

# Annual Benefits Enrollment Employee Presentations Question & Answers

UW System Human Resources is hosting virtual Annual Benefits Enrollment (ABE) presentations to the six institutions that are part of the centralized benefit counseling services. The institutions include UW-Parkside, UW-Platteville, UW-Stevens Point, UW-Superior, UW-Whitewater, and UW System Administration. The questions listed below are from the sessions presented September 29, September 30, October 5, October 13, and October 20. Answers were provided to most questions during the sessions however they have been updated and clarified below.

## Health Insurance and Health Opt-Out Incentive

1. Question: Where do I find the Health Plan Search Tool?

**Answer:** The Health Plan Search tool can be found in the Resources section of the [ABE web page](https://www.wisconsin.edu/abe) ([wisconsin.edu/abe](https://www.wisconsin.edu/abe)).

2. Question: For those of us who live on the border, the Health Care Plan Search Tool does not provide the option for Minnesota, Iowa, or Illinois counties to be entered and shows all local plans as limited out of state coverage. How do you suggest we determine coverage when our medical care is primarily received across state lines (for example, Duluth, MN for UW-Superior employees)?

**Answer:** When you enter one of the Wisconsin counties on the border with MN, click on any of the insurance plan name which indicate there is 'some out of state coverage', you will then be able to find the provider directly which will list providers/clinics available in Minnesota based on city.

3. Question: My health plan carrier (Quartz-Community) is no longer going to be available. I want to make sure I keep my current doctors. What do I need to do? I live in Grant County and most of my doctors are based in La Crosse but they travel to Boscobel via Gunderson.

**Answer:** The resources that will help you determine which Quartz health insurance carrier may be best for you in 2022 are:

- Health Plan Search: [etf.wi.gov/its-your-choice/2022/health-plan-search/state](https://etf.wi.gov/its-your-choice/2022/health-plan-search/state). This tool will allow you to determine which health insurance plan carriers will provide services in the counties you would like to seek services in. It also provides links to the complete provider directories.
- Health Benefits Decision Guide: [etf.wi.gov/its-your-choice/2022/22et-2107/download?inline=](https://etf.wi.gov/its-your-choice/2022/22et-2107/download?inline=) (pages 8-11)
- Quartz Customer Service: Call Quartz at (844) 644-3455

4. Question: I have Quartz Community as my health insurance plan carrier and will be switching to Quartz Central. I live in Jefferson County and my primary doctor is in Jefferson County. Can I see specialists at UW Health in Dane County?

**Answer:** The resources that will help you determine which Quartz health insurance carrier may be best for you in 2022 are:

- Health Plan Search: [etf.wi.gov/its-your-choice/2022/health-plan-search/state](https://etf.wi.gov/its-your-choice/2022/health-plan-search/state). This tool will allow you to determine which health insurance plan carriers will provide services in the counties you would like to seek services in. It also provides links to the complete provider directories.
- Health Benefits Decision Guide: [etf.wi.gov/its-your-choice/2022/22et-2107/download?inline=](https://etf.wi.gov/its-your-choice/2022/22et-2107/download?inline=) (pages 8-11)
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5. Question: If I choose Quartz Central based on the county where we live, but my child attends school in a county covered by Aspirus, how does that impact my child's coverage? Can my child visit a provider outside of the counties covered by Quartz Central (out of Quartz Central's network)?

**Answer:** If you choose a health plan that is not an Access Plan, care must be received in-network to be covered. For all health insurance carriers, only emergency and urgent care may be received out-of-network.

6. Question: Have employees enrolled with Quartz Community as their health insurance plan carrier been notified that they need to take action?

**Answer:** Yes, all employees currently enrolled with Quartz Community were sent a home mailing and an email directly from Quartz. Currently enrolled employees were also sent an email from UW System HR to notify them of the change and that they need to take action to elect a new health insurance plan carrier for 2022.

7. Question: I use providers with Ascension but they were bought out by Aspirus. Is the Aspirus Health Plan or is the WEA Trust East a better choice? I am in Portage County. Is one plan better than the other as far as coverage goes or are they comparable?

**Answer:** All of the health insurance plan carriers provide uniform benefits. The difference amongst the health insurance plan carriers are the providers and the counties they serve. The resources that will help you determine which health insurance carrier may be best for you in 2022 are:

- Health Plan Search: [etf.wi.gov/its-your-choice/2022/health-plan-search/state](http://etf.wi.gov/its-your-choice/2022/health-plan-search/state). This tool will allow you to determine which health insurance plan carriers will provide services in the counties you would like to seek services in. It also provides links to the complete provider directories.
- Health Benefits Decision Guide: [etf.wi.gov/its-your-choice/2022/22et-2107/download?inline=](http://etf.wi.gov/its-your-choice/2022/22et-2107/download?inline=). Pages 8-11 of the Guide illustrate the counties that each insurance carrier will provide services in. Page 19 provides the phone numbers for you to contact customer service who may be able to assist with your decision.

