2017 Employee Benefit Summary
for Graduate Assistants, Post-Doctoral Appointees and Short-Term Academic Appointments

Revised 04/2017
Roadmap

- Payroll and Taxes
- Paying for Benefits
- Prepare, Decide, Act
- Dependents
- Life Events
- Health Insurance
  - Enrollment
  - Premiums
  - Choose a Plan
  - Definitions
  - Health Plan Summary
  - Opt-Out Incentive
- Prescription Drugs
- Wellness
- Uniform Dental
- Supplemental Dental and Vision Plans
- Employee Reimbursement Account (Flexible Spending)
- Life Insurance
- Retirement & Savings Plans
  - Tax Shelter Annuity
  - Wisconsin Deferred Compensation
- Miscellaneous Benefits
  - Long Term Care Insurance
  - Employee Assistance Program
- Resources
Payroll and Taxes


- No taxes withheld from Advanced Opportunity Fellow; Fellow; Grad Intern or Trainee; Post-Doc Fellow, Scholar or Trainee earnings, per IRS regulations.
  - WARNING: You may be responsible for paying taxes on income when you file your tax return if you work in one of these positions. See IRS Publications 505 and 970 for more information.
How Do I Pay for Benefits?

- Benefit plans’ premiums: https://www.wisconsin.edu/ohrwd/benefits/premiums/
- Premiums taken via payroll deduction
- Most benefit plan premiums are paid in advance of coverage. There may be multiple deductions from first check.
- Twelve-month employees have benefit premium deductions every month
- Nine-month appointments
  - Benefit premium deductions only taken during 9-month academic year
  - Multiple benefit deductions taken from one to three checks prior to the end of the spring semester to keep coverage active between academic years if appointment will continue for the following semester
  - Benefit deductions do not come out of summer salary
HOW DO I DECIDE WHICH BENEFIT PLANS TO ELECT?

Prepare

Decide

Act
Prepare

- Explore the Employee Benefits website for:
  - Available benefit plans
  - Plan details
- Consider your and your family’s needs
- Compare all options available to you
Decide

Using what you’ve learned, make decisions for you and your family.

Helpful tools available on https://www.wisconsin.edu/ohrwd/benefits/:

- Health plan selection
- Benefit comparisons
- Premiums
Act

Complete your elections within 30 days of your eligibility date.

- Many employees can enroll online through Self Service (eBenefits) – you will be notified if eligible or contact your human resources office.

  ✓ Log in to Self Service through your MyUW portal at https://my.wisconsin.edu (Benefit Information module).

  ✓ UW-Madison employees go to https://my.wisc.edu.
Act

• You must enroll using paper applications if you:
  – Have prior WRS service
  – Are applying for commuter benefits (Parking/Transit)

• Enroll in Self Service or return applications to your human resources office within 30 days of eligibility.

• Benefits are generally effective on the 1st of the month on or following your eligibility date if your application is submitted within 30 days.

• Access paper benefit applications: www.wisconsin.edu/ohrwd/formspubs/.
Benefit Plans Resources

• UW System Administration’s benefits website: www.wisconsin.edu/ohrwd/benefits/
  - New Employees Benefits website: https://www.wisconsin.edu/ohrwd/benefits/newemp/
  - Benefit Summary – Graduate Assistants, Post-Doctoral Appointees and Short-Term Academic Appointments: https://www.wisconsin.edu/ohrwd/benefits/download/summaries/grad.pdf

• See an estimate of your total compensation package: www.wisconsin.edu/ohrwd/benefits/totalcomp/

• View earnings, leave and tax statements as well as important benefit information on the My UW System portal: https://my.wisconsin.edu/. UW-Madison employees go to https://my.wisc.edu.

