

NEW EMPLOYEE BENEFIT ORIENTATION

2019



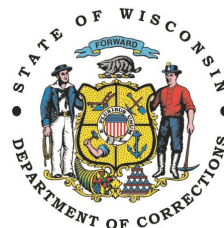


PAYROLL INFORMATION

PAYCHECKS

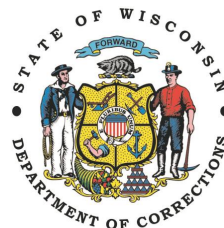
How Often	When	Where
<p>You are paid biweekly (every two weeks). See the Payroll Calendar and Deduction Calendar for details.</p> <p>There are 26 pay periods per year. They are labeled A, B, or C. No insurance, Employee Reimbursement Account or Health Savings Account deductions are taken on the C payrolls.</p>	<p>Paychecks are directly deposited on Thursdays <i>(if there is a legal holiday on Thursday, check deposit on Wednesday)</i></p>	<p>You must complete your Direct Deposit Information within the first two weeks of your hire date via employee self-service.</p> <p>Takes ~ 2 pay periods for direct deposit to activate – will receive paper checks initially</p>

See the [Payroll Employee Self Service webpage](#) for helpful job aids



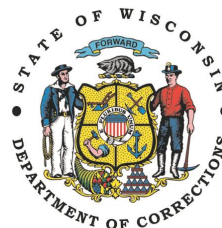
PAYROLL INFORMATION

- Should make State and Federal tax withholding elections within 10 days of hire. If no election made, withholding defaults to Single with 0 exemptions.
 - Federal (W4) and State of Wisconsin (WT4) withholding elections should be done through [employee self-service](#)



BENEFIT DEDUCTIONS

- Benefit deductions are taken from the first 2 paychecks payable each month (A and B payrolls). See [Deduction Schedule](#)
 - Monthly premiums are split evenly over the 2 checks
- During each year, there are 2 months in which we receive 3 paychecks (C payrolls). When this happens, the following deductions are the only benefit deductions taken from those checks:
 - Wisconsin Retirement System
 - Wisconsin Deferred Compensation
 - Vanpool and On-Site Parking Deductions
- Upon hire, additional insurance premium deductions may be necessary to bring you up to date depending on the timing of your enrollments and your insurance effective date.

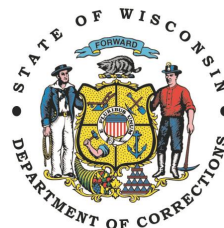




PAID LEAVE BENEFITS

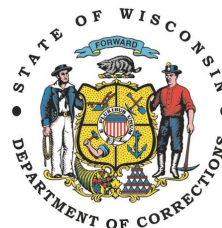
PAID LEAVE BENEFITS

- A variety of paid leave benefits are available
 - Vacation
 - Sick Leave
 - Personal Holiday
 - Legal Holiday
- Paid leave is prorated based on your appointment percentage/hours in pay status
- [DOC Leave Benefits Policy](#)



PAID LEAVE - VACATION

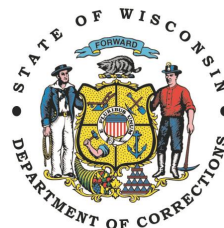
- Earned from the first day of employment but **cannot** be used during the first 6 months of an original appointment in state service
- Number of vacation hours based on FLSA status (exempt or non-exempt), years of service and appointment percentage
 - **What is FLSA status?** An employee is either exempt or non-exempt under the Fair Labor Standards Act. Non-exempt employees are eligible for overtime pay and exempt employee are not. Your FLSA status is listed in your appointment letter.
- At hire, total vacation hours granted are prorated based on hire date
 - New allotment of vacation hours granted at the start of each calendar year
- You will be able to carry over a maximum of 40 hours of unused vacation per year
 - Must be used by June 30th of the following calendar year
 - If hire date later in the year, may be able to carryover unused vacation past June 30th for the 1st year



PAID LEAVE - VACATION

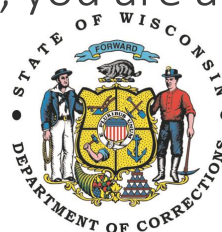
Years of Service	Annual Vacation Hours FLSA Non-Exempt	Annual Vacation Hours FLSA Exempt
During First 5 Years	104	120
5+ to 10 years	144	160
10+ to 15 years	160	176
15+ to 20 years	184	200
20+ to 25 years	200	216
25 and Over	216	216

