

Annual Benefits Enrollment Employee Presentations Question & Answers

UW System Human Resources is hosting virtual Annual Benefits Enrollment (ABE) 2024 presentations to the eight institutions that are part of the benefit counseling services. The institutions include UW-Green Bay, UW Oshkosh, UW-Parkside, UW-Platteville, UW-Stevens Point, UW-Superior, UW-Whitewater, and UW System Administration. Four additional institutions have also joined the presentations – UW-Eau Claire, UW-Milwaukee, UW-River Falls, and UW-Stout.

The questions and answers listed below are from the sessions held **September 26, 2023, September 28, 2023, and October 4, 2023**. Answers were provided to most questions during the sessions however they have been updated and clarified below. Questions from subsequent sessions will be added within a few days of the session.

Health Insurance

1. **Question:** If I don't want to make any changes but keep the exact same health insurance I have now, do I need to do anything? Do I need to re-enroll?

Answer: It is recommended you log into the MyUW portal and review your benefit elections at least annually.

If you are enrolled in the High Deductible Health Plan (HDHP), you must re-enroll in the HSA to remain in the HDHP. If you want your coverage to remain the same and you are enrolled in the Health Plan (non-HDHP), you do not need to take any action. However, if you are currently enrolled in GHC South Central Wisconsin and you take no action, your coverage will automatically change to GHC of SCW-Dane Choice, which includes in-network providers in Dane County only.

If you do not need health insurance and are eligible for the Health Insurance Opt-Out Incentive you need to re-enroll in the Opt-Out Incentive.

2. **Question:** What is the difference between a deductible and an out-of-pocket maximum?

Answer: The deductible is the amount you pay before the health insurance plan carrier will pay. Once the deductible is met, then you would pay 10% for services. The out-of-pocket maximum is the total amount you would pay in a calendar year. Once you meet your out-of-pocket maximum, services would be covered at 100%.

3. **Question:** Who or where do I submit to that I have already paid my maximum deductible?

Answer: Work with your health insurance plan carrier regarding meeting your maximum deductible for the State Group Health Insurance Plan.

4. **Question:** Do I still have to pay copays (\$25 for a specialist, for example) if the out-of-pocket limit (OOPL) has already been met?

Answer: Once the OOPL has been met, the copayments no longer apply.

5. **Question:** Does secondary insurance (for example, Tricare) affect what health insurance plan design I can choose?

Answer: Being enrolled in other health coverage such as TRICARE does limit what health insurance plan design you can choose for State Group Health Insurance. If you have coverage under TRICARE, you are not eligible for the Health Savings Account (HSA) which means you are also not eligible for the High Deductible Health Plan (HDHP).

6. **Question:** If I enroll in the Health Plan, is our family maximum out-of-pocket \$500 or \$2,500?

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Answer: For the Health Plan, the family maximum out-of-pocket is \$2,500 for medical services, \$1,200 for pharmacy benefits (levels 1 and 2 drugs), and \$18,900 for pharmacy benefits (levels 3 and 4 drugs). The family deductible is \$500 for medical services. There is no deductible for pharmacy benefits.

7. **Question:** If I have four dependents on my family HDHP, does each person need to reach the deductible individually? For example, if I meet \$1,800 of the family deductible, does that mean that my other three dependents would only need to use \$1,400 total combined to reach our family deductible? Then coinsurance would kick on or we would be covered 100%.

Answer: For the HDHP, any combination of members can meet the family deductible of \$3,200. If you incur \$3,200 worth of health care services (and/or pharmacy benefits), you could meet the \$3,200 individually. Otherwise, if all four members of your family incur services (and/or pharmacy benefits) that go toward the deductible, then the total combined amount cannot exceed the \$3,200 deductible. Then, coinsurance would apply up to the out-of-pocket limit of \$5,000.

8. **Question:** Does every single cost (for example, visit fees, prescription costs, lab work, procedures) count towards the deductible for the High Deductible Health Plan (HDHP)?

Answer: Most costs will count towards the deductible for the HDHP, except preventive services. Once the deductible is met you are subject to co-payments and co-insurance until your annual maximum out-of-pocket is met.

9. **Question:** Do I have to pay co-pays (\$25 for a specialist, for example) if the out-of-pocket limit (OOPL) has already met?

Answer: The copayments do not apply after you have met the out-of-pocket limit.

10. **Question:** I was reviewing the Q&A posted on the ABE web page and I have a question about this question 'How does the health insurance typically cover an annual vision exam?'. Does the \$25 co-pay only apply if I enroll in the Supplemental Vision Insurance Plan?

Answer: If you are enrolled in a non-High Deductible Health Plan (HDHP), you will pay a \$25 specialty co-payment for your annual vision exam. If you are enrolled in a HDHP, you must meet your annual deductible before the copay would apply.

11. **Question:** For health insurance plans that cover providers out of state, the plan shows in the MyUW portal is Access In-State. I was informed that contrary to the name, the plan is for out of state coverage. Can you explain?

Answer: The Access In-State option through the MyUW portal is the plan that includes nationwide coverage. It was named this way several years ago to help differentiate eligibility since the employee premiums differ for employees required to work in the state of Wisconsin versus employees required to work outside of the state of Wisconsin. If you are required to work in the state of Wisconsin and you would like nationwide coverage, you should select the Access In-State coverage option through the MyUW portal.

12. **Question:** In the MyUW portal, for plans covering out of state medical, the plan is called "ACCESS IN-STATE" but I was informed that contrary to the name, the plan is for out of state coverage. Can you clarify?

Answer: If you wish to enroll in the Access Plan for nationwide coverage during ABE, under the state group health tile, choose the Access In-State or the Access In-State & Dental plan. The 'in-state' means you are not required to work out of the state of Wisconsin.

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13. **Question:** For health insurance coverage there are two coverage levels, correct? Individual coverage or family coverage (covering one child or multiple children with a spouse). Does family coverage cost the same no matter how many dependents are covered?

Answer: State Group Health Insurance has two coverage levels; Individual and Family. The premium for Family coverage is the same regardless of the number of dependents covered.

