Health Insurance

1. Question: How do I know if I am eligible for the employer contribution to the health insurance premium?

   **Answer:** If you are eligible for the health insurance program you are eligible for an employer contribution towards the health insurance premium. The amount of the employer contribution will depend on your appointment percentage and the benefits package you are eligible for.

   If your appointment percentage is less than 50% and you are eligible for the WRS benefits package, you would be paying half of the full premium rate. To view premium rates, visit the premium web page: [https://www.wisconsin.edu/ohrwd/benefits/premiums/](https://www.wisconsin.edu/ohrwd/benefits/premiums/)

   You can confirm the premium that you are paying in the MyUW portal. Once logged into the MyUW portal go to the Payroll Information tile, then select Earnings Statements.

2. Question: How many pay periods are involved for 2023?

   **Answer:** There are 26 pay checks in 2023. Premiums are deducted from 24 paychecks (two paychecks each month).

3. Question: The health plan search tool seems to only list available insurance carriers by location. Is there resource that has information on the plan design (for example, deductible vs co-pay)?

   **Answer:** For a comparison of the different health plan designs (co-pays, deductibles, out-of-pocket limits) review the Health & Pharmacy Benefits Plan Design Comparison. All insurers offer the same uniform benefits, pharmacy benefits, and dental benefits.

4. Question: Why are Health Savings Accounts (HSAs) only allowed if I enroll in a high deductible health plan (HDHP)?

   **Answer:** The IRS determines what is considered a HDHP and only allows an HSA to be paired with a HDHP.

5. Question: What is the difference between the Health Plan and Access Health Plan?

   **Answer:** The Health Plan provides local county-based coverage meaning you must choose an in-network provider. The premium from your paycheck is less for the Health Plan option. The Access Plan provides nationwide coverage generally, with less out-of-pocket costs when in-network providers are used. The premium from your paycheck is more for the Access Plan option.
6. Question: Can I get a copy of the full summary plan description (SPD)?

**Answer:** 2023 Certificates of Coverage

7. Question: If an employee chooses a non-Access Plan health plan and needs to get healthcare outside of the area, will they be covered?

**Answer:** For Non-Access Plans, out-of-network benefits are available for emergency and urgent care only. All other services must be provided by in-network providers.

8. Question: Is the Access Plan considered part of the State Group Health Insurance Program?

**Answer:** Yes, the Access Plan is a State Group Health Insurance Plan that provides nationwide coverage. It has a higher monthly premium for this flexibility.

9. Question: Can you explain what the Access Plan is?

**Answer:** The Access Plan provides nationwide coverage with less out-of-pocket costs when in-network providers are used. The premium from your paycheck is more for the Access Plan option. The non-Access Plans provide local county-based coverage meaning you must choose an in-network provider. The premium from your paycheck is less for the non-Access Plans.

10. Question: Could you explain the Access Plan vs. non-Access Plan?

**Answer:** The Access Plans are nationwide plans. The non-Access Plans cover certain counties in the State of Wisconsin as well as limited coverage in other states based on the health plan you choose. Use the health plan Search Tool - [https://etf.wi.gov/its-your-choice/2023/health-plan-search/state](https://etf.wi.gov/its-your-choice/2023/health-plan-search/state) to find the carriers that offer health coverage in the county you wish to receive your care in.

11. Question: It looks as if there is no statewide coverage. It’s either a choice between a region within the state or nationwide. Correct?

**Answer:** Correct, if you’re looking for statewide coverage, you’ll need to select the Access In-state (nationwide) Plan.

12. Question: Why are the Access Plans so much more expensive?

**Answer:** The Access Plans provide nationwide coverage. In exchange for the increased flexibility in doctors, hospitals and providers, the premium is more than it is for the Health Plan and the High Deductible Health Plan (HDHP).


**Answer:** The Access Plans are plans that provide nationwide coverage and have a higher monthly premium. Security is a health insurance carrier that has regional/local coverage – not nationwide coverage.
14. Question: Which plan should out of state remote employees sign up for?

Answer: Out of state remote employees may want to consider one of the Access Plans that provide nationwide coverage. To help you determine the best option, use the 2023: Health Plan Search tool at [https://etf.wi.gov/its-your-choice/2023/health-plan-search/state](https://etf.wi.gov/its-your-choice/2023/health-plan-search/state). The tool can also be found in the Forms & Resources section of the ABE web page.

15. Question: For non-Access Plans, is emergency care in other states or countries covered?

Answer: For Non-Access Plans, out-of-network benefits are available for emergency and urgent care only. All other services must be provided by in-network providers.

16. Question: For the health plan, for emergency room services, the slide mentioned "$75 copay then deductible then coinsurance." How is it determined how much the plan pays in the "copay" step of that before the deductible kicks in? Is it just one ER visit (presumably costing well over $75) regardless of amount? Or can one visit also start into our deductible?

Answer: For the health plan, you pay $75 for each ER visit. The same visit will start to go toward your deductible. Once you have met the deductible, then charges will be based on coinsurance and you are working towards the annual out of pocket limit. For a single ER visit, your out-of-pocket cost could be $75 (copayment) + $250 (individual deductible) + 10% of remaining costs (coinsurance) up to the out-of-pocket limit ($1,250).

17. Question: How do I know if I am currently in an Access Plan? I have WEA Trust currently.

Answer: If you are enrolled in an Access Plan your current enrollment in the MyUW portal will say Access Plan. If you are enrolled in one of the other WEA Trust plans, it will say WEA Trust.

18. Question: I currently have a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). I'm considering changing to a Health Plan (non-HDHP). I would like to continue enrollment in my HSA. Am I able to have both a Health Plan and an HSA, and not enroll in a HDHP?

Answer: Per IRS regulations, an HSA can only be paired with a HDHP. If you enroll in a Health Plan you may not enroll in and make contributions to the HSA, but any funds previously contributed will remain in your account. If enrolled in a Health Plan, you may make contributions to a Health Care FSA.

19. Question: If my current enrollment has health and dental together, will I have to choose both a new health plan and a new dental plan?

Answer: If you are interested in continuing your uniform dental plan, make sure you select your health plan option that includes “and dental” in the title when electing in the MyUW portal. Enrollment in uniform dental will be included if you choose an “and dental” option.
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20. Question: Are there meaningful differences between the different health insurance plan carriers other than which providers are in network? I'm searching for a new carrier after the loss of WEA Trust and I'm wondering if everything else is standardized by virtue of State Group Health Insurance or if there are any differences in coverage (example: what does and doesn't require preauthorization, whether a specific condition makes one eligible for physical or occupational therapy) that I should be aware of.

Answer: Coverage is consistent between health plan carriers. When choosing your carrier, you are looking to ensure your providers are in-network.

21. Question: I have found a discrepancy with what one of the health insurance carriers is telling me for information versus what is listed in the information provided.

Answer: Active employees should contact their institution benefits contact to discuss this further, if necessary.

22. Question: Where do I find the link to compare insurance carriers and providers?

Answer: To compare plan designs, view the Health & Pharmacy Comparison chart - https://www.wisconsin.edu/ohrwd/benefits/download/Comparison-Health-and-Pharmacy2.pdf

To find information on which providers and major health systems that carriers work with review the health plan search - https://etf.wi.gov/its-your-choice/2023/health-plan-search/state. To view the carrier directories, click on the name of the carrier from the health plan search or contact the health plan carrier directly.

23. Question: Where can I find a comprehensive list of insurance carriers available in the health insurance program?

Answer: Use the Health Plan Search Tool found on the on the ABE web page or review the ETF Health Benefits Decision Guide, pages 7-10 outline which insurance carriers will provide services in each county.

24. Question: Where can I find the link to the Heath Plan Search tool?

Answer: The Health Plan Search Tool can be found on the ABE web page in the Forms & Resources section.

25. Question: Where can I review all health insurance plan providers' covered area and other details?

Answer: Use the health plan Search Tool - https://etf.wi.gov/its-your-choice/2023/health-plan-search/state to find the carriers that offer health coverage in the county you wish to receive your care in. Click on the carrier name to view the provider directory.