Assumes 100% appointment percentage – prorated if part-time
Prorated during 1st year of employment based on hire date



PAID LEAVE - VACATION

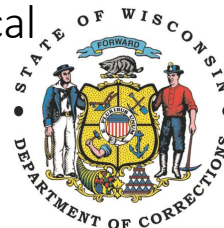
- If you use more vacation than you've earned, you will be required to pay it back (will be automatically deducted from check)
 - Vacation is granted at the start of the year on the assumption that you will work your full appointment percentage for the entire calendar year
 - Vacation allotment will be prorated (reduced) if:
 - You term employment mid-year, your vacation is prorated based on your termination date
 - You are on an unpaid leave of absence – See [Leave of Absence Policy](#)
- Once eligible, you may put from 40 up to 120 hours of your unused vacation hours in to a Sabbatical Account
 - Once in Sabbatical, hours do not expire and may be used like other paid leave hours
 - Employees will be notified in November of each year if eligible to participate in the Sabbatical leave program
- Once you earn 200 hours of vacation per year, you are also eligible to receive up to 40 hours of unused vacation as a cash payment



PAID LEAVE – SABBATICAL AND VACATION CASH-OUT ELIGIBILITY

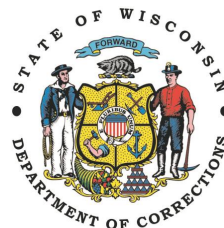
Years of Service	FLSA Non-Exempt # Hours that Can Be Put in Sabbatical	FLSA Non-Exempt # Hours that Can Be Cashed Out	FLSA Exempt # Hours that Can Be Put in Sabbatical	FLSA Exempt # Hours that Can Be Cashed Out
During First 5 Years	0*	0	0*	0
5+ to 10 years	0*	0	40	0
10+ to 15 years	40	0	40	0
15+ to 20 years	40	0	80	40
20+ to 25 years	80	40	120	40
25 and Over	120	40	120	40

***Note:** If you earn < 160 hours of vacation per year **AND** you have at least 520 of accumulated sick leave, you are eligible to put up to 40 hours of unused vacation in to Sabbatical



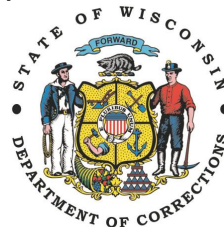
PAID LEAVE – SICK LEAVE

- Earn 5 hours of sick leave per pay period
 - Will never earn more than 5 hours per pay period (130 hours/year)
 - Prorated if part-time or on partial or full leave without pay
- Unused sick leave accumulates from year to year – no limit on accumulation
- There is no cash value (is not paid out at termination)
- Other Benefits of Sick Leave
 - Unused sick leave may be [converted to credits](#) to pay for state health insurance upon retirement (if eligible)
 - Sick leave balance may help reduce your premiums for Income Continuation Insurance (a benefit mentioned later in the presentation)
 - Sick leave balance of 520 hours will allow you to put unused vacation in sabbatical



PAID LEAVE – PERSONAL HOLIDAY

- Employees granted 4.5 days (36 hours) of Personal Holiday at hire and at start of every calendar year (pro-rated if part-time)
- Personal Holiday may be used starting on the first day of employment
- Must be used by end of calendar year or it is lost (limited exceptions if late year hire)
- If you resign within the first 6 months of employment, must pay back all personal holiday used
- If you are terminated by the employer within the first 6 months of employment, must pay back a prorated amount of used personal holiday based on your hire date

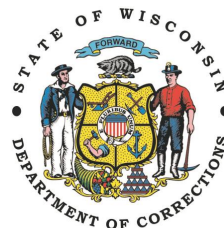


PAID LEAVE – LEGAL HOLIDAYS

The state provides 9 paid Legal Holidays (72 hours) every calendar year

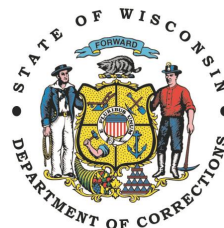


New Year's Day (January 1)	Thanksgiving Day (Fourth Thursday in November)
Martin Luther King Jr.'s Birthday (Third Monday in January)	Christmas Eve Day (December 24)
Memorial Day (Last Monday in May)	Christmas Day (December 25)
Independence Day (July 4)	New Year's Eve Day (December 31)
Labor Day (First Monday in September)	