• Contact your institution’s human resources office or visit your institution’s website. Contact information online: www.wisconsin.edu/ohrwd/benefits/contact/

• Department of Employee Trust Funds: http://etf.wi.gov/members/IYC2017/IYC_home.asp
ELIGIBLE DEPENDENTS
Eligible Dependents

• The majority of benefit plans available to UW employees provide coverage for eligible family members. This includes your:
  
  o Your spouse
  
  o Your domestic partner if elected
  
  o Dependent children – for most plans, eligible until age 26.

Note: A child with a disability of long standing duration, who is dependent on you or the other parent for at least 50% of support and maintenance, and are incapable of self-support, may remain covered past age 26.

• See Dependent Eligibility Chart at https://www.wisconsin.edu/ohrwd/benefits/download/med/uws25.pdf
Eligible Dependent Children

• Your eligible children include:
  – Your natural children.
  – Stepchildren or children of your domestic partner
  – Adopted children and pre-adoption placements.
  – Legal wards that become your permanent ward before age 19.
  – Your grandchildren born to your insured dependent children may be covered until the end of the month in which your insured dependent (your grandchild’s parent) turns age 18.
Domestic Partner Benefits

• You may cover a domestic partner and their children under all benefit plans that provide coverage for dependents.

• To qualify as domestic partners, you and your partner must meet certain eligibility criteria and you must submit an Affidavit to create a domestic partnership for benefit purposes. There may be tax consequences if you cover a domestic partner.
  
  – For affidavits and detailed enrollment information, see www.wisconsin.edu/ohrwd/benefits/dp/.
  
  – For tax information, see https://uwservice.wisconsin.edu/imputed-income/ and www.wisconsin.edu/ohrwd/benefits/dp/.

• There are also leave benefits that allow you to take time off to care for a seriously ill domestic partner, their child, or their parent.
Life Events Impact Benefits

• Contact your human resources office within 30 days of a Life Event. You only have 30 days following a life event to change/enroll in the majority of benefits. A life event may be either a family or employment change.

Examples of Family Changes
- Marriage or divorce
- Begin or end a domestic partnership
- Birth, adoption, guardianship of a child (60 days to enroll)
- Permanent Relocation
- Spouse, dependent child, domestic partner death

Examples of Employment Status Changes
- Termination of employment
- Disability
- Change in employment status
STATE GROUP
HEALTH INSURANCE

Enrollment / Coverage Levels
Premiums
Choose a Health Plan Design and Insurance Carrier
Common Health Insurance Terms
Health Plan Summary
State Group Health Insurance (SGH)

- Must elect or decline coverage
- Initial Enrollment Period – within 30 days of eligibility date
- May be eligible for Opt-Out Incentive (up to $2,000 per plan year)
- Coverage levels – single or family
  - If married to another state/UW System employee who is also eligible for State Group Health Insurance, must carry either 2 single policies or 1 family policy (does not apply to those in a domestic partnership)
  - If in domestic partnership, you are not required to carry your partner on your family policy. However, if you want to cover your partner’s children, you are required to cover your domestic partner as well
- Enrollment options when covered by another health plan
  - Other plan is NOT the State Group Health Insurance plan – no restrictions – can have coverage under both plans
  - Other plan is the State Group Health Insurance plan through parent or spouse/domestic partner – remain on parent’s/spouse’s/domestic partner’s plan until no longer eligible OR enroll in own plan; you may not be covered on both
## Health Insurance Premiums

<table>
<thead>
<tr>
<th>2017 Premium Tier</th>
<th>Employees Covered by the Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
</tr>
<tr>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>With Dental</td>
<td>$45.50</td>
</tr>
<tr>
<td>Without Dental</td>
<td>$42.50</td>
</tr>
<tr>
<td>Tier 3</td>
<td></td>
</tr>
<tr>
<td>With Dental</td>
<td>$134.50</td>
</tr>
<tr>
<td>Without Dental</td>
<td>$131.50</td>
</tr>
</tbody>
</table>

For a full listing of the State Group Health Insurance Employee Premiums go to: https://www.wisconsin.edu/ohrwd/benefits/premiums/
State Group Health Insurance

Plan Design/Out of Pocket Costs

STEP 1. CHOOSE A HEALTH PLAN DESIGN
STEP 2. FIND INSURERS IN YOUR AREA
STEP 3. CHOOSE A HEALTH PLAN or OPT-OUT INCENTIVE
Step 1: Choose Plan Design

What is Health Plan Design?