26. Question: Where do I see the in-network doctors for each plan?

Answer: Use the health plan Search Tool - https://etf.wi.gov/its-your-choice/2023/health-plan-search/state to find the carriers that offer health coverage in the county you wish to receive your care in. Click the carrier name to view the provider directory. You may also contact your provider directly to confirm they accept that carrier.
27. Question: When looking at the health plan search, you cannot select high deductible health plan (HDHP) as a filter and when looking at the providers listed on the page none of them say HDHP. How do I know which offer the HDHP?

   **Answer:** When using the health plan search you are only selecting the health insurance plan carrier, not whether the plan is HDHP or non-HDHP. All health plan carriers offer HDHP and non-HDHP.

28. Comment: The covered county visual in the presentation doesn’t match list in east list (referring to first slide on new carriers).

   **Answer:** Thank you. We will get this updated so the visual matches the text and includes Washington County as a covered county.

29. Question: If one of the new health insurance carriers is the best fit for my family where can I find satisfaction ratings on them?

   **Answer:** [2023 Quality Ratings]

30. Question: Do you have to live in the county specific to your plan or can you choose a plan in a county that you do not live in?

   **Answer:** You may choose a plan in a county you do not live in. However, for services to be considered in-network, you must receive them in the county that is covered by the carrier.

31. Question: Will the Maddy Virtual Care be available after January 1st? (Not the Maddy Portal where you could look up your WEA Trust plan details.)

   **Answer:** Maddy Virtual Care will not be available after December 31, 2022.

32. Question: Will MaddyCare (for employees enrolled with WEA Trust) be available in 2023?

   **Answer:** MaddyCare was affiliated with WEA Trust health plans and will not be available after December 31, 2022.

33. Question: The instructions for accessing the provider directory for Common Ground say “under Select a Plan, choose State of Wisconsin Employee.” However, State of Wisconsin Employee is not an option. Which option should I use?

   **Answer:** You should select “State of WI (ETF) Common Ground” from the dropdown. Or you can contact them via phone by calling (888) 203-7770 or (715) 552-4300.

34. Question: I do not see my provider listed in the provider directory; however, my provider says that they accept Common Ground and Robin with HealthPartners, do I need to find a different provider?

   **Answer:** If your provider is indicating they accept Common Ground and Robin with HealthPartners, you should consider calling the insurance carriers to confirm that your providers are in-network. Common Ground can be reached at (888) 203-7770. Robin with HealthPartners can be reached at (855) 542-6922. These phone numbers are included in the Health Benefits Decision Guide (found on the ABE web page in the Forms & Resources section).
35. Question: Do Robin with HealthPartners or Common Ground have a paper listing of doctors/facilities (Winnebago county)?

   **Answer:** You can reach out to Common Ground at (888) 203-7770 and Robin with HealthPartners (855) 542-6922 to see if they are able to provide printed directories.

36. Question: The Find a Doctor resource for Common Ground is not working. How can I find this information?

   **Answer:** You can reach Common Ground at (888) 203-7770 to get clarification on what providers are covered.

37. Question: Is Common Ground available in Winnebago County?

   **Answer:** Yes. Common Ground is an option in Winnebago County. Winnebago County carrier options include Common Ground, Network Health and Robin with HealthPartners.

38. Question: Common Ground Healthcare Cooperative supposedly provides coverage in Winnebago County. However, a doctor search only shows physicians in western Wisconsin.

   **Answer:** The 2023: Health Plan Search indicates that Common Ground Healthcare provides coverage in Winnebago County. If you cannot find your specific doctor on their website, you may want to reach out to Common Ground (888) 203-7770 to get clarification on the coverage in Winnebago County.

39. Question: I currently have WEA Trust East. I use Aspirus in Portage County. What are my health insurance options? Is the Aspirus Health Plan going to give me the best coverage? Will the dental be included with this plan? Will the option to purchase medications from ServeYouRx or will a different provider be used?

   **Answer:** Use the Health Plan Search Tool to find a health plan available in the area where you wish to receive your care and check the individual health plan’s provider directory to find specific providers covered under that health plan.

   Regardless of which health insurance carrier you select, you will have the option of adding Uniform Dental Benefits (Administered by Delta Dental) when you enroll through the MyUW portal.

   Pharmacy benefits will continue to be included with all health plan designs. You do not need to select pharmacy benefits separately as they are included in the cost of your health insurance premium. To learn more about the mail order services provided by Serve You Rx and included with all of the health insurance plans, call (800) 481-4940.

40. Question: Is Aspirus Health Plan an option? In the selection page it states "Aspirus & Dental" is that the same as Aspirus Health & Dental. I assume it is abbreviated in the MyUW portal for selecting benefits. Is there a central WI carrier that covers both Marshfield and Aspirus systems? I noticed Security Health Plan only covers Marshfield. I have a screenshot from the 2023 Health Plan Search that shows Aspirus Health Plan for upper and mid Wisconsin. I live in Portage County, and most of my doctors are with the Aspirus Clinic. Does this mean the only plan I can choose is Aspirus Health Plan?

   **Answer:** The presentation reviewed the **new** health plan insurance carriers in 2023. Aspirus Health Plan remains available in the health insurance program but is not new for 2023. Here’s the link to Aspirus Health Plan [https://etf.wi.gov/its-your-choice/2023/aspirus-health-plan](https://etf.wi.gov/its-your-choice/2023/aspirus-health-plan)
In Portage County options include Aspirus Health Plan, Network Health, and Security Health Plan. You will want to contact the insurance carriers to confirm if there is one that covers both Marshfield Health System and Aspirus Health.

41. Question: On the health plan search tool, Security health plan covers Marshfield clinic health system but does not list Portage County as a service area which they have operated in for many years.

Answer: There are some inconsistencies between the Health Plan Search Tool and the Decision Guide. The Department of Employee Trust Funds (ETF) is aware of this and is working on resolution. In the meantime, call the health insurance carrier directly to verify your providers are in-network based on where you would like to receive your care.

42. Question: I remember getting an email saying that my health care provider (Marshfield) in Portage County will no longer be covered by my HealthPartners plan. However, I can't find the email now and I also can't figure out who does cover Marshfield Clinic in Portage County. There was also an email that said that Security Health was accidentally left out of the ABE info. Where can I find what I need?

Answer: In Portage County the providers include Aspirus Health Plan, GHC of Eau Claire Greater WI and Security. There is limited provider availability in Portage County with Network Health. Contact the health plan directly to verify coverage area and affiliated providers.

43. Question: Does Security Health Plan cover clinics other than Marshfield Clinics?

Answer: Marshfield Clinic Health System is the major health system that Security Health Plan works with. For details on what providers are available with Security Health Plan visit their provider directory (https://etf.wi.gov/its-your-choice/2023/security-health-plan) or call them directly at (844) 813-7286.

44. Question: I want to keep my Marshfield providers. Is there a difference in coverage or cost between Group Health Cooperative and Security Health Plan?

Answer: All insurers offer the same uniform benefits, pharmacy benefits, and dental benefits. There is no cost difference between Group Health Cooperative and Security Health Plan for active employees. When selecting a health plan carrier, you are selecting a local geographic area in which you would like to go to certain doctors, hospitals, and clinics. The premium from your paycheck will be the same for the HDHP (regardless of if you select GHC or Security Health). Similarly, the premium from your paycheck will be the same for the Health Plan (regardless of if you select GHC or Security Health).

45. Question: According to Security Health Plan's website, their state employee plan does NOT cover ANY providers other than Marshfield Clinic. I just understood the presenter to say they cover additional providers - which is correct?

Answer: Security Health Plan: Visit www.securityhealth.org/state to access a provider directory. For the “All coverages” dropdown, be sure to select “State of WI – ETF.” To request a printed directory be mailed to you or ask about in-network providers over the phone, call customer service at (844) 813-7286.
46. Question: I work at UW-Stevens Point, Portage County, it appears that Security Health Plan doesn't cover Aspirus in network and Aspirus Health Plan doesn't cover Marshfield Clinics in network. These health providers provide referrals to the other based on staff shortages. We will have to pay out of network when referred to the other provider, also in our same county?