PAID LEAVE – LEGAL HOLIDAYS

- If Legal Holiday falls on a Sunday, state office buildings are closed on the following Monday
- If Legal Holiday falls on a Saturday or if scheduled to work on a Legal Holiday, you are granted floating legal holiday hours that may be used at any time
 - Floating Legal Holiday hours must be used by the end of the calendar year or they are lost
- Eligibility for paid legal holiday
 - Must be an employee on the holiday; and
 - Must be in pay status on the last scheduled workday immediately preceding the holiday or immediately following the holiday

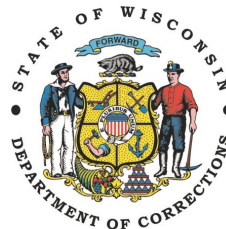


OTHER LEAVE BENEFITS

Other leave benefits may include:

- Jury Duty
- Workers Compensation
- Military Leave
- Organ/Tissue Donor
- Catastrophic Leave
- Exam and Interview Time
- Poll Worker
- Voting
- Family and Medical Leave Act (FMLA)
- Leave of absence without pay (LWOP)

For more details, see your payroll and benefits department





EMPLOYEE BENEFIT INFORMATION

ENROLLMENT PERIOD AND EFFECTIVE DATES

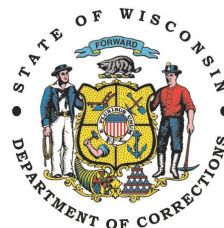
Employees have 30 days from the date of hire to enroll in or waive all benefit plans via eBenefits

Coverage Effective Dates

1 st of Month on or Following Hire Date	1 st of Month on or Following 30-Day Enrollment Period	1 st of Month on or Following 2 Months
<ul style="list-style-type: none">• State Group Health Insurance (if employee has prior state service or enrolls in coverage before eligible for employer contribution towards premium)• Health Savings Account – effective when state health insurance begins (if enrolling High Deductible Health Plan)• Income Continuation Insurance (ICI)• Delta Dental PPO Plan (Supplemental Dental)• VSP Vision Insurance• Employee Reimbursement Accounts• Health Insurance Opt-Out Stipend if employee has at least 2 months of eligible state service at hire	<ul style="list-style-type: none">• State Group Life Insurance• Accidental Death & Dismemberment Insurance	<ul style="list-style-type: none">• State Group Health Insurance (if employee has no prior service and waits for employer contribution towards premium)• Health Savings Account – effective when health insurance begins (if enrolling High Deductible Health Plan)• Health Insurance Opt-Out Stipend if employee has no eligible prior state service

ONGOING BENEFIT ENROLLMENT OPPORTUNITIES

- There are limited opportunities to enroll in benefits outside of the 30-day new hire enrollment period
- Able to make changes to some (not all) benefits if you have a qualifying life event (ex. marriage, divorce, birth...)
 - Must make updates to benefits **typically within 30 days of life event**
 - See the [Life Changes and My Benefits page](#) for details
 - [Paper applications](#) are required for life event changes
- Annual open enrollment period in the fall of each year, usually in October, allows for changes to most benefits effective January 1st of next year
 - State Group Life Insurance and Income Continuation Insurance are **NOT** part of Annual Open Enrollment



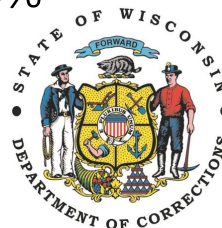


WISCONSIN RETIREMENT SYSTEM (WRS)

WISCONSIN RETIREMENT SYSTEM (WRS)

OVERVIEW

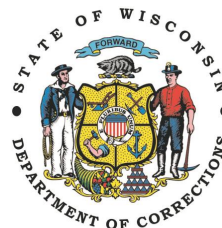
- Administered by the Department of Employee Trust Funds (ETF)
- Provides retirement (pension) benefits to state and local employees [IRS 401(a) Plan]
- Participation is mandatory for eligible employees (enrollment is automatic)
- Employees and employers are required to make contributions to their WRS account.
 - Employee contributions are pre-tax deductions
 - WRS contributions are automatically deducted from paycheck for all covered earnings
- The required employee and employer [contribution rates](#) are updated annually.
 - 2019 employee contribution rate = 6.55%



WISCONSIN RETIREMENT SYSTEM (WRS)