• Compare costs as well as provider networks

• Health Plans: Regional coverage; select the health insurer (carrier) you want

• Access Plan: Higher premiums; nationwide PPO network through WPS

• All Health Plans offer Uniform Benefits

• All options include prescription drug coverage and optional basic dental coverage

See Plan Comparison of the Health Plan and the Access Plan at https://www.wisconsin.edu/ohrwd/benefits/med/sgh/compare-medical/

You are not eligible for the HDHP plan design.
State Group Health Insurance

Step 2: Find Insurers in Your Area

The Health Plan Design Option has many health insurers available throughout Wisconsin (Options by County). Use an interactive map that shows health plan availability by county:

Manitowoc County, Wisconsin

<table>
<thead>
<tr>
<th>Plan</th>
<th>Qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Preferred Northeast</td>
<td>X</td>
</tr>
<tr>
<td>Arise Health Plan</td>
<td>X</td>
</tr>
<tr>
<td>Dean Health Insurance-Prevea360</td>
<td>X</td>
</tr>
<tr>
<td>Humana-Eastern</td>
<td>X</td>
</tr>
<tr>
<td>Network Health Northeast</td>
<td>X</td>
</tr>
<tr>
<td>UnitedHealthcare of Wisconsin</td>
<td>X</td>
</tr>
<tr>
<td>WEA Trust - East</td>
<td>X</td>
</tr>
</tbody>
</table>
Step 3: Choose A Plan

- Select a health plan based on:
  - Employee Premium Contributions
  - Annual Out-of-Pocket Costs
  - Location
  - Provider Networks

Note: Regardless of the plan design you select, routine preventive and wellness medical services are typically covered at 100%, even if you have not met the deductible. A list of preventive care services, as identified by the Patient Protection and Affordable Care Act, can be found at [https://www.healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/)
Common Health Insurance Terms

Copayment (Copay) – A *fixed amount* you pay for a covered health care service. Paid until annual Out-of-Pocket Limit (OOPL) has been met

**Health Plan Office Visit Copays – In-Network**

- **$15.00** Primary Care Physician and Therapy
- **$25.00** Specialty Services and Urgent Care Services
- **$75.00** Emergency Room
Common Health Insurance Terms

**Deductible** – The amount you owe for health care services **BEFORE** your plan begins to pay. Preventive care is not subject to the deductible nor are office visits under the Health Plan and Access Plan. Other services received during an office visit (e.g., labs, x-rays) are subject to the deductible.

<table>
<thead>
<tr>
<th>2017</th>
<th>Health Plan</th>
<th>Access Plan (In-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Family</td>
</tr>
<tr>
<td></td>
<td>$250</td>
<td>$500¹</td>
</tr>
</tbody>
</table>

After an individual within a family plan meets the $250 deductible, medical services will be covered for that individual.
Common Health Insurance Terms

Coinsurance – A *share* of the costs you pay for a covered health care service calculated as a percentage.

- 10% for Health Plans and In-Network Access Plan
- 20% applies to covered *durable and disposable medical equipment*, certain hearing aids and cochlear implants
- 30% for Out-of-Network Access Plan

- *Deductible* must be met before *coinsurance* applies
Common Health Insurance Terms

**Out of Pocket Limit** - the most you'll have to pay during a policy period. Once you reach this limit, your plan pays 100% of the allowed amount for covered services. **OOPL** – Out-of-Pocket Limit. Few employees have costs in excess of the OOPL.

Once the OOPL is met, coinsurance and copayments no longer apply for health care received in that calendar year.