Answer: Contact Security Health Plan at (844) 813-7286 to find out if they will be a good option based on your specific situation.

47. Question: You mentioned that Aspirus clinics are covered in some of these plans. Is there anything that covers Aspirus (in Stevens Point) and also Madison area (UW Health, for instance)?

Answer: Review the health insurance carrier’s provider directory to determine the specific provider affiliated with the plan. You can also call the health plan for additional provider information.

48. Question: Which plans would include Bellin Health?

Answer: Aspirus Health Plan, Network Health, and Robin with HealthPartners offer Bellin Health.

49. Question: I read that Froedtert merged with ThedaCare effective 2023. Will Network Health also then start including ThedaCare providers?

Answer: At this time Network Health does not include in-network coverage for ThedaCare providers.

50. Question: When checking with current providers to see if they accept HealthPartners West (or another plan with a new name), what if they aren't familiar with the new name but say they accept HealthPartners?

Answer: Refer to the HealthPartners State of WI Provider Directory to verify in-network providers at www.healthpartners.com/stateofwis/index.html or call them at (855) 542-6922.

51. Question: Where can I find the HealthPartners (now HealthPartners-West) provider lookup?

Answer: The HealthPartners search can be found at: https://www.healthpartners.com/stateofwis/my-health-plan/find-a-doctor/.

52. Question: Which HealthPartners plan covers Outagamie/Winnebago county?

Answer: Per the Health Benefits Decision Guide, Common Ground (888) 203-7770, Network Health (844) 625-2208, and Robin with HealthPartners (855) 542-6922 will provide coverage for services in Outagamie and Winnebago counties. If there are specific doctors, clinics, and hospitals you would like to check on, be sure to contact them directly to confirm they are in-network.

53. Question: I've been receiving information from Robin with HealthPartners to replace WEA Trust East. Is that an option?

Answer: Robin with HealthPartners is one of the health insurance plan carrier options available for employees. To view what major health systems that the insurance carriers work with, review the Health Plan Search - https://etf.wi.gov/its-your-choice/2023/health-plan-search/state
54. Question: I thought only Robin with HealthPartners and Network Health were available?

**Answer:** Use the health plan Search Tool - [https://etf.wi.gov/its-your-choice/2023/health-plan-search/state](https://etf.wi.gov/its-your-choice/2023/health-plan-search/state) to find the carriers that offer health coverage in the county you wish to receive your care in. Review the health plan carrier’s directory to verify the providers affiliated with that plan.

55. Question: I have tried to search my doctors with Robin with HealthPartners to see if they are covered. However, the system asks for a login so they can determine if the doctor is covered. Am I looking in the wrong place?

**Answer:** You should not need to login to access the Robin with HealthPartners directory. Try visiting [www.healthpartners.com/etfrobin/my-health-plan/find-a-doctor/](http://www.healthpartners.com/etfrobin/my-health-plan/find-a-doctor/) or calling (855) 542-6922. You may also confirm with your provider that they accept Robin with HealthPartners carrier.

56. Question: Which network would be selected for Robin with HealthPartners to search for providers?

**Answer:** The link to the Robin with HealthPartners Provider Directory is: [www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_252179.pdf](http://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_252179.pdf)

57. Question: When I checked the provider directory of doctors this morning for the Common Ground Healthcare Cooperative, none of the doctors available through ThedaCare were listed for the county I'm interested in (Waupaca County). Common Ground says that folks in Waupaca County in the ThedaCare Health System but none of these doctors are listed in their provider directory. Has the ThedaCare Health System been removed from their list?

**Answer:** The [2023: Health Plan Search](https://etf.wi.gov/its-your-choice/2023/health-plan-search/state) shows that ThedaCare is covered by Common Ground in Waupaca County. You can reach out to Common Ground (888) 203-7770 to double check this information.

58. Question: It looks like Dean Health Plan-Prevea 360 does not cover Milwaukee County, does that mean all hospitals and doctors in Milwaukee County do not accept Dean Health Plan-Prevea 360?

**Answer:** Dean Health Plan-Prevea360 East and Dean Health Plan–Prevea360 West & Mayo Clinic Health System do not cover services in the Milwaukee County area; however, there may be some hospitals or doctors that accept these health plans in Milwaukee County. Contact Dean Health Plan-Prevea360 at (877) 230-7555 for more information.

59. Question: Health plan coverage areas seem contradictory on the available resources. They claim to cover a certain provider but then don’t include counties in which that provider operates. Is it more important to select based on counties covered, or based on health systems covered?

**Answer:** There are some inconsistencies between the Health Plan Search Tool and the Decision Guide. The Department of Employee Trust Funds (ETF) is aware of this and is working on resolution. In the meantime, call the health insurance carrier directly to verify your providers are in-network based on where you would like to receive your care.

60. Question: In the MyUW portal when I enroll in benefits and look for Dean Health Plan 360 West & Mayo Clinic, I only see Dean Health Plan 360 West. It does not have the Mayo Clinic on it.

**Answer:** The Dean Health Plan 360 West is the plan you’re looking for. The name is just shortened due to character limitations.
61. Question: I currently have HDHP WEA Trust and West Mayo and Dental. To retain access to the Mayo healthcare system, should I choose Dean Health Plan-Prevea 360 West and Mayo Clinic Health System option?

Answer: Dean health prevea360 West and Mayo Clinic Health System is an option; however, we recommend you contact them directly to confirm that your providers are in-network for the area in which you wish to receive services.

62. Question: Is MercyCare Health Plan still available in the State Group Health Insurance Program?

Answer: Yes. MercyCare Health Plan is still available in a number of counties. Use the health plan Search Tool - https://etf.wi.gov/its-your-choice/2023/health-plan-search/state to find the carriers that offer health coverage in the county you wish to receive your care in.

63. Question: Do any of the health insurance carriers have coverage in Minnesota?

Answer: There is limited coverage with several of the HMOs in Minnesota. Use the Health Plan Search Tool and enter Minnesota for the County to see what your options are. This will give you the health plans that provide some limited out of state coverage for Minnesota. If you do not think the options presented will fit your needs, you may want to consider enrolling in the Access plan which provides nationwide (at a higher premium).

64. Question: My wife and I both work at the Oshkosh campus, no children. Would it make sense to have separate single health plans (even if they are with the same carrier) to lower our cost?

Answer: You can elect two single health plans. A few things to consider are:

- The premiums from your paycheck would be less for two single plans versus one family plan.
- Two single HDHPs would allow you to each have your own HSA with $750 contributed by the employer to each account. One family HDHP would have one employee with the HSA with a $1,500 employer contribution.
- There is an impact on the sick leave conversion credit program. To be able to have sick leave credits available to a spouse/or dependents, family coverage must in place at the time of death. If single coverage is in effect, the sick leave credits will not be converted and are lost.

65. Question: If my institution will have open computer labs to help with ABE enrollments, will I be able to ask questions about which plan I should choose based on my health insurance needs? Or should I wait until after this presentation to talk to someone more in depth?

Answer: Reach out to your institution benefits contact. Your institution benefits contact will be able to assist you with selecting a health insurance plan and carrier based on your needs.

66. Question: Could you talk about how the contracts for these plans are negotiated? The plan offerings this year seem limited and certain counties have very few options. For example, Security offers more than just Marshfield Clinic, but not for the State of WI/Department of Employee Trust Funds (ETF).

Answer: The health insurance carriers negotiate with the providers. ETF and the UW System cannot require the health insurance carriers to cover specific counties or to include providers in network. There have been several new health insurance plans added to the Program for 2023 to ensure employees have several options to choose from for 2023.
67. Question: Has there been an effort to match up Employee Assistance Plan (EAP) providers better with the State Group Health Insurance providers? They often are completely different provider lists. For example, if someone uses all 6 EAP visits, they often have to find another provider covered by their insurance or continue care at their own expense.

Answer: The insurance carriers in the State Group Health Insurance program negotiate contracts directly with the providers. The Department of Employee Trust Funds (ETF) and the UW System are not involved in the carrier and provider negotiations.