8. Question: Does the Access HDHP allow you to see specialists outside of Wisconsin? Such as Mayo Clinic or Iowa City?

**Answer:** The Access Plan allows for Nationwide coverage (either the regular plan or the HDHP). However, you would need to find out if the specialist you plan to see is considered an in-network or out-of-network provider to determine how your services with the specialist will be covered.

9. Question: I currently have three teenagers at home, next year they will all be moving out of state. Can they be covered under my health and dental insurance plans? What are my options? Is the Access Health Insurance Plan my only option if I want to cover them?

**Answer:** If you enroll in any of the health plans you are required to receive regular medical services with in-network providers. Urgent and/or emergency care only is covered outside of the service area of your health insurance plan carrier. Any follow-up care to the emergency or urgent care visit need to be received with an in-network provider.

The Access Plans do provide a nation-wide service network, but this flexibility raises your monthly premium significantly.

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10. Question: How do I select a local vs. nationwide health insurance plan with dependents who will be in college next year but do not know where? Should I enroll in the nationwide plan (Access or Access HDHP) just in case they go to college out of area and have health care needs? Or should I enroll in a local plan and have my child come home for their health care needs?

**Answer:** This decision is up to you. Keep in mind that all health insurance carriers provide coverage for emergency and urgent care services out-of-network. Your child would have access to emergency and urgent care services regardless of which plan you select and where your child decides to go to college. If you select the Access or Access HDHP, your premiums from your paycheck will be higher; however, your child would have nationwide coverage. If you select the Health Plan or HDHP, your premiums from your paycheck will be lower; however, your child would have local coverage (with the exception of emergency/urgent care services). Another question that may assist you with this decision is “how often does your child typically need non-emergent medical services.”

11. Question: My oldest child, who is 19 years old and is not a student, is moving out of state. How does this affect their eligibility for and their access to health care under our family plan?

**Answer:** If you are enrolled in any of the health plans you are required to receive regular medical services with in-network providers. Urgent and/or Emergency care only is covered outside of the service area of your provider. Any follow-up care to the emergency or urgent care visit would need to be received with an in-network provider. The Access plan does provide a nation-wide service network, but this flexibility raises your monthly premium significantly.

12. Question: If I do not want to make changes to the health insurance plan I am enrolled in. Do I still have to re-enroll? Where do we find the information on how to do that?

**Answer:** If you do not want to make any changes, the current insurance plans in which you are enrolled will continue in 2022, as is. There are plans that **require** re-enrollment every year, such as the Health Insurance Opt-out, Flexible Spending Accounts (FSA)-both medical and dependent care account and the Health Savings Account (HSA). If you are currently enrolled in Quartz Community, you will also need to take action (to select a new plan for 2022 since Quartz Community will not be offered).

Review the Self-Enrollment Guide or Video available in the Resources section of the [ABE web page](#) for information on how to re-enroll using the MyUW portal.

13. Question: Are the \$15 and \$25 copayment for the health plan and high deductible health plan (HDHP) for both single and family?

**Answer:** Yes, the \$15 copayment for Primary Care visits, and \$25 copayment for Specialty Care visits apply for each visit regardless of single or family coverage.

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14. Question: I received a letter from Dean Health stating that the Federal Maximum Out-of-Pocket Limit (MOOPL) was raised to approximately \$8,000. On my card it says that my out-of-pocket limit (OOPL) is \$2,500. Are these two things different, or has something drastically changed?

**Answer:** The OOPL and MOOPL are different limits. Here is an explanation of each:

- OOPL: For the Health Plan, for medical services, the OOPL is \$1,250 for single coverage and \$2,500 for family coverage. These amounts will not change from 2021 to 2022. For the Health Plan, there are separate OOPL's for pharmacy benefits (whereas for the HDHP's, the medical and pharmacy OOPL's are combined). The OOPL includes the deductible and coinsurance and copayments. This is the most you could pay during the calendar year for your share of the costs for covered services. After you meet this limit, the plan pays 100% of the allowed amount. This limit does not include premiums.
- MOOPL: The MOOPL only applies to the Health Plans. The MOOPL does not apply to the HDHP's. The MOOPL's have always followed the federal limits\*. For 2021, the MOOPL for single coverage is \$6,850 and for family coverage is \$13,700. For 2022, the MOOPL for single coverage is \$8,700 and for family coverage is \$17,400. The MOOPL includes the deductible and coinsurance and copayments. This limit does not include premiums.

\*Per the [Health Benefits Decision Guide](#), the federal limits only apply to level 3 and level 4 prescription drugs.

15. Question: If I am turning 65 during 2022 can I stay in a High Deductible Health Plan (HDHP) or am I required to take Medicare?

**Answer:** You may remain on the HDHP on/after turning age 65 as long as you do not enroll in Medicare. You may need to contact Medicare to make sure they are aware that you have coverage through your employer; therefore, you want to defer your Medicare enrollment.

16. Question: Is the cost the same for all health insurance carriers or is there a difference?

**Answer:** The premiums that are deducted from your paycheck for State Group Health Insurance differ based on coverage level (single or family) and plan design (HDHP or Health Plan) and network (local or nationwide). The premiums for active employees do not differ based on the health insurance plan carrier you select (examples: Quartz vs GHC vs Dean).