<table>
<thead>
<tr>
<th>2017</th>
<th>Health Plan</th>
<th>Access Plan (In-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Family</td>
</tr>
<tr>
<td>OOPL</td>
<td>$1,250</td>
<td>$2,500¹</td>
</tr>
</tbody>
</table>

¹ After an individual within a family plan meets the single OOPL, medical services will be covered at 100%
Common Health Insurance Terms

**Maximum Out-of-Pocket Limit** - Set annually by the Federal law, the MOOP is the most you would have to pay in a calendar year before benefits are payable at 100% for costs that are not limited to the OOPL. This includes your costs for Level 3 prescription drugs, hearing aids or cochlear implants for adults and some other expenses that do not accumulate toward “regular” OOPL. Exceeding the MOOP is not typical.

**Federal Maximum Out-of-Pocket Limits**

<table>
<thead>
<tr>
<th>MOOP limits for ACA-compliant plans (Health Plans and Access Plan)</th>
<th>Single: $6,850</th>
<th>Family: $13,700</th>
</tr>
</thead>
</table>

# Health Plan Summary

<table>
<thead>
<tr>
<th>Health Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$250 per individual $500 family</td>
</tr>
<tr>
<td><strong>Office Visit Copay – Primary Care</strong></td>
<td>$15</td>
</tr>
<tr>
<td><strong>Office Visit Copay – Specialty Care</strong></td>
<td>$25</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>You pay 10%</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Limit (OOPL)</strong></td>
<td>$1,250 single $2,500 family</td>
</tr>
</tbody>
</table>

- Deductible does not have to be met for office visit copays to apply.
- Preventive services are covered in full.
- Does not include Access Plan or Access Plan HDHP
State Group Health - COB

• Employees who enroll in State Group Health Insurance must provide Coordination of Benefits (COB) information.

• COB information must be provided when you enroll in a Health Plan or as other coverage for a spouse/domestic partner is added or ended after your enrollment.
Prescription Drug Overview

• Your cost for prescriptions will depend on the level of the drug under the formulary
• You pay a copay or coinsurance per fill (30 day supply) as outlined in the formulary
• You pay either a copayment or coinsurance, up to annual out-of-pocket maximum (OOPL)
• The information on the following slide pertains to the Health Plan Design. For the Access Plan Prescription Drug benefit, see: https://www.wisconsin.edu/ohrwd/benefits/med/sgh/compare-pharmacy/
### Prescription Drug Benefits

**Prescription Copays, Coinsurance and Out-of-Pocket Limits Under the Health Plan Design**

<table>
<thead>
<tr>
<th>Prescription Drug Level</th>
<th>Member Costs</th>
<th>Annual Rx OOPL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td>$5 per fill</td>
<td>$600 individual / $1,200 family</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td>20% ($50 maximum per fill)</td>
<td>$600 individual / $1,200 family</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td>40% ($150 maximum per fill)</td>
<td>Does not apply to Rx OOPL. Only applies to Federal MOOP: $6,850 individual / $13,700 family</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td>$50 per fill</td>
<td>$1,200 individual / $2,400 family</td>
</tr>
<tr>
<td>Filled at a Preferred Pharmacy (e.g., Diplomat Specialty Pharmacy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td>40% ($200 maximum per fill)</td>
<td></td>
</tr>
</tbody>
</table>
Wellness

• Incentive of $150 for biometric screenings & health risk assessments
  – To receive incentive, you must complete a biometric screening and health risk assessment.
  – StayWell is the vendor for the Wellness Program.
  – Visit the StayWell website for additional resources at https://wellwisconsin.staywell.com/

• Contact your human resources office for information about scheduled screenings at your institution.
How to Earn Incentive

To be eligible for the incentive, employees and spouses/domestic partners covered under State Group Health Insurance will need to complete a health screening and the health assessment by October 20, 2017.