The providers in the EAP negotiate directly with the EAP vendor(s) and the UW System is not involved in the process for a provider to be added to the EAP network. When an individual exhausts their 6 EAP visits (per issue) for the calendar year, the EAP may be able to assist you with locating a provider in your health insurance network.

68. Question: Is co-insurance additional cost paid by the insured beyond the co-pay?

Answer: Yes. The co-insurance is related to the portion you pay after the deductible is met. You pay 10% for in-network services up to the out-of-pocket limit. The co-pay is the fixed amount you pay for a covered health care service. For example, for primary care in-network physician visits you will pay a $15 co-pay per visit up to the out-of-pocket limit. Additional services such as lab work, x-rays, etc. would count toward the deductible & coinsurance.

More information can be found on the Health & Pharmacy Comparison: www.wisconsin.edu/ohrwd/benefits/download/Comparison-Health-and-Pharmacy2.pdf

69. Question: Is it only the coinsurance that counts for the deductible?

Answer: The coinsurance does not count toward the deductible. The deductible generally comes first. Then coinsurance applies. Both the deductible and coinsurance feed into the out-of-pocket maximum. Copayments do not apply to the deductible; however, they do apply to the out-of-pocket maximum.

70. Question: For the High Deductible Health Plans, does the annual deductible need to be met before any services are paid for, including preventive services?

Answer: In-network preventive services will be covered at 100% even if you have not yet met the deductible as long as it is coded by your provider as preventive.

71. Question: When I follow the Health Plan Search link, I scroll down to the health plan I'm interested in but I don't see any resources where I could view what services are covered as preventative. Here is where I am looking: https://etf.wi.gov/its-your-choice/2023/health-plan-search/state. Where could I find that?

Answer: Here is a link to the preventive services required under the Affordable Care Act. www.healthcare.gov/what-are-my-preventive-care-benefits

72. Question: It's my understanding that flu vaccines are covered under your prescription coverage. Are they preventive and at no charge?

Answer: Yes, flu vaccines are preventive and covered 100% in-network. View all Preventative Health Services.
73. Question: My spouse just started working in a local school district full time. We will be using his health insurance and other benefits. Are the benefits choices the same for public school teachers as they are for university faculty?

   Answer: No, each employer determines the benefits available to their employees. You will want to compare the coverage options offered to your spouse to determine what coverage is best for your family.

74. Question: If you select Prevea/Mayo plan can you have PPO with Prevea and still see Mayo specialists?

   Answer: If you elect the Dean Health Plan – Prevea360 West and Mayo Clinic Health System only providers in-network will be covered. You are able to seek services with in-network providers within Prevea Health Systems and in-network providers within the Mayo Health Clinic System. If you are seeking some coverage for out of network providers, the Access Plan may be an option to consider.

75. Question: Where would I look to see if Dean Health Plan-Prevea360 covers prosthetics?

   Answer: The Uniform Benefit Certificate of coverage is applicable to all health plans. Visit the Uniform Benefits Certificate of Coverage for details: https://etf.wi.gov/resource/2023-uniform-benefits-certificate-coverage

76. Question: Is eye or dental work considered under the max out of pocket expense?

   Answer: For the health annual out-of-pocket limit eye exams would count towards the out-of-pocket limit but since the health plan does not offer coverage for dental, it would not count towards the health out-of-pocket limit.

77. Question: If I make changes to my coverage, how can I verify that I did them properly & they will take effect? I tried to make a change last year but did something wrong & did not find out until it was too late.

   Answer: You will receive an email 24-48 hours after making your elections through the MyUW portal. The email provides instructions on how to access your confirmation statement. Carefully review and verify your enrollments. Reach out to your institution benefits office as soon as possible if you need to make any changes.

78. Question: When I first became employed in May of this year my spouse was already an employee at UW-Whitewater so I was not given any options for my benefits. Will I be able to add any of the benefits like life, or dependent care?

   Answer: You can enroll in benefits even if your spouse is an employee at UW-Whitewater. Benefits vary according to your appointment type and benefit package you are eligible for. If you are eligible for the WRS Benefits Package or the Graduate Assistant/Short-Term Academic Staff Benefits Package, you were sent benefits information to enroll when you were hired and you were sent an email to enroll during the Annual Benefits Enrollment Period (September 26-October 21, 2022).

79. Question: Do the insurance plans have domestic partnership coverage?

   Answer: View the Dependent Eligibility Chart to see which plans allow coverage for domestic partners.

80. Question: Can an unmarried partner be added to health insurance?

   Answer: No, only a spouse or dependent children can be covered under your health insurance plan.
81. Question: Can my spouse select a different health insurance plan carrier?

Answer: Your spouse is not able to have a different health insurance plan carrier unless they are employed by a state agency such as the UW System and are eligible for the health insurance independent from you. If this is the case, you could each enroll in a single policy with different health insurance plan carriers.

82. Question: Can I cover a college student taking a gap year?

Answer: Yes. Dependent children can be covered up through the month in which they turn age 26 regardless of whether they’re attending school.

83. Question: My daughter has current health insurance coverage through my ex-wife’s partner. He is also a full time UW System employee. Should I also include my daughter in my family health insurance in the future?

Answer: If your dependent is already covered under a State Group Health Insurance Plan, you would not have to have them covered under your State Group Health Insurance Plan. Your dependents can only be covered under one State Group Health Plan.

84. Question: Can adult children in college be covered?

Answer: Children may be covered through the end of the month they turn age 26 regardless of whether they’re attending school. There are some other situations where adult children may be covered (ex: adult children over the age of 26 with a disability). More information can be found on the Dependent Eligibility Chart: www.wisconsin.edu/ohrwd/benefits/download/Dependent-Eligibility-Chart-UWS-25.pdf

85. Question: If I have a dependent turning 26 in the middle of 2023, when will their coverage end?

Answer: For a dependent turning age 26, coverage will end at the end of the month they turn age 26 for all plans except Individual & Family (I&F) Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance. Coverage for I&F and AD&D ends the end of the year the child turns 25. Refer to the Dependent Eligibility Chart for more detailed information.

86. Question: If I retire in May 2023, when will my health insurance end? Can I extend it? I will start using sick leave to pay for my health insurance starting mid May 2024. How do I prepare for that? Will I have to switch my carrier? I do not turn 55 until May 2024. I am a faculty member who will have been full-time for 22 years at the time of my separation from the university.

Answer: If you retire in May 2023, your coverage as an employee will end at the end of May 2023. When you retire, your health insurance premium will automatically be deducted from your sick leave credits, if eligible, at the time of retirement. If you wish to escrow your sick leave and be on a plan outside of the ETF State Group Health plan options at the time of retirement, you may do so if the other coverage is considered comparable coverage. You will want to work with ETF directly (https://etf.wi.gov/contact-us) on escrowing and un-escrowing your sick leave when you wish to come back onto the State Group Health plan in 2024.

Sick leave escrowing information can be found on the ETF website: https://etf.wi.gov/resource/sick-leave-credit-conversion-program-brochure

For additional questions regarding your retirement, contact your institutions benefits contact.
87. Question: Does Medicare eligibility affect health plan options?

Answer: Employees enrolled in Medicare are not eligible for any of the high deductible health plan (HDHP) options. If enrolled in Medicare Part A, you can still enroll with any of the carriers in the regular health plan that are available in the county in which you want to receive services. Retirees do have Medicare supplemental plan options to choose from, but the Medicare supplemental plan options are not available for active employees.

88. Question: Can I choose health for only one month if I will be in Medicare on February 1?

Answer: As an active employee your health insurance will always be the primary payer for health insurance purposes. If enrolling in Medicare as an active employee you will only want to choose the Medicare Part A coverage and then at the time you retire, we will provide the documentation needed to apply for Medicare Part B. Since active employee coverage is always primary until you retire, Medicare will not pay for any services, and therefore you will not be able to apply for health insurance for 1 month only unless retiring.

89. Question: For a person that is retiring in January, or for other retirees. Is the cost for the High Deductible Health Plan (HDHP) less expensive than the cost for the low deductible plan? What is the cost difference?