17. Question: Is there an option for individual and spouse coverage in the State Group Health Insurance Program or would I need to select the family plan?

**Answer:** In the State Group Health Insurance Program you may enroll in employee only or family coverage. You would select family coverage to enroll an employee + spouse.

18. Question: Can domestic partners be covered in the State Group Health Insurance Plan?

**Answer:** Domestic partners may not be covered on State Group Health Insurance.

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19. Question: Would I be able to add my child who is 24 years old to my health insurance coverage if they were to lose their current insurance coverage? Is this considered a qualifying event? At what age do dependents become ineligible for being added to our insurance plan?

**Answer:** If your child currently has other health insurance coverage and loses that coverage mid-year, it would be considered a qualifying life event that would allow you to add your child mid-year as long as you do so within 30 days from the loss of coverage date. Dependent children may be covered through the end of the month in which they attain age 26.

20. Question: Is the age to cover children for the health insurance 26?

**Answer:** Dependent children may be covered through the end of the month in which they attain age 26.

21. Question: I have a dependent who turns 26 in the summer of 2022. Are they no longer covered on the insurance plans as of January 1, 2022 or on their 26th birthday in the summer of 2022?

**Answer:** Eligible dependents are covered through the end of the month in which they attain age 26.

22. Question: If I have major life event (for example, birth of a child) is it possible to change health insurance plan carriers (for example, change from WEA Trust to Network Health)?

**Answer:** Within 30 days of the birth of your child, you may change your health insurance plan carrier (for example, WEA Trust to Network Health) or health plan design (for example Health Plan to Access Health Plan or Health Plan to High Deductible Health Plan).

If you are adding your child to coverage due to a life event, a change to your health insurance plan carrier or health plan design is effective the first of the month on or following receipt of your application. If you change your health insurance plan carrier, all accumulators (deductible, benefit maximums, and out-of-pocket limits) will reset.

During the Annual Benefits Enrollment (ABE) period you may also make these changes and add your child to coverage if it was not done within 30 days of the birth. Changes would be effective January 1, 2022.

23. Question: I had a baby in May 2021. Am I able to add him to my health insurance coverage? How do I select that I want to add him?

**Answer:** Within 30 days of the birth of your child, you may add your child to your health insurance coverage (paper application required). Contact your [institution benefits contact](#) to see if your child can be added to your coverage for the 2021 plan year.

During the 2022 Annual Benefits Enrollment period, when you make your 2022 health insurance election, through the MyUW portal, add your child as a dependent and elect family coverage to make sure your child is included on your health insurance for 2022.

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24. Question: I am a retiree and am enrolled in health insurance through Network Health and I have Dental Insurance and Vision Insurance. Do I have to re-enroll? If there is no change, what do I do?

**Answer:** Retirees should work directly with the Department of Employee Trust Funds (ETF) for Annual Benefit Enrollment changes, contact ETF at (877) 533-5020 to verify the process. Retirees can also review the [Retiree Resource Guide](#) which has information and links specific for retirees.

25. Question: How do we complete the Coordination of Benefits (COB)?

**Answer:** Once logged into the MyUW portal and in your enrollment event, on the left side of the enrollment page, click on #4, Review and Update and then click on 'Other Health Insurance Coverage'.

If you do not update your COB while completing your enrollment you may do so after completing your enrollment. A link to [Updating Coordination of Benefits Information instructions](#) is included in the email informing you that your ABE confirmation statement is available.

26. Question: The ABE web page indicates that we need to designate a Primary Care Provider (PCP). Do we need to designate a PCP before the end of ABE?

**Answer:** If you are **not** changing your health plan carrier for 2022, and you **have already** designated a Primary Care Provider (PCP), no action is necessary (unless you want to change your PCP). If you are **not** changing your health plan carrier for 2022, and you **have not already** designated a PCP, you should contact your health insurance plan carrier to designate a PCP. PCP designation may be done at any time. It does not need to be done before the end of ABE.

### Prescription Coverage

27. Question: How does my health insurance track my prescription costs to apply to my out-of-pocket deductible?

**Answer:** There is a periodic feed from the prescription carrier (Navitus) to the health insurance plan carriers that allows your health insurance plan carrier to have up-to-date information.

28. Question: Are there any prescriptions where no charge would be incurred such as contraceptives?

**Answer:** There are some prescriptions that are covered at 100%. Contact Navitus at (866) 333-2757 for the cost of specific prescriptions.

### Well Wisconsin Program

29. Question: Can the Well Wisconsin Program incentive only be earned by one family member? Or can all family members earn it if I am enrolled in a family plan? Last year I only received the \$150 gift card only once although my spouse and I both completed all requirements.

**Answer:** Only employees and their spouse enrolled in the State Group Health Insurance Program are eligible for the wellness incentive. You may contact WebMD at (800) 821-6591 to find out why you and your spouse both did not receive the incentive for 2020.

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30. Question: Can adult children who are on the family plan (for example, college students under age 26) earn the \$150 wellness incentive?

**Answer:** No, only employees and their spouses enrolled in the State Group Health Insurance Program are eligible for the wellness incentive.