Health Assessment + Health Screening = $150 Gift Card
STATE GROUP HEALTH INSURANCE
UNIFORM
DENTAL BENEFITS
Uniform Dental
Offered with State Group Health

- *Must be enrolled* in State Group Health insurance coverage in order to be eligible for the Uniform Dental Benefit plan

- When enrolling for State Group Health insurance, you will select a plan with or without the basic dental benefit, which is called Uniform Dental

- Coverage level (single/family) will be the same as health insurance plan

- Delta Dental is the insurer for Uniform Dental
Uniform Dental Summary

Approved Provider Network: Delta Dental PPO or Delta Dental Premier Providers

- $0 Deductible
- Diagnostic & Preventative Services are covered at 100%  
  - Exams, Cleanings, X-rays Sealants & fluoride treatments
- Restorative Services are covered at 100%  
  - Amalgam (silver) fillings
- Annual Maximum Benefit $1,000 per year per person

- Other Services are at 80%  
  - Anesthesia (in conjunction with other services), Periodontics & Emergency Palliative Care (to relieve pain)
- Orthodontic Services at 50%  
  - Individual Lifetime Maximum of $1,500; Dependents eligible to age 19
- Non-Covered Service Examples  
  - Crowns, bridges, dentures implants, root canals etc.

Go to deltadentalwi.com/state-of-wi for provider network
SUPPLEMENTAL
DENTAL & VISION INSURANCE
Dental & Vision Insurance Options

- Dental Wisconsin PPO and Select
- EPIC Benefits+
- VSP Vision

- Once enrolled for the plan year, you must remain covered under the plan for the remainder of the calendar year unless you have a qualifying event.
- Go to: https://www.wisconsin.edu/ohrwd/benefits/med/ for additional information

UNIVERSITY OF WISCONSIN SYSTEM
Dental Wisconsin

• Employee pays full premium.
• Two Dental Wisconsin plans available (select one):
  – Preferred Provider Plan (PPO)
  – Select Plan (no diagnostic or preventive coverage)

• Plan Brochure
• See any dentist. Greater benefits if you see a Delta Dental Premier Provider. For PPO in-network, use the [Delta Dental PPO Provider Look-Up](https://www.deltadental.com/find-a-provider)
• Dental WI includes a vision discount program through Davis Vision.
• Administered by EPIC Specialty Benefits

### 2017 Monthly Premiums

<table>
<thead>
<tr>
<th>Plan</th>
<th>PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$24.60</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td>$52.08</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$58.22</td>
</tr>
<tr>
<td>Family</td>
<td>$88.02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan</th>
<th>Select Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$20.52</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td>$42.18</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$48.68</td>
</tr>
<tr>
<td>Family</td>
<td>$71.58</td>
</tr>
</tbody>
</table>
# Dental WI Benefit Summary

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>PPO Plan</th>
<th>Select Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Diagnostic / Preventative</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Basic</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Major/Restore (Includes Endodontic, Periodontics and Implants)</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Orthodontia (Lifetime Benefit)</td>
<td>$1,000 Benefit (for children under 19)</td>
<td>$1,000 Benefit (for children under 19)</td>
</tr>
<tr>
<td>Annual Deductible Per Person</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Office Visit Copay</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Annual Benefit Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Waiting Period (if no prior coverage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>3 Months</td>
<td>3 Months</td>
</tr>
<tr>
<td>Major Services</td>
<td>3 Months</td>
<td>3 Months</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>12 Months</td>
<td>12 Months</td>
</tr>
</tbody>
</table>
EPIC Benefits+

- Employee pays full premium
- **Plan Brochure**
- Administered by EPIC Specialty Benefits

### 2017 Monthly Premiums

<table>
<thead>
<tr>
<th>Plan</th>
<th>Without Vision Insurance</th>
<th>With Vision Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$21.56</td>
<td>$25.60</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td>$43.12</td>
<td>$50.24</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$43.12</td>
<td>$50.24</td>
</tr>
<tr>
<td>Family</td>
<td>$64.68</td>
<td>$75.16</td>
</tr>
</tbody>
</table>
# EPIC Benefits+