14. **Question:** Is it possible to enroll in the regular health plan for me and an Access Health Plan for a dependent?

Answer: No. The plan you choose applies to both you and your covered dependents. When choosing a health insurance plan design you need to consider the needs of you and your covered dependents.

15. **Question:** During enrollment for the health plan, under the “enroll your dependents” info it states “Your dependents, if any, are listed below. The box to the left of the dependent’s names must be checked for them to be covered by your benefit plans.” Is your spouse considered a dependent? Do we need to check that box in order for our spouse to be covered under our plan?

Answer: Yes. Your spouse is considered a dependent for health insurance purposes; therefore, the box should be checked if you need to cover your spouse under your health insurance.

16. **Question:** I will be getting married in November and adding my spouse to my health insurance (we are both low risk). Is it more beneficial to have a HDHP or a non-HDHP? I worry that the higher deductible may hinder seeking out care.

Answer: Selecting an HDHP or non-HDHP is a personal choice. Carefully review your ability to afford care in the event you have a medical issue that requires you to pay the full \$3,200 deductible and maximum out of pocket family limit of \$5,000. Remember that the HDHP includes a Health Savings Account that can help you prepare for out-of-pocket expenses. There is an employer contribution to the HSA of \$1,500. The non-HDHP is not compatible with the HSA. Refer to the [2024 Health & Pharmacy Benefits Plan Design Comparison](#) for details.

17. **Question:** What is the appropriate health plan design for a teaching assistant to enroll in and what is the cost?

Answer: The Health & Pharmacy Benefits Comparison may be a helpful resource for you. It compares the plan designs side-by-side and includes the premiums for each. It is located on the [ABE web page](#) in the Forms & Resources section.

18. **Question:** During enrollment for the health plan, under the “enroll your dependents” info it states “Your dependents, if any, are listed below. The box to the left of the dependent’s names must be checked for them to be covered by your benefit plans.” Do we need to check that box in order for our spouse to be covered?

Answer: Your spouse is considered a dependent when enrolling them in your plans. You would need to check the box in front of their name to include them in your coverage.

19. **Question:** Can you provide the link for the How to Choose Your Health Insurance Plan web page?

Answer: On the [ABE web page](#), scroll to the Forms and Resources section and click on the How to Choose Your Health Insurance Plan link. Then, in Step 2, click on the 2024 Health Plan Search link.

20. **Question:** How do you get to the Health Plan Search?

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Answer: On the [ABE web page](#), scroll to the Forms and Resources section and click on the How to Choose Your Health Insurance Plan link. Then, in Step 2, click on the 2024 Health Plan Search link.

21. **Question:** What was the link to the web page where you can search for insurance carriers that will provide local coverage?

Answer: On the [ABE web page](#), scroll to the Forms and Resources section and click on the How to Choose Your Health Insurance Plan link. Then, in Step 2, click on the 2024 Health Plan Search link.

22. **Question:** What is the website where we can see what health insurance plan our doctors would be covered in?

Answer: Using the [Health Plan Search Tool](#) you can click on the health insurance plan carrier name to get to the web page for the health insurance plan carrier's provider directory. Or contact the health insurance plan carriers by phone. You can also contact your provider to find out if they are in-network with the different health insurance carriers.

23. **Question:** I cannot find the tool for seeing what networks are in different plans and the costs. Can you be more specific in the instructions to find it?

Answer: The Health Plan Search tool can be accessed on the [ABE web page](#) in the Forms & Resources section then State Group Health Insurance.

24. **Question:** If I have moved but my child has not, will they also have to change their providers, especially dentist and vision provider?

Answer: If you are enrolled in a local health plan, you must receive services from affiliated providers. Only emergency and urgent care services are covered out of the service area of your health plan.

25. **Question:** Is the network provider directory the only way to know if your provider is in your preferred network? When I search, neither of the clinics I use are listed on the result page in the bulleted list under my preferred network.

Answer: Refer to your health plans provider directory to find the affiliated providers or call the health plan directly. Their contact information can be found on the back of your ID card or on the last page of the Health Benefits Decision Guide (located in the Forms & Resources section of the ABE web page).

26. **Question:** Is there a plan that covers both Waupaca County and Portage County?

Answer: There does not appear to be a regional/local health insurance plan carrier that covers both counties; however, the Access Plans cover nationwide coverage with in and out of network coverage.

27. **Question:** Is there a difference between Aspirus Health and Aspirus Health Care? Aspirus Health is in the Aspirus Health Plan and Aspirus Health Care is under Group Health Cooperative of Eau Claire Greater Wisconsin. If I am in Portage County which Health Insurance Plan would I pick if I wanted Aspirus?

Answer: Reviewing the [Health Plan Search tool](#), the health insurance carriers that provide local coverage in Portage County are Aspirus Health Plan, GHC of Eau Claire Greater Wisconsin, Network Health (limited), and Security. Contact the health insurance carriers directly to check specific hospitals, doctors, and clinics. The contact information for the health insurance carriers can be found on the last page of the Health Benefits Decision Guide (located in the Forms & Resources section of the ABE web page).

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28. **Question:** Is there a difference between Aspirus Health under Aspirus Health Plan and Aspirus Health Care under Group Health Cooperative of Eau Claire Greater Wisconsin? I live in Portage County. Which plan would cover services at Aspirus?

Answer: Aspirus Health and Aspirus Health Care are the **same** major health system. The Health Plan Search has been updated to reflect Aspirus Health for both GHC of Eau Claire Greater Wisconsin and Aspirus Health Plan to avoid further confusion. For Portage County, both GHC of Eau Claire Greater Wisconsin and Aspirus Health Plan will cover services at Aspirus.

29. **Question:** I live out of state and want to stay with my current doctors. What is the cheapest plan I can select and still be able to choose whatever doctors I want? Or, if I want to keep this as cheap as possible, are there doctors in Dubuque, IA?