### Dental Insurance

31. Question: Is the Select Plus Dental Insurance Plan coverage in addition to the existing dental coverage I have now?

**Answer:** The Select and Select Plus Supplemental Dental Insurance Plans are designed to work in conjunction with the Uniform Dental Insurance Plan (if you have elected it to be included with your health insurance) or the Preventive Dental Insurance Plan (if you are not enrolled in health insurance or you have elected the Health Insurance Opt-Out Incentive).

The Supplemental Dental Insurance Plans do not cover preventive services. Preventive services are covered under the Uniform or Preventive Dental Insurance Plans.

The Supplemental Dental Insurance Plans provide coverage for major services such as crowns, bridgework, root canals, etc.

Review the [Dental Insurance Plan Comparison](#), available in the Resources section of the ABE web page, for a more thorough comparison of the dental plans.

32. Question: For the Dental Insurance Plans, can you explain the benefit maximum? Do the benefit maximums mean for one year the plan will only pay up to the maximums (\$1,000 for the Uniform Dental, Preventive Dental, and Select Plan) and then after that they won't pay anymore?

**Answer:** The maximum dental benefit represents the maximum benefit that will be paid per person for services incurred during the calendar year. The employee is responsible for expenses that exceed the maximum annual benefit.

33. Question: For the Select Plus Dental Insurance Plan, which services are covered at 60% versus 80%?

**Answer:** For the Select Plus Plan, some examples of services that are covered at 60% are crowns, bridges, and implants. Some examples of services that are covered at 80% are surgical extractions, and root canals.

Review the [Dental Plan Comparison](#) for a more thorough review of which services are covered at 60% versus 80%. The Comparison is available in the Resources section of the [ABE web page](#).

34. Question: Which Dental Insurance Plan covers implants?

**Answer:** Coverage for implants is available in both of the Supplemental Dental Insurance Plans, either the Select Plan or the Select Plus Plan. Depending on the plan chosen, the deductible (\$100 per person vs \$25 per person) and percentage of coverage (50% vs 60%) for implants will be different.

Review the [Dental Insurance Plan Comparison](#), available in the Resources section of the ABE web page, for a more thorough comparison of the dental plans.



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35. Question: Are unmarried children under age 26 who are not claimed as dependents on my taxes eligible for dental and vision coverage?

**Answer:** Yes, dependents can be covered through the end of the month in which they turn 26 (regardless of marital status or whether you claim them on your taxes).

### Spending & Savings Accounts

36. Question: What is the deadline for the Flexible Spending Account (FSA) enrollment?

**Answer:** There are several deadlines for the FSAs.

- If you want to participate in the FSAs in 2022, you must enroll or re-enroll by October 22, 2021, the last day of the Annual Benefit Enrollment period.
- If you are enrolled in 2021 and have not yet exhausted your account, you may continue to incur services until December 31, 2021. You may submit claims (for services incurred through December 31, 2021) until March 31, 2022.

37. Question: I want to make sure I am clear on the differences between the Health Savings Account (HSA) and Flexible Spending Account (FSA).

**Answer:**

- HSA is required for the HDHP, correct? Yes
- What is the difference in eligible expenses for the HSA and FSA?
  - HSA eligible expenses include medical, prescription, dental, and vision expenses.
  - FSA eligible expenses also include medical (including prescription), dental, and vision expenses. However, if you are enrolled in the HDHP/HSA, medical (including prescription) expenses may **only** be submitted post-deductible.
- Some of the main differences between the HSA and the FSA:
  - **All** remaining funds in an HSA carryover to the next calendar year. The Medical FSA only allows up to \$550 of remaining funds to carryover to the next calendar year.
  - You can change contributions in the HSA anytime during the year. However, once you enroll in the FSA, you must have a qualifying life event in order to change your contribution amount mid-year.

For a more thorough comparison of the accounts, review the [HSA and FSA Comparison](#) (available on the Spending & Savings Accounts page)

38. Question: Do Flexible Spending Account (FSA) dollars roll forward if unused in a single year?

**Answer:** The health care FSA and limited purpose health care FSA allow up to \$550 to carryover from the 2021 plan year to the 2022 calendar year. If applicable, the carryover will be applied to your account in April of 2022.

39. Question: If I enroll in the Health Care Flexible Spending Account (FSA) for 2022 (for example, \$900) and I don't incur that amount in eligible medical expenses, will up to \$550 be carried over to the 2023 plan year to use for expenses in that year?

**Answer:** Correct, up to \$550 of unused FSA funds will carry over from 2022 to 2023. Your carryover funds would then need to be used for eligible expenses incurred in 2023.



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40. Question: How does a mid-year retirement impact an FSA account?

**Answer:** If you do not continue coverage, your health care FSA coverage ends at the end of the month in which your last FSA deduction was taken. If you only have carryover FSA from a prior plan year and did not participate in the current plan year, your coverage ends on your retirement date. Expenses for services received after your retirement date are not reimbursable.