## Summary of Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Supplemental Dental (no coverage for basic or preventive services)** | • Pays 50% of covered dental charges, after $75 deductible. $1,500 annual maximum  
• $1,200 orthodontia lifetime maximum – (under age 19 only); 12-month waiting period |
| **Hospital and Surgery Benefit** | • You receive $200/day starting on 3rd day of hospital confinement;  
• You receive $200 per eligible outpatient surgery |
| **AD&D Benefits** | Receive lump sum payment (between $1,000 and $15,000) for accidental death or dismemberment |
| **Vision Discount Plan** | Davis Vision Affinity Discount Plan |
| **Vision Insurance Plan** | For additional premium, enroll in vision insurance through Davis Vision Network (in- and non-network benefits available) |
VSP Vision Insurance Plan

- Employee pays full premium
- **Plan Brochure**
- Notify your eye care provider that you have coverage under VSP at the time of service. You can print an ID card at [www.vsp.com](http://www.vsp.com)
- Administered by VSP

### 2017 Monthly Premiums

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee + Spouse/DP</th>
<th>Employee + Child(ren)</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>$6.54</td>
<td>$13.08</td>
<td>$14.73</td>
<td>$23.54</td>
</tr>
</tbody>
</table>
# VSP Vision Insurance Plan

## Summary of Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam</td>
<td>Annual eye exam with a $15 copay (also covered by all Health Plans with a $25 copay)</td>
</tr>
</tbody>
</table>
| Prescription Glasses     | • Frames – covered up to $130 every other year after $25 copay  
• Lenses – covered every year after copay – employee cost depends on selected lenses                                                                                             |
| Contact Lenses           | $130 annual allowance – no copay for contact lenses                                                                                                                                                          |
| KidsCare Program         | • Two exams per year  
• Impact resistant lenses  
• Lenses replaced annually or as needed  
• Frames replaced annually with $25 copay                                                                                                           |
| Additional Savings       | • Discounts on additional glasses purchased in-network  
• Discounts on in-network laser vision correction                                                                                                    |

**Note:** VSP covers either lenses for your glasses **OR** contacts every year, but not both.
Supplemental Dental and Vision Plan Comparisons

How do I choose which plan is right for me?

• Dental Wisconsin and EPIC Benefits+ offer similar dental benefits – see their dental benefits compared side-by-side on our Dental Comparison Chart at https://www.wisconsin.edu/ohrwd/benefits/download/med/dentalcomp.pdf

• Dental Wisconsin, EPIC Benefits+ and VSP Vision all have some vision benefits - see their vision benefits compared side-by-side on our Vision Comparison Chart at https://www.wisconsin.edu/ohrwd/benefits/download/med/visioncomp.pdf

• You may enroll in any or all of these plans.
STATE GROUP HEALTH INSURANCE

EMPLOYEE REIMBURSEMENT ACCOUNTS

FLEXIBLE SPENDING ACCOUNTS/PARKING AND TRANSIT
Employee Reimbursement Account

• The Employee Reimbursement Account (ERA) program provides pre-tax advantage for group premiums, Flexible Spending Accounts (FSA) and Parking & Transit.

• Deducted from each paycheck before Federal, State, and FICA taxes are calculated to save money on taxes

• **Must re-enroll each year during the Annual Benefits Enrollment period each fall!**
FSA Plan Descriptions

<table>
<thead>
<tr>
<th>FSA Type</th>
<th>Eligible Expenses</th>
<th>Eligible Dependents</th>
<th>Annual Contribution Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care FSA</td>
<td>Medical, dental, vision &amp; prescription</td>
<td>You, your spouse, qualifying child or relative</td>
<td>Max: $2,550</td>
</tr>
<tr>
<td>Dependent Day Care FSA</td>
<td>After school care, adult or child daycare, preschool</td>
<td>You, your spouse, qualifying child or relative</td>
<td>Max: $5,000 — dependent on tax filing status</td>
</tr>
</tbody>
</table>
Health Care FSA

- Plan year is 1-1-20XX to 12-31-20XX.
- Claims must be submitted by March 30 following the plan year.
- If you have any money left in your account at the end of the plan year, up to $500 will carry over into the next plan year.
  - Note: This does not apply to the Dependent Day Care FSA
- Review the FSA Participant Guide for more details.
Parking and Transit

The UW System deducts parking costs on a pre-tax basis. If you purchase parking through the UW System, you already receive this pre-tax benefit.

