discounts. To receive your discount, visit a Davis Vision participating provider and tell them you have Davis Vision's discount plan through EPIC Life Insurance or present an ID card you printed from the Web. To find a provider, review vision benefits, or print an ID card, visit [www.davisvision.com](http://www.davisvision.com), click on Members, and enter Client Code 7748 in the Open Enrollment section; or call Davis Vision at 888-825-8390. For optimal provider search results, enter your ZIP code and number of miles.

# VISION BENEFIT OPTION

Additional vision benefits are available to State of Wisconsin employees and their dependents, if enrolling in the Benefits+ plan. Not choosing this vision benefit still entitles you to the Davis Vision Affinity Discount Program. See information on previous page. With routine vision exams included in most health plans, the EPIC Vision plan completes your vision care benefits by not duplicating the exam benefit, but providing coverage for vision materials.

To review your benefits or find a provider, visit the Davis Vision Web site ([www.davisvision.com](http://www.davisvision.com)), click on Members, and enter Client Code 7747 under Open Enrollment. For optimal provider search results, enter your ZIP code and number of miles.

## EPIC Vision Plan (Davis Vision Network)

Complete an EPIC enrollment application to elect the EPIC Vision Plan for a complete benefit package.

Plan	In-Network Benefits (member pays copayment)	Non-Network Benefits
<b>Copays</b>		
Routine Eye Exam	Not applicable	Not applicable
Lenses (spectacle or contact)	\$25	Not applicable
<b>Frame Collection</b>		
Fashion Copay	\$0	EPIC pays \$30 allowance
Designer Copay	\$20	EPIC pays \$30 allowance
Premier Copay	\$40	EPIC pays \$30 allowance
Non-Collection Allowance	EPIC pays \$100 & member receives 20% <sup>1</sup> discount on charges over \$100	EPIC pays \$30 allowance
<b>Lens Allowance</b>		
Single, Bifocal, Trifocal, Lenticular	Plastic lenses included	EPIC pays \$25-\$60
<b>Contact Lenses in Lieu of Eyeglasses</b>		
Materials	EPIC pays \$100 & member receives 15% <sup>1</sup> discount on charges over \$100	EPIC pays \$75 allowance
Standard Fitting & Follow-up	Included at no cost	EPIC pays \$75 allowance
Medically Necessary	Materials, evaluation, fitting, and follow-up included at no cost	EPIC pays \$225 allowance
<b>Lens Upgrade (Non-Insurance)</b>		
Glass, Oversize, Scratch Resistant Coating, Polycarbonate Lenses (children & special)	Included at no cost	
Fashion Tinting Plastic Lens, Gradient Tinting Plastic Lens, Ultraviolet Coating	\$15 copay	
Blended Lenses (invisible), Photochromic Glass Lenses	\$20 copay	
Polycarbonate Lenses (all other)	\$35 copay	
Standard Anti-reflective Coating	\$40 copay	
Premium Anti-reflective Coating	\$55 copay	
Ultra Anti-reflective Coating	\$69 copay	
Standard Progressive Lenses	\$65 copay	
Premium Progressive Lenses	\$105 copay	
Intermediate Vision Lenses	\$30 copay	
High Index Lenses	\$60 copay	
Polarized Lenses	\$75 copay	
Photosensitive Plastic Lenses	\$70 copay	
Scratch Protection		
Single Vision	\$20 copay	
Multifocal	\$40 copay	
<b>Benefit Frequency</b>		
Lenses	12 months	12 months
Frames	24 months	24 months

<sup>1</sup> Members receive full allowance towards everyday low prices at Walmart and Sam's Club. Additional discounts do not apply.

# HOW TO ENROLL

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Take advantage of the Benefits+ plan by enrolling now; there's no guarantee of a future open enrollment period.

Members who enroll and drop the EPIC Benefits+ Plan with or without vision will be denied re-enrollment.