Keep in mind that a HDHP has a higher deductible and out-of-pocket limit which includes pharmacy costs. The non-HDHP has lower deductibles and lower out-of-pocket limits but pharmacy benefits have separate limits. You are required to enroll in a Health Savings Account (HSA) if you enroll in the HDHP. Visit the health plan comparison for more details: [www.wisconsin.edu/ohrwd/benefits/download/Comparison-Health-and-Pharmacy2.pdf](http://www.wisconsin.edu/ohrwd/benefits/download/Comparison-Health-and-Pharmacy2.pdf)

Information regarding eligibility can be found on the Health Savings Account (HSA) web page: [www.wisconsin.edu/ohrwd/benefits/spending-savings-accts/hsa/](http://www.wisconsin.edu/ohrwd/benefits/spending-savings-accts/hsa/)

90. Question: On Page 16 of the Decision Guide for Health Plan Medicare, there are with/without dental options. Is the dental coverage Uniform, Preventive, Select or the Select Plus plan for the with dental option?

Answer: The with/without dental option refers to the Uniform Dental Insurance Plan only. If you want coverage for major dental services, you must enroll separately in the Select or the Select Plus plan. In the MyUW portal, go to the Supplemental Dental Plans tile to locate the Select and Select Plus plans. The Preventive Plan is available only to employees who are not enrolled in a State Group Health Insurance plan.

**Health Insurance Opt-Out Incentive**

91. Question: Are part time employees eligible for the health insurance opt-out incentive?

Answer: If you are eligible for benefits as a part time employee and you are contributing towards the WRS retirement, then you are eligible for the health insurance opt-out incentive.
92. Question: If I opt out of the health insurance but still enroll in dental and/or vision insurance, do I get the opt out incentive?

Answer: Yes. Through the MyUW portal, you should select the Health Opt-Out Incentive for State Group Health, and Preventive Dental Insurance (for preventive dental services), and Supplemental Dental Insurance (for major dental services) and Vision Insurance.

Prescription Coverage

93. Question: I am enrolled in a health insurance plan with WEA Trust as the carrier. Navitus is the pharmacy benefits provider. If I enroll with Security Health Plan as my insurance carrier will Navitus continue to be the pharmacy benefits provider?

Answer: Yes, Navitus is the pharmacy benefit provider for all health insurance plans.

94. Question: Navitus is currently the pharmacy benefits provider for all health insurance plans. Will the pharmacy benefits manager ever change?

Answer: The Group Insurance Board (GIB) reviews the contact with Navitus on a regular basis. At this time, we are unaware of any changes.

95. Question: Why are CVS pharmacies not consider in-network with Navitus?

Answer: Navitus negotiates directly with pharmacies and it is a business decision for Navitus and the pharmacies whether they are included as part of the pharmacy managers network.

96. Question: If the medication is preventive, is the whole amount not applied to the deductible?

Answer: Medications that are considered preventive are provided at no cost.

97. Question: What does clear bagging mean?

Answer: Clear bagging is a new specialty drug program that applies to some level 3 and level 4 prescriptions only. It has been added through the University of Wisconsin Specialty Pharmacy for non-Medicare members receiving care within the UW Health System. This new program is limited to certain non-oncology specialty drugs.

If you have a medication dispensed under the program, you will receive multiple explanations of benefit (EOBs) statements. One from your health plan for the administration of the drug. Another from Navitus, for the drug itself.

This program will not impact your care. You will still have the prescription drugs administered in the same location, by the same medical professionals, as you would have prior to this program. If you think you are affected by this enhancement, contact Navitus directly (866) 333-2757 to learn more.

98. Question: Why are some smaller pharmacies no longer in the Navitus network? I received a letter from my pharmacy stating that after December 31, 2022 they will no longer be accepting Navitus.

Answer: We were recently made aware that some smaller independent pharmacies were no longer in the Navitus network. However, since that communication went out, some of the pharmacies have reached an agreement with Navitus and will remain in-network for 2023. If your pharmacy has reached an agreement with Navitus, you should
receive a Pharmacy Network Update communication informing you that your pharmacy will remain in-network for 2023. You may contact your pharmacy or Navitus directly for clarification.

99. Who do I contact to get medications by mail?

Answer: ServeYouRx is the mail order vendor. More information can be found on the Navitus website, Serve You website, or by calling Navitus.

**Dental & Vision Insurance**

100. Question: Is there a premium for dental insurance?

Answer: Yes. All insurance premiums can be found on the premium web page: www.wisconsin.edu/ohrwd/benefits/premiums/

101. Question: Do I need to re-enroll each year in dental insurance?

Answer: If you do not want to change your dental insurance coverage from 2022, you do not need to re-enroll; however, if you are enrolled with a health insurance carrier that is not offered in 2023 or you are changing your health insurance carrier or plan for 2023, you will want to be sure to select the health plan carrier ‘& Dental’ to ensure you have uniform dental coverage in 2023.

102. Question: If I am enrolled in dental insurance and want to keep the same insurance do I need to do anything?

Answer: If you do not want to change your dental insurance coverage from 2022, you do not need to reapply; however, if you are enrolled with a health insurance carrier that is not offered in 2023 or you are changing your health insurance carrier or plan for 2023, you will want to be sure to select the health plan carrier ‘& Dental’ to ensure you have uniform dental coverage in 2023.

103. Question: What is the difference between Uniform Dental Insurance and Preventive Dental Insurance, other than cost?

Answer: There is no difference between the Uniform Dental Insurance and Preventive Dental Insurance other than the cost. Uniform Dental Insurance can only be elected if you elect State Group Health Insurance. Preventive Dental Insurance can only be elected if you do not enroll in State Group Health Insurance.

104. Question: Is Preventive Dental Insurance only for people without State Group Health Insurance?

Answer: Yes. Uniform Dental Insurance is for those that elect the State Group Health Insurance. Preventive Dental is the same coverage but is offered for employees who waive or opt-out of the State Group Health Plan. www.wisconsin.edu/ohrwd/benefits/health/uniform-dental/

105. Question: Can I enroll in Uniform Dental Insurance with family coverage, but take the Select Plus Dental Insurance Plan with employee only coverage?

Answer: Yes, your Uniform Dental Insurance coverage level can be different than your Supplemental Dental Insurance coverage level.
Your Uniform Dental Insurance coverage level (single or family) will be the same as your State Group Health Insurance coverage level (single or family).

If you enroll in the opt-out incentive or waive your State Group Health Insurance enrollment, you may enroll in Preventive Dental Insurance coverage. Your Preventive Dental Insurance enrollment is separate from your Supplemental Dental Insurance enrollment so different coverage levels can be selected.

106. Question: If I select the Dean and Dental plan what dental plan do I select? I currently do not have health insurance as my spouse does. I am looking to potentially change that. I currently have supplemental dental. How can I get preventive dental and a supplemental dental plan?

Answer: If you elect Dean and Dental you will be enrolled in the Uniform Dental plan. The Preventive Dental plan is the same as the uniform dental plan but is only an option if you waive or opt-out of the State Group Health Insurance. You can continue enrollment in the supplemental dental plan.

107. Question: How do I know if a plan includes dental or if I need the additional dental plan?

Answer: If you want to enroll in the uniform dental plan (preventive/diagnostic services such as cleanings, x-rays, filings), select a health plan carrier & dental when you make your elections through the MyUW portal. The “& dental” options include the dental premium in the health insurance premium. If you need supplemental dental coverage for major services (crowns, bridges, root canals) you will want to select that plan under the Supplemental Dental tile. Review the dental plan comparison on the ABE web page under Forms & Resources for more information.

108. Question: If you are enrolled in the Health Plan, is preventive dental is included? Do I need to add the preventive dental in addition to the supplemental dental?

Answer: When enrolling in the State Group Health plan through the MyUW portal, select with Dental and you will be enrolled in the Uniform Dental. The Uniform and Preventive dental plans provide the same coverage. You are eligible for either Uniform Dental (if enrolled in State Group Health) or Preventive Dental (not enrolled in the State Group Health).