2017 Limits

- **Transit**—
  - $130/mo (State)
  - $255/mo (Federal)
- **Parking**—
  - $255/mo

- Administered by TASC.
- TASC also offers Parking and Transit benefits that allows you to pay for certain transportation-related expenses on a pre-tax basis. This includes:
  - Mass Transit Fares
  - Parking Fees

You may change your parking and/or transit election at any time.
Flexible Spending Accounts – How to Enroll

• You may enroll within 30 days of the start of your first benefits-eligible appointment. Coverage is effective on the first of the month on or following your eligibility date.

• Only expenses incurred on or after your coverage effective date are eligible for reimbursement.

• Be cautious about how much you decide to contribute as you cannot make changes during the year unless you have a life event.

• You generally have 30 days from the date of a life event to enroll, cancel or change your election. You should contact your human resources office as soon as a life event occurs.
LIFE INSURANCE
Life Insurance

• Three optional life insurance plans are available. You may enroll in more than one plan.
  – Individual and Family Life Insurance
  – UW Employees, Inc. Life Insurance
  – Accidental Death and Dismemberment (may enroll at any time without restriction)

• If you do not enroll when first eligible, you may enroll at a later time through evidence of insurability (acceptance not guaranteed) or if you have an eligible life event.

• Compare Plan Features at https://www.wisconsin.edu/ohrwd/benefits/download/life/lifecomp.pdf

• Review Premiums for all plans at https://www.wisconsin.edu/ohrwd/benefits/premiums/

• You will be automatically covered under the University Insurance Association Plan (UIA) if eligible.
Life Insurance

Individual & Family Group Life

• Term life insurance for employees and their spouse or domestic partner and eligible children. You may initially select the following coverage:
  – Employee: $5,000; $10,000; $15,000 or $20,000
  – Spouse/Domestic Partner: $5,000 or $10,000
  – Child(ren): $2,500

• There is an annual opportunity to increase coverage.

• Individual and Family Group Life Insurance is administered by University of Wisconsin System Administration
Life Insurance

UW Employees, Inc. Life Insurance

• Decreasing term life insurance
• Coverage levels range from $33,000 - $7,000 depending on your age
• Employee-only coverage
Life Insurance

Accidental Death and Dismemberment (AD&D)

• Offers insurance in the case of an accidental death or dismemberment for you and your spouse/domestic partner and eligible children. You may select coverage levels that range from $25,000 to $500,000.

• You may enroll, change or cancel your coverage at any time

• In addition to benefits payable in the event of accidental death or dismemberment, this plan provides the following benefits:
  – Zurich Travel Assist – travel assistant program that provides benefits when you travel at least 100 miles from your home.

• AD&D is administered by University of Wisconsin System Administration
Life Insurance

University Insurance Association (UIA) Life Insurance

- Decreasing term life insurance for eligible Appointments
- Coverage levels range from $3,400 – $101,000 depending on your age
- Employee coverage only
- Coverage is mandatory if you meet the eligibility requirements (minimum monthly salary threshold of $2,592 for the 2016-2017 plan year, effective 10/1/16)
- Coverage is effective October 1st, provided requirements are met and premium is paid. If employment starts after October 1st, you must wait until the following year for enrollment.
- The annual premium is $24.00 and is deducted from your October earnings
Life Insurance

Beneficiary Designations

- A beneficiary is a person(s) or any legal entity such as an estate or trust, that you specifically name to receive benefits payable upon death (life insurance, value of tax deferred retirement savings account...)