If you contribute your full annual election amount to your health care FSA, you can incur eligible expenses through the end of the plan year. You may continue coverage by:

- Contributing the remainder of your annual election through a pre-tax lump sum from your last paycheck (contact your institution benefits contact to set this up),
- Making after-tax contributions by paying ETF directly (contact UW-Shared Services, Service Operations for an FSA continuation application),

Dependent Day Care FSA: When you terminate employment, you cannot continue contributions. However, you can continue to incur expenses and request reimbursement from your account until you exhaust the balance or the end of the plan year, whichever is earlier.

41. Question: If I enroll in the Health Care Flexible Spending Account (FSA) for 2022, what happens to my Health Care FSA carryover if I retire in 2023 and go onto my spouse's insurance, which is a high deductible health plan (HDHP)?

**Answer:** When you retire in 2023, if you only have carryover funds from a previous plan year, you will need to use your carryover funds prior to your retirement date. Any remaining carryover funds will be forfeited.

Since you will be added to your spouse's HDHP, you may also want to consult your tax advisor since having a Healthcare FSA and an HDHP in the same plan year would make your spouse ineligible for the HDHP/HSA. To ensure your spouse remains eligible for the HDHP/HSA, it may be best if you calculate your Health Care FSA for 2022 to ensure you do not have carryover funds from 2022 to 2023.

42. Question: What happens with funds in my Flexible Spending Account (FSA) in the case of retirement due to layoff? If my job is ending after a few paychecks in January, can I still participate in the FSAs for 2022? Can I re-enroll and have my entire 2022 election deducted from my first two paychecks and still have until December 31, 2022 to incur the related medical expenses?

**Answer:** You may enroll for 2022 during ABE. If you enroll, you have a few options:

- Regardless of how much you contribute from your paycheck(s) in 2022, you would be able to use the full election amount (example: \$2,000) for dates of service from 1/1/2022 - 1/31/2022 (assuming your layoff date and last payroll deduction is in January). Example for \$2,000 annual election: If you only contribute from two paychecks for a total of \$166.67, you could spend the \$2,000 from your FSA (and would not need to pay that back at any point) for dates of services in January.
- If you do not incur services to be able to exhaust the account from 1/1/2022 – 1/31/2022 (assuming your layoff date and last payroll deduction is in January), you may want to continue contributing to allow you to extend the date you are able to continue to incur services for. You can do so by:
  - Contributing the remainder of your election pre-tax from your **final** paycheck (if your paycheck allows; this would extend your incurred services date to 12/31/2022) OR
  - Contributing after-tax by paying ETF directly (if this option is selected, you could continue contributing until you exhaust your account).

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43. Question: Why isn't carryover allowed for the Dependent Day Care Flexible Spending Account (FSA)?

**Answer:** FSA rules are established by the IRS. Employers, or in the case of the UW System as a state agency, the Department of Employee Trust Funds (ETF), can make decisions to adopt certain FSA provisions (after they are established by the IRS).

For Dependent Day Care FSAs, the IRS has generally not allowed carryover from one year to the next. Due to the pandemic, the IRS made an exception to allow carryover from the 2020 plan year to the 2021 plan year only. ETF adopted the decision to allow up to \$2,500 to carryover from the 2020 to the 2021 plan year only. The IRS does not allow carryover from the 2021 plan year to 2022.

44. Question: If I enroll in a High Deductible Health Plan (HDHP) with family coverage, will the UW System contribute \$1,500 to my Health Savings Account (HSA)?

**Answer:** The UW System will contribute up to \$1,500 into your Health Savings Account over the calendar year. The contribution is spread throughout the year and made on the first two paychecks of the month. If you are enrolled for the entire calendar year, the contribution for family coverage will total \$1,500.

45. Question: If I have a high deductible health plan (HDHP), then I need to have the Limited Purpose Flexible Spending Account (FSA), correct?

**Answer:** You are required to enroll in a Health Savings Account (HSA) if you are enrolled in a HDHP. Enrollment in the Limited Purpose FSA is optional for HDHP participants. Since you may use your HSA for qualifying expenses, you may want to consider contributing to your HSA first, in addition the employer contribution you receive. It may not be necessary for you to also enroll in a Limited FSA depending on your needs. For a more information the HSA and FSA, review the [HSA and FSA Comparison](#) (available on the Spending & Savings Accounts web page).

46. Question: If I change from a high deductible health plan (HDHP) to a regular plan (non-HDHP), can I still keep my Health Savings Account (HSA) or do I have to spend it by December 31<sup>st</sup>?

**Answer:** If you change from a HDHP to a non-HDHP, the HSA remains yours. You can continue to use your HSA to pay for qualified medical, dental, and vision expenses until you exhaust the account. There is no deadline as to when you have to use the money in your account. However, you cannot contribute to your HSA (since you can only contribute to an HSA if you are enrolled in a HDHP).

47. Question: Do I have to use Optum Financial (formerly ConnectYourCare) for the Health Savings Account (HSA) administrator? If I have an HSA with my spouse, could I use that one?

**Answer:** If you enroll in a high deductible health plan (HDHP) through the UW System, you must also enroll in the HSA through the UW System. This allows the UW System to be able to contribute the employer contribution to your HSA and for any employee payroll contributions to be made on a pre-tax basis. The UW System cannot make the employer or employee contributions to an HSA administrator outside of the UW System's administrator for the HSA (Optum Financial). You can contribute to your spouse's HSA on an after-tax basis (just not through the UW System payroll on a pre-tax basis).