Answer: There are some limited service areas in Iowa. When using the Health Plan Search, you should enter the state you want to receive services. You can then contact the Carriers listed to see if your doctors are considered in-network.

30. **Question:** I work remote in Michigan what plan would I be able to have to receive coverage in Michigan?

Answer: There are some regional/local coverage plans that offer minimal coverage in Michigan near the Wisconsin border. You may also choose to enroll in one of the Access Plans which provides in and out of network coverage. Use the [Health Plan Search tool](#) and instead of typing in a county for where you want to get care, type in Michigan. That will give you the health insurance plan carrier options. Contact your providers and the health insurance plan carrier to confirm whether your provider is in-network.

31. **Question:** What should Minnesota residents enroll in to receive services from local providers?

Answer: To receive services for health care in Minnesota, you can enroll in a non-HDHP or HDHP with any of the health insurance carriers that provide services there. The five health insurance carriers that provide limited services in Minnesota are Dean Health Plan Prevea360 West and Mayo Clinic, GHC of Eau Claire Greater Wisconsin, HealthPartners West, Quartz Central, and Quartz West. You will need to contact each of the health insurance carriers to determine which one of their limited-service areas in Minnesota will best fit your needs. Contact information can be found on the last page of the [Health Benefits Decision Guide](#) or by clicking on their logos while using the [Health Plan Search](#) tool.

32. **Question:** Does the State Group Health Insurance coverage for urgent care include treatment at a walk-in clinic for an ear infection or sprained wrist?

Answer: Yes, all health insurance carriers and plan designs available through the State Group Health Insurance Program include coverage for urgent care services. Most urgent care facilities should be able to treat ear infections and sprained wrists.

33. **Question:** How can I find out if services such as chiropractor services are covered under the State Group Health Insurance benefit?

Answer: View the [Schedule of Benefits](#) for what the plans cover for services. You can also find more details by contacting your health insurance plan carrier directly. Chiropractor services are generally covered as office visits.

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34. **Question:** Durable medical equipment is covered for 80%. Does that also extend to accessories (for example, filters, hoses, etc.) that need to be replaced regularly for that equipment?

Answer: Review the [2024 Certificate of Coverage](#) for additional information about coverage for durable medical equipment. Otherwise, contact your health insurance plan carrier directly; contact information is available on the last page of the [2024 Health Benefits Decision Guide](#).

35. **Question:** I am a current UW System employee and 2024 will be the first year I will be enrolling in health insurance. Am I to assume once enrolled I will have health insurance in 2024 starting January 1, 2024? Is it possible for enrollment be denied?

Answer: Changes and enrollments completed during ABE are effective January 1, 2024. If you enroll in health insurance during the Annual Benefit Enrollment period your coverage cannot be denied.

36. **Question:** How does the health insurance typically cover an annual vision exam?

Answer: If you are enrolled in a non- HDHP, you will pay a \$25 specialty co-payment for your annual vision exam. If you are enrolled in a HDHP, you must meet your annual deductible before the copay would apply.

37. **Question:** How do academic year (9-month) employees pay for insurance coverage during the summer months? Is it a one-time payment before summer starts?

Answer: Employees paid on an academic year basis pay insurance premiums for summer coverage starting in the spring prior to summer. You will receive emails regarding the process and what to expect for deductions. Information can also be found on the [Summer Prepay Insurance Premiums web page](#) (updated annually prior to the start of summer prepay deductions).

38. **Question** If I currently have a single HDHP with an HSA, but move to a family non-HDHP with my spouse, can I still contribute to my HSA?

Answer: If you are no longer enrolled in the HDHP/HSA as the subscriber, you can no longer contribute to your HSA through payroll on a pre-tax basis. You can continue to contribute to your HSA on an after-tax basis. You can continue to use your HSA for qualifying expenses until your account is exhausted. Once you are no longer enrolled in the HDHP, there will be an administrative fee automatically deducted from your HSA on a monthly basis.

39. **Question:** I am currently enrolled with family coverage, covering my spouse but then at the end of November my spouse's employer has their open enrollment period. If we determine it would be better for my spouse to enroll in her employer's plan with individual coverage, would that be considered a qualifying life event to remove my spouse from my plan through the UW System and switch to individual coverage?

Answer: You may change from family to individual coverage if your spouse enrolls in other comparable coverage. You need to return a Health Insurance Application/Change form within 30-days from the effective date of your spouse's coverage. Refer to the [Life Event - Gain of Other Coverage](#) web page for details.

40. **Question:** If I currently have health insurance through the UW System but would like to switch to my spouse's insurance during their open enrollment period in June, what happens to my coverage?

Answer: You may cancel State Group Health Insurance for yourself, your spouse and dependents if you, your spouse, and dependents have enrolled in other comparable coverage. You need to return a Health Insurance

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Application/Change form within 30-days from the effective date of the other coverage and provide documentation of the other coverage. Refer to the [Life Event - Gain of Other Coverage](#) web page for details.

41. **Question:** If I currently have my spouse covered on my plan, but then a month from now my spouse has their own open enrollment period through their employer and determines it would be better to get their own individual coverage, would that count as a qualifying event to remove them as my dependent from my plan and switch to the individual premium?

Answer: If your spouse gains other coverage, it would be considered a life event to remove them from the health insurance plan with the UW System. You would need to submit an application along with documentation showing proof of the other coverage within 30-days from the effective date of their other coverage. Documentation would need to include the name and date of birth of those obtaining other coverage, effective date of coverage, type of coverage (health, dental), and name of plan carrier.

42. **Question:** If I will have a qualifying life event in 2024 and will be changing my health insurance from an individual plan to family High Deductible Health Plan (HDHP) at that time, how would the Flexible Spending Account (FSA) contributions elected for my standard plan and Health Savings Account (HSA) contributions elected afterwards work since these are taken out over the year?

Answer: Depending on the qualifying event, your Health Care FSA may automatically change to a Limited Purpose FSA and any expenses incurred on and after the effective date of the qualifying event will be able to be used for dental and vision and *post-deductible* medical and prescriptions. The employer contribution towards the HSA will be pro-rated based on the effective date of the change and will be deposited in the account each pay period. You are unable to use the HSA funds until the funds are in the account. Reference the appropriate qualifying life event via the [Life Events web page](#) for more details on how the change will impact your benefits.