109. Question: Are the dental insurance and vision insurance plans part of the health insurance (WEA Trust) coverage? Or are they separate, therefore not requiring re-enrollment?

Answer: Enrollment in the supplemental dental insurance (with Delta Dental) and vision insurance (with DeltaVision) plans are separate from your health insurance enrollment and will automatically continue into 2023 if you do not make any changes.

If you are currently enrolled in any health insurance plan with WEA Trust (including the Access Plan) you must take action or you will not have coverage in 2023.

110. Question: If I have family dental coverage do I also need to have family supplemental dental insurance coverage?

Answer: You can enroll in different coverage levels for Uniform/Preventive Dental Insurance and Supplemental Dental Insurance.
Uniform dental insurance coverage is based on your health insurance enrollment, single or family coverage. The Preventive Dental Insurance Plan is either single or family coverage as well.

The Supplemental Dental Plans allow you to enroll in Employee, Employee & Spouse, Employee and Children or Family coverage.

111. Question: Are the dental coverage maximums per person or per family?

Answer: The dental coverage maximums are per person per calendar year.

112. Question: Is there a waiting period required for supplemental dental insurance?

Answer: There is no waiting period for the supplemental dental plans.

113. Question: How can I identify what providers are covered under the Uniform Dental Insurance?

Answer: Delta Dental is the insurance carrier for Uniform Dental Insurance. To find an in-network provider, visit the Delta Dental Provider Directory

114. Question: Can you clarify the dental included and the comment that we can enroll in two dental plans?

Answer: Uniform/Preventive dental plans cover preventive/diagnostic dental services such as x-rays, cleanings, fillings. Supplemental dental plans cover major services such as crowns, root canals. You may enroll in either Uniform or Preventive Dental (both plans provide preventive dental services) and one supplemental plan (Select or Select Plus) to cover major services. View the dental comparison chart for a side-by-side comparison of the dental plan options.

If you enroll in the state group health, select ‘& Dental’ at the time of your health plan selection. If you do not enroll in state group health, enroll in the Preventive dental plan. The Supplemental Dental plans are available to you regardless of whether you enroll in state group health. www.wisconsin.edu/abe/download/dentalcomparison.pdf

115. Question: If I am enrolled in the Access Plan, is uniform or preventive dental included, or do I need to specifically enroll in one of those options (in addition to a select plan, if I choose)?

Answer: Enrolling in uniform dental coverage (if you enroll in the state group health plan) is not automatic. In the MyUW portal, through the State Group Health Insurance tile, you need to select the health plan with ‘& Dental’ to be enrolled in uniform dental. You may enroll in one supplemental dental plan through the preventive dental tile in the MyUW portal.

116. Question: Several years ago, prior to going to the current Delta Dental of Wisconsin, there were 3-4 different dental plans you could enroll in and together major work ended up being totally covered. Am I correct there is no longer an option for a second plan even if you do it independent?

Answer: When enrolling in dental coverage you have the following options:

Uniform or Preventive Dental: Provides diagnostic, preventive and basic services. You may enroll in one of these plans based on whether you are enrolled in State Group Health Insurance.
Select or Select Plus Dental: Provides coverage for major services such as crowns and implants. You may enroll in one of these plans.

For out-of-pocket costs above the annual dental benefit maximums, you could consider contributing to a flexible spending account and/or health savings account to help you prepare for out-of-pocket expenses on a pre-tax basis.

117. Question: Is the Orthodontics Lifetime Maximum per individual or per plan?

Answer: There is a lifetime maximum per plan per individual. The Uniform dental orthodontic coverage is limited to those under age 19. There is both child and adult orthodontic coverage under the Select Plus Plan. If you enroll in Uniform or Preventive Dental and the Select Plus plan, each dependent child on your dental plans would have a lifetime maximum of $3,000 for orthodontia services.

118. Question: If I like the dental insurance I currently have do I need to make changes?

Answer: If you are currently enrolled in Supplemental Dental or the Preventive Dental plan, you will automatically remain enrolled for 2023. If you are making a change to your health plan for 2023 and are enrolled in the uniform dental plan, you will want to be sure to select the health plan ‘& Dental’ to keep the uniform dental coverage in 2023.

119. Question: Is the Vision Insurance Plan separate and not part of my health insurance enrollment with WEA Trust? If so, will it continue as it was?

Answer: The Vision Insurance Plan is separate from your health insurance enrollment. If you are enrolled in the Vision Insurance Plan and want your coverage to continue for 2023, no action is required.

120. Question: Previous insurance allowed one pair of contacts for keratoconus for one's lifetime. Is that still the same with Dean Health Plan?

Answer: There are uniform benefits across all plans. Visit the Uniform Benefits Certificate of Coverage for details: https://etf.wi.gov/resource/2023-uniform-benefits-certificate-coverage

Spending & Savings Accounts

121. Question: What is the new link to the Optum website?

Answer: The link to the Optum website is https://myoptumfinancial.com/etf

122. Question: Can I carry over up to $570 from this year’s Health Care Flexible Spending Account (FSA) to next year?

Answer: Correct, you can carryover up to $570 from this year’s Health Care FSA to next year. This will automatically occur on/after April 15, 2023.
123. **Question:** Can I use the healthcare Flexible Spending Account (FSA) carryover amounts for 2023 medical expenses?

**Answer:** Up to $550 of unused 2022 healthcare FSA funds will be carried over on/around April 15, 2023. Then, you will be able to submit claims for eligible expenses that occur on/after January 1, 2023. Note: You have until March 31, 2023 to submit claims for 2022 expenses.

124. **Question:** If I choose the high deductible health plan (HDHP) with a Health Savings Account (HSA), does the HSA operate just like the Flexible Spending Account (FSA) and therefore I would not choose an FSA as well?

**Answer:** The HSA has different rules than the FSA. HSA is a savings account versus the FSA which is a spending account. Any contributions to your HSA will be carried over from year to year and earn interest. Those contributions are yours. You may change your contribution at any time.

If you are enrolled in an HDHP you can enroll in a Limited Purpose Flexible Spending Account for dental, vision and post-deductible medical expenses. For the Limited Purpose FSA, all unused funds greater than the carryover amount ($570 for 2023) will be forfeited. You may not change your Limited Purpose FSA contribution amount outside of the Annual Benefits Enrollment period unless you have a qualifying life event.

125. **Question:** If I enroll in the Access Health Plan or Access High Deductible Health Plan (HDHP) do I need to enroll in the Health Savings Account (HSA)?

**Answer:** You must enroll in an HSA if you enroll in a HDHP (or Access HDHP) no matter which carrier you choose. If you choose a non-HDHP (or the Access Health Plan) you are not eligible to enroll in the HSA. You do have the option to enroll in a Health Care Flexible Spending Account (FSA) for medical expenses if enrolled in a non-HDHP health plan.

126. **Question:** Will UW System contribute to my Health Savings Account (HSA) if I work for the UW System full-time?

**Answer:** If you are eligible for and are enrolled in the HSA, the UW System will contribute to your HSA.

127. **Question:** What is the employer contribution to the Health Savings Account (HSA)?

**Answer:** The HSA contribution for family coverage is $1,500.00 and for single coverage is $750.00.

128. **Question:** If I have money in my Health Care Flexible Spending Account (FSA) and switch to a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) can I carry over any of the remaining funds in my FSA?

**Answer:** If you enroll in the HDHP with a HSA for the new plan year and have Health Care FSA carryover, you will automatically be enrolled in a Limited Purpose FSA and the Health Care FSA carryover balance (max of $570) will be deposited into that account. Those funds may be used for dental, vision, or post-deductible health care eligible expenses.

129. **Question:** Do Flexible Spending Account (FSA) and Health Savings Account (HSA) funds expire?

**Answer:** Health Care FSA: The carryover amount for a healthcare FSA is up to $570.
Dependent Day Care FSA: Contributions made to the Dependent Day Care FSA expire December 31 as the IRS does not allow a carryover provision.

HSA: Contributions made to an HSA continue to carryover from one year to the next.

130. Question: Can I have a Health Savings Account (HSA) and a Dependent Day Care Flexible Spending Account (FSA) in the same year?