- Most beneficiary designations available online: [https://www.wisconsin.edu/ohrwd/formspubs/](https://www.wisconsin.edu/ohrwd/formspubs/)

- Each benefit plan has a separate beneficiary designation.

- Mail beneficiary designations directly to the address listed on the form

- If you do not file designation, benefits will be payable per Standard Sequence, per the plan contract

- It is important to keep your beneficiary designations up-to-date. Always review your designations and update as necessary when you have a life event (birth, death, divorce, marriage, change in domestic partnership, etc.).
RETIREMENT & SAVINGS PLANS
Supplemental Retirement Savings Plans

- Supplemental Retirement Savings Plans set aside money for retirement on a pre-tax or post-tax (Roth) basis. See links below for more details.
  - Tax-Sheltered Annuity 403(b) Program
  - Wisconsin Deferred Compensation Program

- May participate in one or both programs. You can contribute the maximums under both the WDC plan and the UW Tax-Sheltered Annuity 403(b) plan.

- Annual Federal Maximums apply
Retirement

**Tax-Sheltered Annuity 403(b)**

- Invest on either a pre-tax basis, an after-tax basis (Roth), or a combination of both. Includes a wide array of mutual funds and fixed and variable annuities managed by five investment companies.
- Participation is voluntary.
- You make the entire contribution; there is no employer match.
- Change your contributions at any time.

**Minimum Contribution Limit for TSA:**
- $8.00 per biweekly paycheck
- $20.00 per monthly paycheck

**Maximum Annual Contribution Limit:**
- If under age 50: $18,000
- If age 50 or older at any time during the year: $24,000 (eligible for a $6,000 additional catch-up if you will be 50 or older at any time during the year)
• To enroll in the TSA Program:
  – Select one or more investment companies. The Quick Guide provides a short description of each company and contact information.
  – Sign up with your selected investment company(ies) either online, with the EZ Enrollment form or with a complete paper application. If you choose Lincoln or Ameriprise/RiverSource, you will work directly with an agent.
  – Fill out the Salary Reduction Agreement to indicate how much you want to contribute to your investment company(ies) every pay period. Submit the SRA to your human resources office. The SRA does not need to be completed if applying via the EZ Enrollment Form.
Retirement

Wisconsin Deferred Compensation

• Invest on either a pre-tax basis, an after-tax basis (Roth), or a combination of both. Includes a wide array of investment options
• Participation is voluntary.
• You make the entire contribution; there is no employer match.
• Change your contributions at any time.

Maximum Annual Contribution Limit:

  – If under age 50: $18,000
  – If age 50 or older at any time during the year: $24,000 (eligible for a $6,000 additional catch-up if you will be 50 or older at any time during the year)
Retirement

Wisconsin Deferred Compensation

• To enroll and make changes directly with Wisconsin Deferred Compensation (WDC). You can download and print either one of the below forms, then complete and submit it to the WDC office.


• Enrollment form (complete): https://www.fascore.com/PDF/wisconsin/enroll.pdf
Long-Term Care Insurance (LTCi) provides financial protection for the costs of long-term care.

- It covers services that are typically not covered by health insurance but are vital, such as walking, eating, bathing, etc.
- Coverage includes care in non-institutional settings, such as assisted living, adult day care, and in-home care.
- LTCi is available to you, your spouse or domestic partner, your parents and your spouse’s or domestic partner’s parents. Anyone covered by the plan must live in Wisconsin.
- You may apply directly to the vendor at any time.
- The Department of Employee Trust Funds (ETF) monitors the LTCi plans.
Miscellaneous Benefits

Employee Assistance Program

• The Employee Assistance Program (EAP) provides employees and their immediate family members with a free and confidential opportunity to address personal and work related concerns.

• For information about the program at your institution, please see https://www.wisconsin.edu/ohrwd/benefits/misc/#eap
Affordable Care Act (ACA) Non-Discrimination Notice

The UW System and the Department of Employee Trust Funds (ETF) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.
Questions?
Contact your human resources office!

Thank you for your participation!