43. **Question:** If I turn 65 in 2024, can I enroll in the HDHP and HSA?

Answer: If you are not enrolling in Medicare, you may enroll in the HDHP health plan and HSA. If you do enroll in Medicare, you will no longer be eligible for the HDHP or HSA. Additionally, the employee and employer contribution to your HSA will be pro-rated based on the number of months you are eligible for and enrolled in the HDHP and HSA. For this reason, you may want to consider deferring your Medicare enrollment.

44. **Question:** If I have Medicare, do I automatically select Medicare for the plan type when using the Health Plan Search?

Answer: When using the Health Plan Search, you should select Non-Medicare in the Plan Type drop-down as a current employee. If you are enrolled in Medicare, you will need to enter your Medicare information in the MyUW portal when you make your elections to make sure claims are processed correctly. Note: If you are enrolled in Medicare (A and/or B), you are not eligible for the HDHP or HSA.

45. **Question:** Are there instructions for those signing up for Medicare this year but plan to continue working?

Answer: While actively employed, if you are enrolled in State Group Health, you and your Medicare eligible dependents are not required to enroll in Medicare until the termination of your active employment. If you do decide to enroll in Medicare while actively employed, update the 'other health insurance' questions in the MyUW Portal. You are not eligible to have a HDHP and be enrolled in Medicare. Additional information is available at [Medicare Information FAQs/](#).

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46. **Question:** I have just turned 65 OR I will be turning 65 in 2024, is there guidance for whether or not I enroll in Medicare even though I am not retiring?

Answer: If you are enrolled in the State Group Health Insurance and are not retiring, you should consider delaying your Medicare enrollment. Contact Medicare directly to make sure they are aware that you would like to delay enrolling in Medicare. Note: If you are enrolled in the High Deductible Health Plan (HDHP) with Health Savings Account (HSA), you will not be eligible to remain in the HDHP/HSA if you, the employee, are enrolled in Medicare until you retire. Connect with Medicare directly to ensure there are no penalties for your particular situation do not apply.

47. **Question:** If a dependent is enrolled in Medicare due to disability but the employee is not, can I enroll in a HDHP as family coverage?

Answer: Yes. If the member that is enrolled in Medicare is a spouse or dependent, you may enroll in the HDHP. However, if you, as the employee, enroll in Medicare, you would not be eligible for the HDHP or HSA.

48. **Question:** I am currently enrolled in Medicaid and my next renewal is January 2024. If I do not qualify or meet the Medicaid requirements, am I able to sign up for benefits through the UW System even though I will be out of the enrollment period?

Answer: The loss of your Medicaid coverage is considered a qualifying life event that would allow you to enroll in State Group Health Insurance through the UW System outside of the annual enrollment period. Reach out to your [benefits contact](#) as soon as you are made aware of your loss of Medicaid coverage. Your change must be made within 30 days of your loss of coverage.

49. **Question:** I am retiring next year; how should I adjust my benefits, especially for pre-tax medical plan?

Answer: When you retire, you can choose to have the remainder of your annual goal amount deducted from your last paycheck pre-tax. Otherwise, you can select COBRA and contribute after-tax dollars to ETF to meet your annual goal amount. Either option will allow you to continue to incur eligible expenses until December 31 (or the last day of the month in which you stop making your contributions through COBRA). Note: The other option is to exhaust your annual goal amount prior to retiring. The IRS allows you to use the full goal amount prior to contributing the full goal amount. If you do not contribute the full annual goal amount on your last paycheck OR continue your coverage through COBRA, then you are only able to incur eligible expenses through the last day of the month of your retirement.

50. **Question:** Upon retirement, are dependents able to continue coverage through COBRA? Would my husband be able to apply for continuation benefits if he has been included in my coverage?

Answer: If eligible for a retirement benefit, you may keep your dependents covered under your health insurance as long as you pay the premium out of your sick leave credits or by paying the health plan directly.

51. **Question:** I will be retiring January 10, 2024, switching from Robin HealthPartners (family) to ETF Medicare Advantage (single). I've been told that I should send Form ET-2331 to ETF 30 days before retirement, and that my new plan will start February 1, 2024. I've also been told that I will be covered by my current plan through January. Is there anything I should do during this open enrollment to ensure a smooth transition? Can I switch from Robin HealthPartners family to Robin HealthPartners single coverage (since my wife will be covered by different insurance starting January 1, 2024), if only to save a little money on the January premium?

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Answer: Yes, you can change your coverage from family to single with Robin HealthPartners effective 1/1/2024. You should do so through the MyUW portal by October 20, 2023.

Note: Sick leave credits are lost if not enrolled in family coverage at the time of your death.

Prescription Coverage

52. **Question:** How do I look up my current prescriptions to see what level they fall under?

Answer: To look up your prescriptions, review the [Navitus Formulary List](#) located on the [Pharmacy Benefits web page](#).

Health Insurance Opt-Out Incentive

53. **Question:** If in 2024 I choose the Health Insurance Opt-Out Incentive will there be monetary compensation?

Answer: Yes, the Health Opt-Out Incentive of up to \$2,000 is available in 2024. You must re-enroll- in the Health Insurance Opt-Out Incentive each year to receive the incentive.

54. **Question:** If I enroll in the Health Insurance Opt-Out Incentive and it turns out I am not eligible, will I be notified?

Answer: Yes. You will receive notification around mid-November if you are not eligible. On the confirmation statement you receive at the end of November your final benefits enrollment will be outlined.

55. **Question:** Re-enrollment in the Health Insurance Opt-Out Incentive is required each year. If I have no other changes to my health insurance that I have through my spouse and I was eligible for the Health Insurance Opt-Out Incentive last year, am I automatically eligible for it this year?