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48. Question: Do I have to enroll for Parking & Transit Accounts separately from the FSA?

**Answer:** Yes, enrollment for Parking & Transit Accounts is separate from the FSA. Parking & Transit Accounts are a type of Flexible Spending Account (FSA) but Parking & Transit expenses are not considered eligible expenses under the Health Care FSA. Eligible employees can enroll in Parking & Transit Accounts (or make changes) at any time throughout the year. Enrollment is not limited to the Annual Benefits Enrollment period. A separate communication regarding enrollment for the Parking & Transit Accounts for 2022 will be sent to employees in early November.

### Life Insurance

49. Question: Do we have life insurance through the UW System? Where can I find information on the life insurance plans? If I am not enrolled can I enroll now?

**Answer:** The UW System offers several life insurance plans to eligible employees. Information on the life insurance plans can be found on the [Life Insurance web page](#). For a comparison of the plans, review the [Life Insurance Comparison Chart](#). Employees have an opportunity to enroll in life insurance during the 30-day period following their date of employment or newly benefits-eligible job. Employees who do not enroll during their initial enrollment period may apply for coverage at any time through evidence of insurability (approval is not guaranteed).

The State Group Life Insurance Plan provides an enrollment opportunity due to a family status change event. You may enroll in Basic coverage, or increase your employee coverage by one level, and enroll in one or two units of Spouse and Dependent coverage without evidence of insurability (if application is made within 30 days of gaining a dependent) due to marriage, birth of a child/adoption/placement for adoption or award of legal guardianship of a dependent child.

Individual & Family Life Insurance offers spouse/domestic partner and/or dependent coverage. If you do not enroll your spouse/domestic partner or dependents during your initial enrollment period, you may apply for coverage at any time through evidence of insurability (approval not guaranteed). If you are enrolled in coverage and experience a qualifying life event (marriage, birth of child/adoption/placement for adoption or award of legal guardianship of a dependent child), you may add your spouse/domestic partner and/or dependent within 30 days of the event.

50. Question: How can I find what I have enrolled in for life insurance and the coverage amounts? I have reviewed the Life Insurance Comparison Chart but would like to find out what coverage levels I am enrolled in.

**Answer:** Your benefits summary in the [MyUW portal](#) lists the life insurance plans you are enrolled in.

If you are enrolled in State Group Life Insurance, coverage is based on your annual earnings. You may enroll in coverage up to five-times your annual earnings.

The other 3 life insurance plans (Individual & Family (I&F) Life Insurance, UW Employees, Inc. Life Insurance, and University Insurance Association Life Insurance) provide coverage in flat dollar amounts. During open enrollment, your current I&F Life Insurance coverage amount is available in the [MyUW portal](#) under the I&F module. To determine your coverage in UW Employees, Inc. and/or University Insurance Association Life insurance, visit the [Life Insurance web pages](#) for more details.

## Annual Benefits Enrollment Employee Presentations Question & Answers

51. Question: If I have major life event (for example, birth of a child) is it possible to change the amount of life insurance at this time? Also, can I add a child?

**Answer:** The State Group Life Insurance Plan provides an enrollment opportunity due to a family status change event. You may enroll in Basic coverage, or increase your employee coverage by one level, and enroll in one or two units of Spouse and Dependent coverage without evidence of insurability (if application is made within 30 days of gaining a dependent) due to marriage, birth of a child/adoption/placement for adoption or award of legal guardianship of a dependent child.

Individual & Family Life Insurance offers spouse/domestic partner and/or dependent coverage. If you do not enroll your spouse/domestic partner or dependents during your initial enrollment period, you may apply for coverage at any time through evidence of insurability (approval not guaranteed). If you are enrolled in coverage and experience a qualifying life event (marriage, birth of child/adoption/placement for adoption or award of legal guardianship of a dependent child), you may add your spouse/domestic partner and/or dependent within 30 days of the event.

52. Question: For the State Group Life Insurance Plan, at what level is coverage considered Additional Coverage? Is State Group Life Insurance Additional coverage (labeled as SGL Additional on my paycheck) an after-tax deduction?

**Answer:** State Group Life Insurance provides the following coverage options:

- Basic: one-times (1x) earnings.
- Supplemental: one-time (1x) earnings, must be enrolled in Basic coverage.
- Additional: one-to-three units, each unit equals 1x your earnings. Must be enrolled in Basic coverage.

You must be enrolled in Basic coverage to enroll in Supplemental coverage and/or Additional coverage. When you enroll in Additional coverage, you choose 1, 2 or 3 units of coverage. Each unit represents 1x your earnings. Since you must have Basic coverage to enroll in Additional coverage, your Additional coverage will provide coverage from 2x to 4x your earnings, depending on the number of Additional units you choose. If you also enroll in Supplemental coverage, Additional coverage will provide from 3x to 5x your earnings, depending on the number of Additional units you choose.

Additional coverage is labeled as SGL Additional on your paycheck and premium is paid after-tax.