Answer: You may enroll in an HSA and a Dependent Day Care FSA in the same calendar year. You may also enroll in the Limited Purpose Health Care FSA to pay for eligible dental, vision, and post-deductible medical expenses.

131. Question: How long are you able to roll over Health Care Flexible Spending Account (FSA) benefits from the past year? What is the minimum contribution amount to enroll in the Health Care FSA?

Answer: For the Health Care FSA up to $570 will carryover from 2022 to 2023 on/around April 15, 2023. Then you can use those funds for eligible expenses for the 2023 calendar year. The minimum contribution amount for 2023 is $50. The maximum contribution amount for 2023 is $2,850.

For the Dependent Day Care FSA, there is no minimum contribution amount and the maximum contribution amount is $2,500 or $5,000 per year (depending on tax filing status). There is no carryover for the Dependent Day Care Account.

132. Question: My health insurance plan carrier is WEA Trust. What will happen to my Flexible Spending Account (FSA) if I do not use it all?

Answer: WEA Trust is a health insurance carrier that will not be available after December 31st. You must select a different health insurance plan for 2023 or you will not have coverage in 2023.

Optum administers the FSAs. If you do not use all of your FSA in 2022, up to $570 will carryover from 2022 to 2023 on/around April 15, 2023. Then, you will be able to use your FSA on eligible expenses incurred in 2023.

133. Question: I need to change my contribution election for the Flexible Spending Account (FSA). I have not submitted my elections yet but the system will not let me change it.

Answer: For assistance with updating your FSA election, contact your institutions benefits contact.

134. Question: Can I have a Flexible Spending Account (FSA) and a Health Savings Account (HSA)?

Answer: If you are enrolled in a HDHP and HSA, you may enroll in the Limited Purpose Health Care FSA and Dependent Daycare FSA. You can use the Limited Purpose Health Care FSA for qualifying dental, vision, pharmacy and post-deductible medical expenses.

135. Question: What is the purpose of the Health Savings Account (HSA)? What can I spend that money on?

Answer: A Health Savings Account (HSA) is an individually-owned, tax-advantaged savings account. HSA funds may be used to pay for qualifying out-of-pocket medical, dental, prescription, and vision expenses. The funds can also be invested and you take the account with you if you ever leave employment with the UW System.
136. Question: I am currently enrolled in a HDHP/HSA with WEA Trust. What will happen to my HSA?

Answer: There will be no change to the HSA from one year to the next. WEA Trust administers your health insurance. Optum administers the HSA.

137. Question: If I plan to retire in fall of 2023 but before December 31, can I enroll in the Flexible Spending Account (FSA)?

Answer: You may enroll in the FSA if you plan to retire in 2023. Your enrollment will end at the end of the month you retire unless you elect to have the remaining balance deducted from your last paycheck prior to retirement. To be able to use the account through the end of the calendar year in which you retire, work with your institutions benefits contact to request the remaining balance be deducted from your last paycheck.

138. Question: What happens if I reach the $2,850 of healthcare expenses for my Flexible Spending Account (FSA) before I retire mid-year?

Answer: You can use the $2,850 for qualifying health, dental, and/or vision expenses for services provided prior to your mid-year retirement regardless of how much you have contributed to the healthcare FSA from your paycheck.

139. Question: For FSA for dependent care, when you said depending on tax filing status. Does that mean single or married filing jointly?

Answer: Yes

140. Question: Does the Spending and Savings Account administrator (Optum) charge a monthly service fee?

Answer: For the Flexible Spending Accounts (FSAs) there are not any administrative fees for employees.

For the Health Savings Accounts (HSAs), there are not any administrative fees for active employees enrolled in the HDHP/HSA. There is a monthly administrative fee for active employees not enrolled in the HDHP/HSA. The monthly administrative fee also applies if/when you leave employment with the UW System.

141. Question: My spouse is retired from the military and we are covered under TRICARE. Because I am covered under TRICARE does that mean I cannot contribute to Health Savings Account (HSA)?

Answer: Correct. If you are covered under TRICARE you are not eligible to contribute to an HSA.

142. Question: Can I enroll in life insurance via the MyUW portal?

Answer: You can enroll in the Accidental Death & Dismemberment Insurance Plan and Accident Insurance Plan only via the MyUW portal during ABE.

To enroll in State Group Life Insurance, Individual & Family Life Insurance, and/or UW Employees, Inc. Life Insurance after your initial enrollment opportunity you must go through medical evidence of insurability. You can do this at any time however enrollment is not guaranteed. If you have a qualifying event certain plans allow you to enroll. Contact your institutions benefits contact for assistance.
143. **Question:** If I want to reduce my life insurance coverage should I wait until after ABE?

**Answer:** You can reduce or cancel life insurance coverage at any time by submitting paper applications. Information and forms are found on the UW System Employee Benefits website on the Life Insurance web page: Life Insurance | Employee Benefits (wisconsin.edu)

144. **Question:** Up to what age are children eligible for life insurance?

**Answer:** Under State Group Life, children are eligible to end of the month in which they attain age 26. For Individual & Family Life Insurance, children are covered until the last day of the calendar year in which they attain age 25.

145. **Question:** What is the different between State Group Life Insurance and UW Employees, Inc. Life Insurance?

**Answer:** Review the Life Insurance Comparison Chart for a summary of all the plans.

146. **Question:** If I am not currently enrolled in a life insurance plan or Income Continuation Insurance (ICI) when will I have a chance to enroll?

**Answer:** You may enroll in life insurance or ICI through medical evidence of insurability at any time, approval is not guaranteed. The forms to enroll through medical evidence of insurability may be found on the web page of each plan.

State Group Life Insurance does provide a 30-day enrollment opportunity if you have a qualifying life event (marriage, addition of a dependent).

147. **Question:** Can I add my spouse to life insurance if my spouse is no longer eligible for life insurance through their employer?

**Answer:** There is no loss of other coverage opportunity for spouse/children to be added to your life insurance. You may be able to enroll them through medical evidence of insurability. Medical evidence of insurability can be done at any time, not necessarily during ABE. Contact your institution benefit contact for more information and the process.

148. **Question:** If I am already enrolled in life insurance and/or Accidental Death & Dismemberment (AD&D) Insurance, am I right assuming nothing needs to be done during this enrollment period to keep that going?

**Answer:** Yes, no action is required to maintain any life insurance you are currently enrolled. The same applies for AD&D coverage. However, you may make a change to the AD&D benefit coverage amounts during ABE or anytime during the year.

149. **Question:** Can dependents be added to the University Insurance Association (UIA) Life Insurance or only to the Individual & Family Life Insurance?

**Answer:** UIA provides only employee coverage; there is no coverage available for family members.

You can add family members to State Group Life Insurance and Individual & Family Life Insurance. If you do not enroll eligible family members for coverage during your initial 30-day enrollment period, you may add coverage if you have a qualifying life event or you may apply for coverage at any time through medical Evidence of Insurability (approval is not guaranteed).
Accidental Death & Dismemberment (AD&D) and Accident Insurance

150. Question: What is considered an accident under the Accident Insurance Plan? Is a fall considered an accident?

Answer: An accident is defined in the policy as an act or event that is: 1. unintended, unexpected and unforeseen; and 2. directly results in bodily injury to the insured. If you have an accident (including a fall) and go to Urgent care or the Emergency Room, you can send the Explanation of Benefits to Securian Financial.

151. Question: I was enrolled in Accidental Death & Dismemberment Insurance Plan and had a potential claim. The insurance won't pay. Is there anything I can do?

Answer: Contact your institutions benefits contact to assist.

Other Updates & Employee Resources

152. Question: To make the changes and select new plans do I do that in the MyUW portal or on the ABE web page?

Answer: Changes are made in the MyUW Portal.

The ABE web page in an informational resource on benefit changes for 2023. The ABE web page includes a link to the MyUW Portal found in the Forms & Resources section.

153. Question: I am having trouble enrolling using the MyUW portal, can you help?

Answer: Contact your institutions benefits contact to assist with accessing your enrollment event.