Answer: Most likely, yes. If nothing else has changed since last year you should be eligible for the Health Insurance Opt-Out Incentive for 2024. Be sure to re-enroll and elect the Health Insurance Opt-Out Incentive option in the MyUW portal to receive the benefit in 2024.

56. **Question:** If my spouse also works for UW System, why are they not eligible for the Health Insurance Opt-Out incentive?

Answer: If your spouse is a dependent covered under you as the employee enrolled in State Group Health Insurance plan with family coverage they are not eligible for the Health Insurance Opt-Out Incentive. The UW System pays the employer share of your health insurance with family coverage. If your spouse were covered under the State Group Health Insurance Plan and also able to receive the Health Insurance Opt-Out Incentive it would not be shift the cost or reduce health care costs as intended with the program.

Well Wisconsin

57. **Question:** Who is eligible for the Well Wisconsin Program?

Answer: Employees and their spouses that are enrolled in the State Group Health Insurance Program are eligible.

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58. **Question:** Do all of the well-being requirements need to be met by the deadline? If I have a scheduled exam after the deadline does that count?

Answer: You must have completed all the requirements by the deadline to qualify for the wellness incentive. Complete the health assessment, a health check activity (biometric screening, dental exam, or one coaching session) and one well-being activity.

59. **Question:** What type of checkup is allowed at a dentist for the wellness incentive health check activity?

Answer: An annual dental cleaning counts towards earning the wellness incentive. You must self-report the dental cleaning through the WebMD portal.

60. **Question:** How is the \$150 wellness incentive paid? With a gift card or contribution to our Health Savings Account (HSA)?

Answer: You can choose to receive the \$150 wellness incentive gift card electronically or via U.S. Mail.

Dental Insurance

61. **Question:** Is this the first year the basic/Uniform Dental Insurance available when enrolling in State Group Health Insurance has a monthly premium (\$10/family)?

Answer: There has always been a cost for Uniform Dental. The premium is included in the health insurance premium on your paycheck which may be why you did not notice the cost in the past.

62. **Question:** Does Uniform Dental Insurance provide preventive care, like cleanings?

Answer: Uniform dental is included in your health insurance if you select the plan that states “with dental” through the MyUW portal. The uniform dental insurance is intended to provide preventive dental services (which includes your 6-month cleanings).

63. **Question:** For Uniform Dental, if I have family coverage insurance for my spouse and myself, my husband does not need any dental due to having dentures, is there a way to only pay the \$4.00 for myself vs the \$10.00 for family coverage?

Answer: There is no way to enroll in Uniform Dental for individual coverage if you are enrolled in family coverage with State Group Health Insurance. You must have the same level of coverage for Uniform Dental and State Group Health Insurance. If you are not enrolling in the State Group Health Insurance Plan you may elect individual coverage for Preventive Dental Insurance which is the same coverage type as uniform dental.

64. **Question:** If I have Uniform Dental AND the Select Plus Plan, do I also need the Preventive coverage to cover cleanings?

Answer: Uniform Dental is only available to you if you enroll in State Group Health Insurance. When you enroll in your health insurance through the MyUW portal, select the health insurance plan that states “with dental” to ensure Uniform Dental is included. Preventive Dental is only available to you if you do not enroll in State Group Health

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Insurance. You cannot enroll in both. Uniform Dental provides the same coverage as Preventive dental coverage and includes cleanings, fillings, and x-rays.

65. **Question:** In the Dental Insurance Plans, what does benefit maximum mean? Is that the amount the insurance will cover? Or the amount the individual pays?

Answer: The “benefit maximum” is the most the insurance company will pay per person per calendar year. They will pay the percentage indicated up to the benefit maximum amount. Refer to the [Dental Insurance Plan Comparison](#) for details.

66. **Question:** For dental insurance, if enrolled in uniform/preventive and the select plus plan, what is the annual maximum benefit amount?

Answer: The annual maximum benefit amount for the uniform/preventive plan is \$1,000 per person. The annual maximum benefit amount for the Select Plus Plan is \$2,500 per person. If you enroll in both the uniform/preventive plan and the Select Plus Plan, the annual maximum benefit amount is \$3,500 per person. Refer to the [dental comparison chart](#) for additional information.

67. **Question:** Can you explain the Preventive Dental coverage option. I want to make sure I select the dental insurance plan that will provide two cleanings and x-rays along with any potential services like fillings.

Answer: The Preventive Dental Plan is only available to employees NOT enrolled in State Group Health Insurance. It covers cleanings, fillings, x-rays, and orthodontia for children under the age of 19 and only for those employees that are not enrolled in the state group health plan. Uniform Dental has the same coverage and is for employees that are enrolled in the State Group Health Insurance Plan. Refer to the [dental comparison chart](#) for details on coverage differences.

68. **Question:** In the Supplemental Dental Insurance Plans is there a waiting period for coverage of major services?

Answer: There are not any waiting periods for any services in any of the dental insurance plans.

69. **Question:** Is the Supplemental Dental the same as the Select Plus Plan?

Answer: There are two Supplemental Dental plans, Select Plan and Select Plus Plan. Review [2024 Dental Plan Comparison](#) for the details. Also be aware of the different provider networks affiliated with each plan. The Select Plan may have cost savings but has a lower number of affiliated providers.

70. **Question:** Where do we see which dentists are "covered"?

Answer: Refer to the dental provider directories on the [Delta Dental website](#).

71. **Question:** If I enroll in Supplemental Dental Insurance and have not in previous years, does the plan cover the % coverage, for example crown for the 2024 year. Or do you have to wait or be a part for 3 years.

Answer: The full maximum benefit is available each calendar year. There are no waiting periods in any of the dental insurance plans.

72. **Question:** If my son attends college in Illinois, can he see a Delta Dental PPO provider for preventive dental cleanings in Illinois?

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Answer: Yes. As long as the provider is within Delta Dental's PPO provider directory, they will be covered.

73. **Question:** If I live in Minnesota and am looking at dental coverage for preventive coverage only and find that my dentist is no longer on the list? What options do I have to stay with my current dentist?