53. Question: You mentioned completing a paper application to increase Individual & Family Life Insurance coverage or Accidental Death & Dismember (AD&D) coverage. Where do I find the paper applications needed to complete and submit?

**Answer:** The paper applications for Individual & Family Life and the Accidental Death & Dismemberment Insurance can be found in the Forms & Resources section of the [ABE web page](#). You may also increase your Individual & Family Life Insurance (if you are already enrolled) and make changes to Accidental Death & Dismemberment Insurance in the MyUW portal during ABE.

## Annual Benefits Enrollment Employee Presentations Question & Answers

54. Question: What is the name of the paper application for the life insurance? I have the University Association Insurance Life Insurance and pay \$24 per year.

**Answer:** Individual & Family Life insurance is the plan that requires a paper application to reduce or cancel coverage. This is only for employees currently enrolled in the plan. To increase Individual & Family coverage, you may either log into the MyUW portal or complete a paper [Annual Increase Form](#). There is no open enrollment for Individual & Family Life Insurance.

Employees who meet the eligibility requirements for the University Insurance Association Life Insurance plan are automatically enrolled during the annual review. There is no application for this plan.

55. Question: I am a retiree. How do I re-enroll for life insurance?

**Answer:** Retirees should work directly with the Department of Employee Trust Funds (ETF) for Annual Benefit Enrollment changes, contact ETF at (877) 533-5020 to verify the process. Retirees can also review the [Retiree Resource Guide](#) which has information and links specific for retirees.

### Accidental Death & Dismemberment (AD&D) and Accident Insurance

56. Question: Is the Accidental Death & Dismemberment Insurance Plan the same as the Accident Insurance Plan?

**Answer:** The Accidental Death & Dismemberment (AD&D) Insurance Plan and Accident Insurance Plan are not the same; they are separate plans. You may enroll in one or both plans.

The AD&D Insurance Plan provides a benefit if you have an accident that results in the loss of life or you experience a loss of a limb, use of certain limbs, sight, speech or hearing. The plan also includes Identity Theft and Travel Assist benefits. Additional information can be found on the [Accidental Death & Dismemberment webpage](#).

The Accident Insurance Plan pays you a cash payment if you suffer an injury as the result of an accident. The amount of the benefit payable varies depending on the severity of the injury. For a list of covered injuries and benefits payable, refer to [Accident Insurance Brochure](#). The Accident Insurance also includes an accidental death & dismemberment benefit if you die as the result of an accident and an Identity Theft benefit.

57. Question: Is Accidental Death & Dismemberment Insurance for employees only or for dependents as well?

**Answer:** If you enroll in the Accidental Death & Dismemberment (AD&D) Insurance Plan you can choose employee or family coverage. Coverage for the employee can range from \$25,000 to \$500,000. Depending on the situation, a spouse or domestic partner is covered for 50-60% of your coverage level and children from 15-20% of your coverage level.

## Annual Benefits Enrollment Employee Presentations Question & Answers

58. Question: Are the types of coverages under the Accident Insurance Plan covered by our health insurance plan?

**Answer:** Yes, when an accident occurs, generally, all claims are submitted by the hospital or doctor's office directly to your health insurance plan for processing. Then, the health insurance pays their share to the provider and you are billed for any out-of-pocket responsibility (if necessary).

The Accident Insurance Plan provides a cash benefit paid directly to you for certain injuries due to an Accident. The cash benefit is a predetermined flat amount based on the schedule provided in the Accident Insurance Plan Brochure. What the health insurance plan carrier pays to the hospital or doctor's office **does not** affect the amount you receive as a cash payment directly from the Accident Insurance Plan carrier.

For additional information, review the [Accident Insurance Brochure](#) available in the Resources section of the ABE web page.

59. Question: Are the benefits in the Accident Insurance Plan just onetime benefits, for example, paid out only once per event?

**Answer:** Some covered benefits include limitations on the number of benefit payments payable per insured per covered accident and per year. For example, if you suffer a concussion due to an accident, the benefit is limited to one payment per insured per covered accident per calendar year.

A covered person may qualify for a number of separate benefits that were incurred as a result of the same accident. In the example above, if you suffer a concussion and a broken leg during the same accident, you may qualify for the concussion, the fracture, and the emergency room treatment benefit as a result of that accident. There is no limit on the number of separate benefits you can qualify for as a result of the same covered accident. In addition, there are not lifetime benefit maximums. For additional information on benefit limitations, refer to the [Accident Insurance Certificate](#).

60. Question: In the Accidental Death & Dismemberment (AD&D) Insurance Plan what does travel assist include?

**Answer:** The travel assist component of the AD&D Insurance plan offers you assistance when traveling 100 miles or more from your residence. Such as:

- Medical Assistance: emergency medical referrals, medical monitoring, prescription assistance
- Information Assistance: passport & visa information, weather, cultural & currency exchange, travel advisory
- Personal Assistance: lost baggage service, translation & interpretation, emergency messaging

Review the [AD&D Travel Assist Brochure](#) for more information.

61. Question: Can you explain the travel assist benefit in the Accidental Death & Dismemberment Insurance Plan? What does it cover, or how would one use it?