**Applications must be submitted to your payroll office within your eligibility period. Consult your payroll office for enrollment requirements.**

*Note: You must be eligible under a group health plan offered to state employees through the Group Insurance Board to be eligible for this coverage. EPIC reserves the right to review these rates annually. For current rate information, contact your payroll office.*

## 2012 Monthly Rates for Active Employees

	Without Vision	With Vision
Employee	\$18.99	\$22.99
Employee + Spouse/ Domestic Partner	\$37.98	\$45.05
Employee + Child	\$37.98	\$45.05
Family	\$56.97	\$67.36

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## OTHER INFORMATION

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### Automatic Deduction

Premiums will be deducted from your paycheck on a pre-tax basis automatically when you enroll in this benefit. If you prefer to have your insurance premiums deducted post-tax, you must file an *Automatic Premium Conversion Waiver (ET-2340)* before your benefits begin or prior to the next plan year. If you have your premiums deducted on a pre-tax basis, you must continue the coverage for the entire year, unless you experience a valid change in status event that allows you to change or cancel coverage. Once you file a waiver, it will remain in effect until you revoke it. *NOTE: If you have coverage that includes a domestic partner, non-tax dependent, or you are a limited term employee, your premiums will be deducted post-tax from your paycheck.*

***The State of Wisconsin requires each employee to identify any family members who are not "tax dependents." A "tax dependent" is a person who qualifies as your dependent on your income tax for Internal Revenue Code purposes. Your family members, including adult children, do not need to be "tax dependents" to be eligible for coverage.***

**Please Note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.** This insurance plan has been authorized by the Group Insurance Board for the purpose of permitting premium collection through payroll deductions under authority granted by § 40.03 (6) (b) and pursuant to §20.921 (1) (a) 3. State Statute. The standards used by the Board include, but are not limited to: documentation of financial stability, demonstration of a reasonable ratio of claims paid to the premium level, authority to conduct business in the State of Wisconsin, agreeing to conditions for the rate-making process and other administrative conditions. Employee Trust Funds (ETF) staff and the Board's actuary review proposals for participation prior to Board approval. However, the Board does not require competitive bids nor a benefit comparison with similar products from other vendors. **Authorization for payroll deduction should not be construed as an endorsement of this plan by either the Group Insurance Board or the Department of Employee Trust Funds.**

**Dental Exclusions** - The plan doesn't cover the following services for dental and orthodontic services, in addition to all other exclusions: routine oral exams, prophylaxis (cleaning and polishing), topical fluoride treatment, X-rays, emergency care to relieve pain, space maintainers, sealants • dental services incurred: for denture replacement, regardless of cause, after we've considered charges for such dentures at least once; for relining dentures; for cosmetic dentistry; for the treatment of the temporomandibular joint • dental services that aren't necessary • orthodontic services administered as part of a treatment plan, unless the insertion of the initial appliance is prior to the dependent child attaining the age of 19.

**Hospital and Surgery Benefit Exclusions -**

This plan does not cover:

Any treatment that is not medically necessary for the patient to be hospitalized • war, declared or undeclared • taking part in a riot, felony or insurrection • military or naval services (upon written notice to us, we will refund premiums pro rata for any period not covered because of such service) • hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or hospital contracted for or operated by any national government or agency thereof unless the covered person is legally required to pay the charges therefore in the absence of insurance • routine newborn care • cosmetic care, except when the care is due to medically necessary reconstructive plastic surgery • medically necessary reconstructive plastic surgery means surgery: (a) to restore a normal bodily function; or (b) to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or (c) for breast reconstruction following mastectomy.

Any treatments, services, or supplies connected with: obesity, weight reduction, or dietetic control, except for morbid obesity and disease etiology; any illness or injury caused by engaging in an illegal occupation or commission of, or attempt to commit, a felony.

Any treatments, services, or supplies: for any injury covered by Workers' Compensation or similar laws; for any illness or injury caused by atomic or thermonuclear explosion or resulting radiation, or any type of military action.

Treatments, services, or supplies for: or leading to, sex transformation surgery and sex hormones related to such treatment; reversal of sterilization; artificial insemination, or fertilization methods and related professional or diagnostic services and medicines, including in vivo fertilization, in vitro fertilization, embryo transfer, gamete intra fallopian transfer (GIFT), and similar procedures; abortion procedures, unless stated in the policy.