Answer: You must use affiliated providers or there is no coverage. To help cover your out-of-pocket dental expenses, you could consider enrolling in a healthcare flexible spending account, limited purpose account, and/or health savings account.

74. **Question:** If I have questions about the Supplemental Dental Select Plus Plan, for example, coverage for in progress orthodontics, who should I contact, a UW System Benefit specialist or Delta Dental?

Answer: Contact Delta Dental for specific coverage information by calling (844) 337-8383.

75. **Question:** What is the cost and coverage for dentures?

Answer: Contact your dentist to find out the cost of dentures. They may also be able to provide you an estimate of what Delta Dental will cover (if you are currently enrolled in either the Select or Select Plus plan). Otherwise, contact Delta Dental directly at (844) 337-8383.

Vision Insurance

76. **Question:** Does the Vision Insurance cover the full cost of an exam and prescription glasses?

Answer: Refer to the [Vision Summary](#). (available in the Forms & Resources section of the ABE web page).

77. **Question:** For the Vision Insurance, if I add my child (under 18) only, it's \$12.88. What is the coverage for contact lenses?

Answer: There is a \$150 allowance per person for contact lenses when you use an in-network provider. Refer to the [Vision Summary](#) for additional information.

78. **Question:** Are eye procedures (such as Lasik) covered under Vision Insurance or Health Insurance?

Answer: The Vision Insurance includes a discount for Lasik surgery. Refer to the [Vision Summary](#) for additional information.

Spending & Savings Accounts

79. **Question:** Can you confirm that I can use Flexible Spending Account (FSA) funds to pay my children's medical expenses but if I change to the High Deductible Health Plan (HDHP) with Health Savings Account (HSA), that is not allowed?

Answer: Flexible Spending Account and Health Savings Account money can be used for eligible expenses for your spouse and/or dependents.

80. **Question:** Should we select/enroll dependents under the health plan enrollment tile if we are choosing the health opt-out incentive, the healthcare FSA and/or the Dependent Day Care Account?

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Answer: No, you do not need to add your dependents to the MyUW portal to enroll in the health insurance opt-out incentive, the healthcare FSA and/or the Dependent Day Care Account.

81. **Question:** How do I access my Flexible Spending Account (FSA)? Is it the same card as the Health Savings Account (HSA) but it only works on covered expenses?

Answer: The payment card for the Limited Purpose FSA is the same as the payment card for the HSA. If you are enrolled in the Limited Purpose FSA and HSA, you should use the same payment card for eligible expenses. The payment card will generally deduct from the Limited Purpose FSA first for eligible expense. If you prefer to have the amount deducted from your HSA instead, you can contact Optum directly to request that they move the claim to be deducted from your HSA.

82. **Question:** The health Flexible Spending Account (FSA) annual carryover is \$610. Is there a maximum total I can accumulate for carry over?

Answer: Each plan year you can carryover up to the limit. This can occur year after year as long as you remain eligible and have a minimum balance in your FSA of \$50 at the end of the run-out period (March 31) OR re-enroll for the next plan year during Annual Benefits Enrollment.

83. **Question:** Can you confirm the Flexible Spending Account (FSA) maximum for the Dependent Day Care Account. Is it \$2,500 or \$5,000?

Answer: The FSA maximum depends on your tax filing status.

84. **Question:** For the Dependent Day Care Account, how can I find out how much I am saving if I participate?

Answer: Review the example in the [FSA Handbook](#) (page 7) for potential savings by participating in the Dependent Day Care Account.

85. **Question:** Are there restrictions to using HSA funds? If so, where can we find them?

Answer: The IRS determines what expenses can be paid for using an HSA. Review the [HSA Handbook](#) (page 7) for more information.

86. **Question:** How can I figure out how much I can save by contributing pre-tax to the HSA?

Answer: Use the [HSA Calculator](#) to help you determine how much you can save on taxes by contributing to an HSA pre-tax.

87. **Question:** How does Health Savings Account (HSA) reimbursement work? Can you reimburse yourself for a cost even if on the date you accrued the cost, you didn't have enough HSA funds?

Answer: You may only use your payment card or request a distribution for amounts up to the current balance of your account. If funds are insufficient, only the available balance in your account will be issued. Additional distribution requests may be submitted once additional funds are available. You may change your HSA contribution at any time.

88. **Question:** Does the Health Savings Account (HSA) have a carry over limit?

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Answer: There is no carryover limit for the HSA. All remaining funds in your HSA at the end of the calendar year automatically carryover (roll over) to the next calendar year. The HSA does have an annual contribution limit: for 2024 contribution limits are \$4,150 for individual and \$8,300 for family.

89. **Question:** Does I need to have a minimum balance in my Health Savings Account (HSA) in order to invest funds? Does there always need to be a minimum of \$1,000 in the HSA? How do I invest my HSA funds?

Answer: Funds in excess of \$1,000 may be transferred to an investment account to be invested in top-rated mutual funds. You can set-up your HSA to automatically transfer funds to your investment account on a regular basis. This means that you can choose the amount to leave in your HSA (outside of the investment account) to make sure that you always have HSA funds available to use in the event a qualifying expense comes up that requires you to pay out-of-pocket. The earnings grow tax-free. For more information visit the [HSA Investment Options](#) link found on the [Health Savings Account web page](#).

90. **Question:** Can I use my HSA to cover all my costs to reach the out-of-pocket max?

Answer: Yes, you can use your HSA to cover all of your eligible expenses to meet the out-of-pocket limit.

91. **Question:** If my spouse and I both had individual HDHP's through the UW System and in 2024 will switch to one family HDHP, can his HSA still be active and used to pay towards the deductible?

Answer: Yes, your spouse can continue to use their HSA for eligible expenses until the balance exhausted. Since he will no longer be enrolled in the state group health insurance program through the UW System, there will be an administrative fee automatically deducted from his HSA each month.

92. **Question:** If I leave employment, can I still use my Flexible Spending Account (FSA) and Health Savings Account (HSA) balances?