**Answer:** The travel assist component of the Accidental Death & Dismemberment (AD&D) Insurance Plan offers assistance when traveling 100 miles or more from your residence. Such as:

- Medical Assistance: emergency medical referrals, medical monitoring, prescription assistance
- Information Assistance: passport & visa information, weather, cultural & currency exchange, travel advisory
- Personal Assistance: lost baggage service, translation & interpretation, emergency messaging.

You can access the Travel Assistance by calling Zurich Travel Assist.

## Annual Benefits Enrollment Employee Presentations Question & Answers

62. Question: How do I request travel assist or identity theft benefit from the Accidental Death & Dismemberment Insurance Plan?

**Answer:** Travel Assist benefits under the Accidental Death & Dismemberment (AD&D) Insurance Plan are provided by Zurich. To access travel assist services call (800) 263-0261. Be sure to reference The University of Wisconsin System, policy number GTU 8364005. You may also log on to the Travel Assist website at [www.zurichtravelassist.com](http://www.zurichtravelassist.com).

Identity theft benefits under the Accidental Death & Dismemberment (AD&D) Insurance Plan are provided by CyberScout. To access services call CyberScout at (877) 432-7463. Visit [www.cyberscout.com/knowledgecenter](http://www.cyberscout.com/knowledgecenter) or see the [Identity Management Services Brochure](#) for more information.

### 403(b) Program

63. Question: If I have an Individual Retirement Account (IRA) but wanted to participate in the UW System 403(b) Program are my maximum annual contributions a total of the two IRAs do they operate independently?

**Answer:** An Individual Retirement Account (IRA) either pre-tax or Roth is separate than a 403(b) or 401(k) that you may have through your employer. The IRS contribution limits for each are different and tracked independently.

64. Question: Where can I find the list of the 403(b) program recordkeepers that I can change to?

**Answer:** The recordkeepers that will remain in the program as of January 1, 2022 are TIAA and Fidelity. More information on the changes to the program can be found on the 403(b) Program Enhancements web page - [www.wisconsin.edu/ohrwd/benefits/tsa-changes/](http://www.wisconsin.edu/ohrwd/benefits/tsa-changes/). You are also encouraged to attend one of the upcoming town hall meetings – listed on the web page.

### Other Updates & Employee Resources

65. Question: If I don't want to make any changes to my insurance and I am not enrolled in any of the three plans that require re-enrollment each year (Opt-Out Incentive, Flexible Spending Accounts, Health Savings Account), do I need to do anything?

**Answer:** If you do not want to make any changes, the current insurance plans in which you are enrolled will continue in 2022, as is.

Health Insurance Opt-Out Incentive, Flexible Spending Accounts (FSAs), and Health Savings Account (HSA) require re-enrollment each year.

If you are currently enrolled a health insurance plan with Quartz Community, you will need to select a new plan for 2022 if you want health insurance through the UW System in 2022 (since Quartz Community will not be offered as a carrier).



## Annual Benefits Enrollment Employee Presentations Question & Answers

66. Question: If I want nothing to change in 2022 and have no plans that require yearly re-enrollment is there anything I need to do?

**Answer:** If you do not want to make any changes, the current insurance plans in which you are enrolled will continue in 2022, as is.

Health Insurance Opt-Out Incentive, Flexible Spending Accounts (FSAs), and Health Savings Account (HSA) require re-enrollment each year.

If you are currently enrolled a health insurance plan with Quartz Community, you will need to select a new plan for 2022 if you want health insurance through the UW System in 2022 (since Quartz Community will not be offered as a carrier).

67. Question: Do we need to do everything at once? For example, if I want to increase my life insurance, can I do that now? And then select my other insurance info next week?

**Answer:** When making your elections in the MyUW portal during ABE you need make one submission to finalize your elections. You can go out and make elections and not finalize your enrollments, which will allow you to go back out throughout the ABE period to make all your elections. Once your elections are elected and finalized, if you wish to make a change you will need to contact us to re-open your ABE enrollment event and may need to re-do your elections.

68. Question: Where can we find the details on coverage for all of these plans?

**Answer:** Information on changes to the plans for 2022 can be found the [ABE web page](#). The [UW System Employee Benefits web page](#) provides more detailed information about each benefit plan, including certificates of coverage.

69. Question: I have made all of my Annual Benefits Enrollment elections in the MyUW portal, there is no "submit" button. Does this mean as long as I see all of the things I enrolled in, everything is okay?

**Answer:** You must 'submit' your elections or the enrollments will not be processed.

If you do not receive a confirmation notice via email the day following making your elections informing you that your Confirmation Statement is ready to be reviewed, your election changes were **not** submitted successfully.

Please submit a ticket to [benefits@uwss.wisconsin.edu](mailto:benefits@uwss.wisconsin.edu) so your situation can be reviewed.

70. Question: On the ABE web page is there a list of institution benefits contacts?

**Answer:** A list of institution benefits contacts can be found at [www.wisconsin.edu/ohrwd/benefits/contact/](http://www.wisconsin.edu/ohrwd/benefits/contact/)