154. Question: How can I get one on one assistance via phone or video chat?

Answer: Reach out to your institution benefits contact.

155. Question: My question is more specific to me and my family plans for 2023. I'm not sure if I should address it here or not or speak with someone after the presentation.

Answer: If you have questions that are more specific to you, contact your institution benefits contact.

156. Question: Where do retired UW System employees go to for assistance?

Answer: Retired employees should contact ETF to complete their annual benefits enrollment. ETF can be contacted at (877) 533-5020.

157. Question: I missed some of the Q&A, including the answer to my question. Can I connect with someone when this meeting concludes?

Answer: The questions and answers will be provided on the ABE web page. You are welcome to contact your institution benefits contact with questions.
158. **Question:** In the MyUW portal I am getting this message: You do not have an open benefits enrollment. If you feel this is an error contact your human resources office as soon as possible.

**Answer:** Contact your institutions benefits contact to assist with accessing your enrollment event.

159. **Question:** Can you confirm that none of these plans require re-enrollment at this time, unlike health insurance coverages?

**Answer:** For 2023, re-enrollment is required if you were enrolled in a WEA Trust health insurance plan (including the Access plan) and need health coverage for the upcoming year.

The other plans that require re-enrollment if you want to participate in 2023 include the Health Opt-out Incentive, the Health Care and Dependent Care flexible spending accounts and the Health Savings Account (if you enroll in a HDHP). Re-enrollment is not required for the other plans.

160. **Question:** If I am not making any changes, do I need to do anything to continue my current coverages?

**Answer:** If you are currently enrolled in any health insurance plan with WEA Trust (including the Access Plan), or the health opt-out incentive, or an high deductible health plan (HDHP) with an Health Savings Account (HSA), or a Flexible Spending Account (FSA), you must take action or you will not have any of those benefits in 2023. If you are not currently enrolled in any of these plans, no action is required to continue your current coverages.

161. **Question:** If I’m satisfied with my elections (I have elected Network Health), do I have to do anything for 2023 coverage?

**Answer:** If you are satisfied with your health coverage you do not need to take any action. However, you may want to contact your carrier to make sure your preferred doctors, clinics, and hospitals will remain in network for the upcoming year.

162. **Question:** I have an urgent question for someone at ETF. Wondering the best person to contact

**Answer:** Active employees should contact their institution benefits contact. Retirees should contact ETF at (877) 533-5020 and choose the option to talk to a benefit counselor and will be routed someone who can best assist you.

163. **Question:** What happened to the ALEX tool? I found it very useful for helping me figure out my benefits for the next year.

**Answer:** ALEX is no longer available. Benefits Mentor, https://etf.wi.gov/insurance/health-pharmacy/benefits-mentor, is available to help you find a Health Insurance Plan Design to Meet your Medical Needs.

164. **Question:** Can you bring back ALEX? It was much more helpful compared to Benefits Mentor when selecting a plan design and learning about everything.

**Answer:** There are no plans to bring back ALEX. We will note your feedback.

165. **Question:** Is ALEX still a tool that can be utilized? I searched for it earlier and wasn't able to find it
Answer: ALEX is no longer available, however, ETF has a new tool available for active state employees and non-Medicare retirees called Benefits Mentor. Benefits Mentor is an interactive benefits counselor that considers your medical needs for help in choosing a health plan design. Refer to the ETF website for more information on Benefits Mentor.

166. Question: How do I enroll in the Well WI Program?

Answer: If you are eligible for and enrolled in the State Group Health Insurance Plan you are eligible for the Well WI Program. To get started earning the Well WI incentive go to webmdhealth.com/wellwisconsin.

167. Question: How does insurance coverage work for someone who is on a 9-month academic contract? When do benefits end and how does that contract affect Flexible Spending Accounts (FSA)? If my contract is not renewed in the fall, when would my benefits end?

Answer: If you are expected to return in the following fall semester, summer prepayments are deducted from your spring pay to cover the insurance premiums to bridge the summer months, and once you return in the fall your insurance deductions will start automatically. FSA contributions are deducted from summer pay (if any) and will adjust automatically based on your annual contribution election, year to date deductions, and the number of pay periods left in the year. FSA contributions are not deducted as part of the summer prepay process.

If your contract is not renewed for the fall, benefits end the last day of the month in which your employment ends.

168. Question: Where do I look to see what benefits I have this year?

Answer: To view what benefits you are currently enrolled in log into the MyUW portal and launch the Benefit Information app (click on the bottom of the box). You can view if you have elected the plan there or for more detail scroll down and click on View Benefit Summary.

169. Question: Where can I find my ETF member number?

Answer: Your ETF member ID can be found on your annual WRS Statement of Benefits. You can find this by logging into the MyUW portal, launch the Benefit Information app (click on the bottom of the box) and then click on the tab at the top titled ETF WRS Statement of Benefits. These statements are distributed each year in April.

If you are completing a paper application that requests your ETF member ID, you can skip this field.

170. Question: Are part time employees (working 30 hours per week) eligible for WRS?

Answer: Information on benefits eligibility can be found on the General Employee Information web page.

WRS eligibility requirements are complex. Contact your Institutions Benefits Contact to determine eligibility rules based on your situation.

171. Question: How can I enroll in Income Continuation Insurance (ICI)? I cannot find it in the MyUW portal.

Answer: ABE is not an opportunity to enroll in ICI.
If eligible, you may have deferred enrollment opportunities that allow you to enroll without having to go through medical evidence of insurability (enrollment not guaranteed). You will be contacted by UW System in January if you are eligible for a deferred enrollment opportunity. More information about options can be found on the Income Continuation Insurance (ICI) web page - https://www.wisconsin.edu/ohrwd/benefits/disability/ici/

172. Question: I started my job at the UW System in Jan 2022. I enrolled in the Income Continuation Insurance (ICI) (early coverage) when I started my job. I understand that the price decreases after 12 months of employment. Do I need to change any of my elections for the income continuation benefit in the next month given I will have one year of employment in January 2023?

Answer: You do not need to make any changes to your elections for income continuation insurance. Your premium will be automatically adjusted once you complete one year of WRS covered employment.

173. Question: What is the Income Continuation Insurance (ICI)? What does the ICI cover? What are the monthly premiums? Can I enroll for the first time during the annual enrollment period for 2023?

Answer: Income Continuation Insurance provides up to 75% of replacement income if you become ill or injured and are unable to work due to a short or long-term disability. Premiums for ICI coverage are based on your eligible earnings and other factors. Visit the Benefit Premiums web page for more detailed information.

Annual benefits enrollment does not provide an opportunity to enroll in ICI coverage. Eligible employees are offered an opportunity to enroll in coverage during their initial 30-day enrollment period when first hired or newly eligible for benefits. If you do not enroll when first eligible, you may be eligible for a deferred enrollment opportunity at a later date. Deferred enrollment varies depending on your type of appointment. You may also apply for coverage through Evidence of Insurability at any time (approval is not guaranteed).

More information can be found on the ICI web page.

174. Question: Are employees automatically enrolled in Income Continuation Insurance (ICI)?

Answer: Enrolling in income continuation insurance (ICI) is not automatic. You would enroll at the time of hire or when you are eligible for a deferred enrollment opportunity. The other way to enroll would be through medical Evidence of Insurability (approval is not guaranteed). More information on the enrollment options can be found on the ICI web page.

175. Question: What is the threshold we need to reach to get long term insurance if we didn't sign up for it when we originally started? I believe in the past certain insurances were not available unless you reached a certain number of sick leave hours or years in service? Can you confirm?

Answer: Long-term care insurance does not require a sick leave threshold to enroll. More information on long-term care insurance can be found on the Long-Term Care web page.

Sick leave balances are part of the eligibility for the deferred enrollment opportunities for Income Continuation Insurance (ICI). More information on ICI can be found on the Income Continuation Insurance web page.

176. Question: Where do I sign up for long-term care insurance and where are the costs?
Answer: Long-term care insurance information can be found on the Long-Term Care web page. You can email info@healthchoice.com for additional information or call HealthChoice at (800) 833-5823. Each policy is customized to meet your needs and individually underwritten based on your current health.