Answer: For the FSA, if you do not request to have your balance deducted from your last check (do not contribute your full annual election amount), you must use the amount remaining in the account by the end of the month your employment ends. If you have the balance deducted from your last check then you can continue to incur eligible expenses through December 31.

For the HSA, the funds go with you and you can continue to utilize them for qualifying expenses when you leave employment.

93. **Question:** Can we have a Health Savings Account (HSA) if my spouse is 66?

Answer: If you as the subscriber are eligible for the HDHP and HSA, then you can enroll in the HDHP and HSA (regardless of the age of your spouse). If/when you as the subscriber enroll in Medicare or have other health insurance coverage that is not an HDHP, then you are not eligible for an HDHP or HSA.

Life Insurance

94. **Question:** Will there be discussion about life insurance eligibility?

Answer: Life Insurance enrollment is not allowed during Annual Benefits Enrollment. Life Insurance enrollment initially occurs during the 30-day enrollment period following the date you are first eligible for benefits. If you do not enroll when first eligible, you may enroll at any time through Evidence of insurability by providing proof of good

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health (approval not guaranteed). Review the [Life Insurance web page](#) for detailed information on each of the available life insurance plans and the eligibility requirements.

95. **Question:** Is it possible to enroll in life insurance even if I have not elected to enroll in the past?

Answer: Life Insurance enrollment is not available during Annual Benefits Enrollment. Life Insurance enrollment initially occurs during the 30-day enrollment period following the date you are first eligible for benefits. If you do not enroll when first eligible, you may enroll at any time through Evidence of insurability by providing proof of good health (approval not guaranteed). Review the [Life Insurance web page](#) for detailed information on each of the available life insurance plans and the eligibility requirements.

96. **Question:** What is the process of enrollment if you are already an employee and not enrolled in Life Insurance?

Answer: You can enroll in life insurance at your initial enrollment opportunity upon becoming benefits eligible, during a qualifying life event for certain plans, or through medical evidence of insurability (approval is not guaranteed). To apply for coverage through evidence of insurability, complete the required application found on the [Forms and Resources web page](#) and submit it to Securian Financial at the address provided on the form. Reach out to your [benefits contact](#) if you have questions.

97. **Question:** Are there any individual life insurance coverages provided as an overall benefit package. If so, when do you enroll in life insurance? I do not see life insurance as an option in the portal. I only see AD&D Insurance and Accident Insurance.

Answer: There are several group life insurance plans available to UW System employees. You can enroll in life insurance during your initial 30-day enrollment period upon becoming eligible for benefits (usually your date of hire). If you do not enroll when first eligible, State Group Life Insurance allows you to enroll within 30-days of a family status change event. You may also apply for coverage at any time through medical evidence of insurability, for any life insurance plan for which you meet the eligibility requirements. Approval is not guaranteed. Visit the [Life Insurance web page](#) for more information on each plan option and how to enroll through medical evidence.

If you are already enrolled in life insurance and want to confirm your coverage, log into the MyUW portal and launch the full Benefit Information tile, then scroll down and click on View Benefits Summary Detail. Note: The date listed in the Benefits Summary Detail is a point in time so if your coverage effective date is future dated, you will need to change the date.

98. **Question:** I am a new employee and I have Life Insurance and Disability Insurance outside of the UW system, is it recommended that I enroll in both of these through UW System?

Answer: We are unable to provide a recommendation regarding enrollment in the UW System insurance plans. You may want to compare your outside plans to the plans offered to UW System employees to help you decide what makes most sense for your personal situation. You can review the [Life Insurance Plan Comparison](#) chart found on the [Life Insurance web page](#) for a summary of the features of each life insurance option available through the UW System. Reach out to your [benefits contact](#) if you have questions after reviewing the available resources.

99. **Question:** Which life insurance should I be enrolled in if I am looking for just enough pay out to pay for a funeral (approximately \$15,000). Interested in a plan that provides a death benefit regardless of how I or my spouse die and doesn't have to be as the result of an accident.

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Answer: There are several group life insurance plans available to employees. Review the [Life Insurance Plan Comparison](#) chart found on the [Life Insurance web page](#) for a summary of life insurance options available to UW System employees. Visit the [Benefit Premiums web page](#) for the monthly premium amounts. If you did not enroll when you were first eligible for benefits, you will have to apply for coverage by providing evidence of insurability. Approval is not guaranteed.

100. **Question:** If I elected life insurance when I started my position, does that carry over from year to year at the same rate unless you make a change? Is this also true for the 403(b) program?

Answer: That is correct. Your life insurance enrollment will automatically carry over from one year to the next unless you make a change. Life insurance premium amounts may change as you get older or the amount of your coverage changes. Some life insurance plans have a death benefit that decreases as you get older. State Group Life insurance provides coverage based on your eligible pay, so coverage changes as your pay increases. Visit the [Life Insurance web page](#) for more detailed information.

Contributions to the 403(b) program will continue unless you make a change.

101. **Question:** Is there someone to talk to about the numerous life, family life, AD&D, accident, and other supplemental insurances? It is confusing to try to figure out what covers what and how they function now and at retirement.

Answer: Reach out to your [benefits contact](#) to discuss your life insurance coverage and other benefit options.

102. **Question:** Where can I find more information about Individual & Family Life Insurance?

Answer: Review the [Individual & Family Life Insurance web page](#).

103. **Question:** How do I increase my Individual & Family Life Insurance? It does not come up as an option? I see life insurance on my paycheck but not as an option in the MyUW portal.

Answer: There are several life insurance plans available to UW System employees. The only plan that allows employees to increase coverage during ABE is the Individual & Family Life Insurance plan. To see if you are enrolled, log into the MyUW portal and launch the full Benefit Information tile, then scroll down and click on View Benefits Summary Detail. Use the [View Benefits Summary Tipsheet](#) for detailed instructions on how to view your current enrollments.

If after reviewing your Benefits Summary you have questions, reach out to your [benefits contact](#).

104. **Question:** How can employees who are not currently enrolled in the Individual & Family Life Insurance enroll for coverage? Is this something that can be done if you have a qualifying life event?