Hospital: A hospital does not include, as determined by us: • a convalescent or extended care facility unit within or affiliated with the hospital • a clinic • a nursing, rest or convalescent home • an extended care facility • a facility operated mainly for care of the aged • sub-acute care center • a health resort, spa or sanitarium.

Ambulatory Surgical Center: An Ambulatory Surgical Center means a licensed facility where the patient is admitted to and discharged within the same day, with the primary purpose to provide surgical procedures. It has one or more physicians on duty whenever a patient is in the center. An Ambulatory Surgical Center does not include, as determined by us: • a facility for the primary purpose of terminating pregnancies • an office maintained by a physician for the practice of medicine • a facility which provides services or overnight accommodations for patients.

**AD&D Exclusions** - This plan doesn't cover, in addition to the general exclusions, any loss due to: injuries received in any aircraft, except as a passenger in a commercial aircraft on a regularly-scheduled flight; sickness or disease; bacterial infections, unless due to accidental food poisoning; injury sustained while intoxicated or under the influence of any controlled substance unless prescribed by a physician; an intentionally self-inflicted injury or sickness; suicide or attempted suicide; your participation in a riot or in the commission of a crime.

**Vision Exclusions** - The vision plan does not cover: • vision care services not recommended by a vision care provider • periodic vision examinations except as stated in the policy • eye examinations required by an employer as a condition of employment • vision care services provided in connection with special procedures such as orthoptics and visual training • lenses which do not provide vision correction • charges for the replacement of lost or stolen lenses or frames within 24 months of service • vision care services for any injury or illness arising out of, or in the course of, any activity for pay, profit or gain. This exclusion applies regardless of whether benefits under workers' compensation or similar laws have been claimed, paid, waived or compromised or whether you're covered under worker's compensation insurance (n/a in SD). • vision care services furnished by the U.S. Veterans Administration, except for such vision care services which under the policy we are the primary payor and the U.S. Veterans Administration is the secondary payor under applicable federal law (n/a in MO) . • vision care services furnished by any federal or state agency or a local political subdivision when the member is not liable for the costs in the absence of insurance, unless coverage under the policy is required by any state or federal law • vision care services covered by Medicare, if a member has or is eligible for Medicare, to the extent benefits are or would be available from Medicare (n/a in MO) • vision care services for any injury or illness caused by: (a) atomic or thermonuclear explosion or resulting radiation; or (b) any type of military action, friendly or hostile (n/a in MO and WV) • vision care services in connection with any illness or injury caused by your: (a) engaging in an illegal occupation; or (b) commission of, or attempt to commit a felony; or (c) self-inflicted injury • medical treatment provided outside of the United States or Canada • vision care services provided by practitioners who do not meet the definition of vision care provider • vision care services provided when your coverage was not effective under the policy. This includes vision care services provided either prior to your effective date of coverage or after coverage terminated under the policy. • vision care services for which you have no legal obligation to pay • that portion of the amount billed for a vision care service covered under the policy that exceeds our determination of the charge for such vision care service • comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior notification was not sent to the Claim Administrator • medically necessary contact lenses prescribed for you for which prior notification was not approved by the Claim Administrator • eye refractive surgery, except as specifically stated in the policy.

**General Information** - This brochure is only a general outline of benefits, limitations, and exclusions. You can find a more detailed description of coverage in the applicable certificate of insurance. A certificate will be issued to each employee who becomes insured under the plan.

The words "charge" and "charges" as used in this brochure mean an amount we determine as reasonable, considering factors such as the amount providers charge for similar services and supplies provided in the same geographic area.

Coverage is subject to all terms and conditions of the policy, which is your contract of insurance. The policy consists of the group master policy, including the application and all policy riders and endorsements.



P.O. Box 8430 | Madison, WI 53708-8430

E-mail: [wseeligibility@epiclif.com](mailto:wseeligibility@epiclif.com)

[www.epiclif.com](http://www.epiclif.com)

1-800-520-5750