Answer: There is no qualifying life event that allows you to enroll in the Individual & Family Life Insurance plan; however, you may apply via medical evidence of insurability. To apply for coverage through medical evidence of insurability, complete the required application found on the [Forms and Resources web page](#) and submit it to Securian Financial at the address provided on the form. Reach out to your [benefits contact](#) if you have questions. This can be done at any time during the year, not just during ABE.

105. **Question:** Is the monthly threshold for University Insurance Association (UIA) Annual Meeting net or gross?

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Answer: The monthly salary threshold is based on gross pay and does not include any earnings paid in the form of a lump sum payment.

106. **Question:** I am a research scholar on a J-1 visa. I have insurance from another company until next year. Do I have to enroll in this insurance?

Answer: The Accidental Death & Dismemberment (AD&D) Insurance provides the coverage required by the State Department for people on a J-1 visa. Enrollment in the UW System AD&D Insurance Plan is not required but is an option if you are looking for coverage that meets the J-1 visa requirements set by the State Department. You may enroll in AD&D coverage at any time.

Other Updates & Employee Resources

107. **Question:** Where can a recording of the Annual Benefits Enrollment (ABE) video be accessed?

Answer: A recording of the ABE presentation can be found on the [ABE web page](#) under Forms & Resources in the Additional Information section.

108. **Question:** Will the insurance carriers be having webinars before the open enrollment ends?

Answer: The health and supplemental insurance plan vendors are offering virtual forums throughout the ABE period. The links to the forums can be accessed on the UW System [Benefits & Wellness Fairs web page](#). Registration for the forums are located under the Benefit Forums – Virtual section.

109. **Question:** How can we see what our 2023 benefit selections are through the MyUW Portal?

Answer: When you start your enrollment through the MyUW portal, you will see your current coverage on each individual tile. You will then be able to make changes at that time. You can also view what plans you are enrolled in by Launching the full app for Benefit Information.

110. **Question:** Are the premiums listed as monthly or biweekly?

Answer: The premiums listed on the [ABE web page](#) and the [Benefit Premiums web page](#) are monthly. To determine the amount that will be deducted from your biweekly paycheck, divide the monthly amount by two.

111. **Question:** If I am a new employee as of July 2023 can I make changes to my coverages?

Answer: Yes, you are able to make changes to your coverage each year during the Annual Benefits Enrollment (ABE) period.

112. **Question:** With the change in deductions from paychecks, when will the 2023 Payroll Schedule be updated?
<https://uwservice.wisconsin.edu/docs/publications/pay-bw-calendar-2023.pdf>

Answer: The Payroll Schedule will be updated shortly.

113. **Question:** Does the system show what we have for coverage this year?

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Answer: Yes. When you log into the MyUW portal to ABE event, you will be able to view what coverage you are currently enrolled in for those plans that you are allowed to make changes to during ABE. You can also use the [View Benefits Summary Tipsheet](#) to help you view your current enrollments in the MyUW portal.

114. **Question:** Where can I find more information about the retirement plan options? Does enrollment for retirement also need to be completed by October 20, 2023?

Answer: You can enroll in the 403(b) SRP and/or the Wisconsin Deferred Compensation plan at any time. Visit the [Retirement Plans web page](#) for more detailed information on each plan. Reach out to your [benefits contact](#) to discuss your retirement further.

115. **Question:** Where do I find an employee manual regarding vacation and sick pay benefits?

Answer: Information on vacation and sick leave benefits can be found on the UW System Employee Benefits website on the [Leave Benefits web page](#).

116. **Question:** Is Long Term-Care Insurance an option to enroll in? Is it an available option this year?

Answer: Long-term care is still available. This plan is subject to medical underwriting. You may enroll at any time by contacting HealthChoice directly. Visit the [Long Term Care Insurance web page](#) for more information.

Dependent Coverage

117. **Question:** Can I remove a dependent from my last year enrollment for this year?

Answer: If you are removing a child that is over the age of 19 from your plans during ABE for coverage effective January 1, 2024, documentation is not required; however, if you wish to remove them outside of ABE then you would need to provide proof of other coverage and submit the documentation and application within 30 days of the effective date of the other coverage. Documentation should include names and dates of birth of those covered, effective date of coverage, type of coverage (health, dental), name of plan carrier. The documentation can be from the employer or the plan carrier as long as the information required is provided.

If you wish to remove your child from life insurances, there is no documentation required. This can be done at any time by completing an application to cancel child coverage.

118. **Question:** What documentation is needed to remove an adult child from health, dental, and vision insurance coverage?

Answer: If you are removing a child that is over the age of 19 from your plans during ABE for effective January 1, 2024 coverage, documentation is not required; however, if you wish to remove them outside of ABE then you would need to provide proof of other coverage and submit the documentation and application within 30 days of the effective date of the other coverage. Documentation should include names and dates of birth of those covered, effective date of coverage, type of coverage (health, dental), name of plan carrier. The documentation can be from the employer or the plan carrier as long as the information required is provided. If you wish to remove your child from life insurances, there is no documentation required and this can be done at any time by completing an application to cancel child coverage.

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119. **Question:** I enrolled in life insurance with dependent coverage for my children. They are now adults. Should I drop that coverage since they are not my dependents anymore? Is there any reason to keep it? Is it basically useless since they are both adults now?

Answer: If your children are over the age of 26, they are no longer considered dependents and are not covered under the plan. See the [Dependent Eligibility Chart \(UWS 25\)](#).

If you are enrolled in State Group Life dependent coverage and have a spouse, the children will automatically become ineligible upon aging out. Spouse coverage remains at the same premium rate, so no action is needed. If you cover only your children, complete a [State Group Life Insurance Application/Cancellation Form](#) to cancel your dependent coverage.

If you are enrolled in Individual & Family Life child coverage and your children have aged out, you can cancel coverage by completing an [Individual & Family Life application](#). Submit the form to your [benefits contact](#). Premium for child coverage will continue until you cancel coverage. You may submit the form at any time.