OVERVIEW

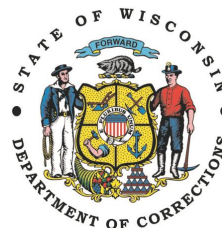
- **Vesting requirement:** If you begin WRS employment on or after 7/1/2011, you must have 5 years of WRS creditable service before you are vested in the WRS.
 - **What is vesting?** Once vested, at termination or retirement, you are eligible to receive a benefit based on the full value of your WRS account (employee + employer contributions + interest).
 - If you term employment prior to meeting the vesting requirement, if you remove your funds from the WRS, it will only include employee contributions + interest
 - Once vested, minimum retirement age is 55 for most employees (50 if covered by protective retirement category)
- Can NOT rollover funds from other retirement account in to the WRS
- In addition to retirement benefits, the Wisconsin Retirement System also provides:
 - [Separation Benefits](#)
 - [Disability Benefits](#)
 - [Death Benefits](#)
 - See the [Your WRS Benefits video](#) on the ETF website, for more information



WISCONSIN RETIREMENT SYSTEM (WRS)

CORE VS. VARIABLE FUND

- Two funds available under the WRS:
 1. Core Fund: 50% stocks, 50% fixed income and other assets - returns are averaged over a 5-year period so there is less variability
 2. Variable Fund: 100% stocks (Optional) – returns are realized annually so there is more variability
- All contributions invested in the Core Fund unless you elect to participate in the Variable Fund
- To participate in the Variable Fund, complete an [Election to Participate in Variable Fund](#) form and submit to ETF
 - Will invest 50% of your WRS contributions to the Variable and 50% to the Core Fund.
 - If you want to enroll immediately in the Variable Fund, must submit form to ETF within 30 days of hire. Enrollments received after this date will be effective on the 1st of the following year
- Resources
 - [Variable Fund Brochure](#)
 - [Core and Variable Fund Comparison](#)



WISCONSIN RETIREMENT SYSTEM (WRS)

- Employees may make voluntary, [post-tax additional contributions](#) to their WRS account
 - Post-tax contributions only
 - May be set up via payroll deduction or submit directly to ETF via personal payment
 - No matching employer contribution
 - No access to funds until termination of employment and you receive a WRS benefit
- WRS investments are managed by the [State of Wisconsin Investment Board \(SWIB\)](#)
- Historical returns are posted on [ETF's website](#)
- Will receive an [Annual Statement of Benefits](#) in April of each year (paper statement – not available online)
 - Interest applied annually





STATE GROUP HEALTH INSURANCE

HEALTH PLAN DESIGN

PRESCRIPTION COVERAGE

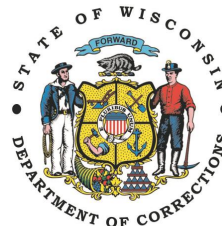
UNIFORM DENTAL

HEALTH INSURANCE OPT OUT STIPEND

WELLNESS BENEFITS AND INCENTIVE

STATE GROUP HEALTH INSURANCE OVERVIEW

- Health Insurance Coverage
 - Comprehensive medical and prescription coverage
 - Preventive dental coverage available for minimal additional cost (Uniform Dental)
- Uniform Benefits
 - All plans offer the same benefits but the health plan determines the provider network and the plan design determines cost-sharing
- Effective Date
 - No prior service under the Wisconsin Retirement System (WRS)
 - Eligible for the employer contribution towards premium on the 1st of the month on or following the completion of 2 months of State WRS service
 - May have coverage on the 1st of the month on or following hire date and employee will pay full premium for first 2 months of coverage
 - At least 2 months of WRS service
 - Coverage effective on the 1st of the month on or following hire date with employer contribution
- Annual opportunity in the Fall of each year, usually October, to enroll, opt-out or make changes to coverage during It's Your Choice Open Enrollment period
- If you waive health insurance coverage, may be eligible for the Opt-Out Stipend.
- Administered by the Department of Employee Trust Funds



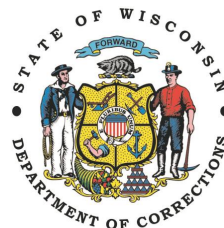
DECIDING WHEN TO BEGIN COVERAGE

- Items to consider if **NOT** immediately eligible for employer contribution towards health insurance
 - Can I afford state health insurance with no employer contribution?
 - Single coverage **monthly** premium range for most plans = \$600 - \$800
 - Family coverage **monthly** premiums range for most plans = \$1300 - \$2000
 - What is cost of COBRA coverage from former employer and enrollment deadline?
 - Do you have coverage through a significant other or parent?
 - What is the cost of coverage through the [Health Insurance Marketplace](#)?
 - What are expected medical expenses until eligible for employer contribution?

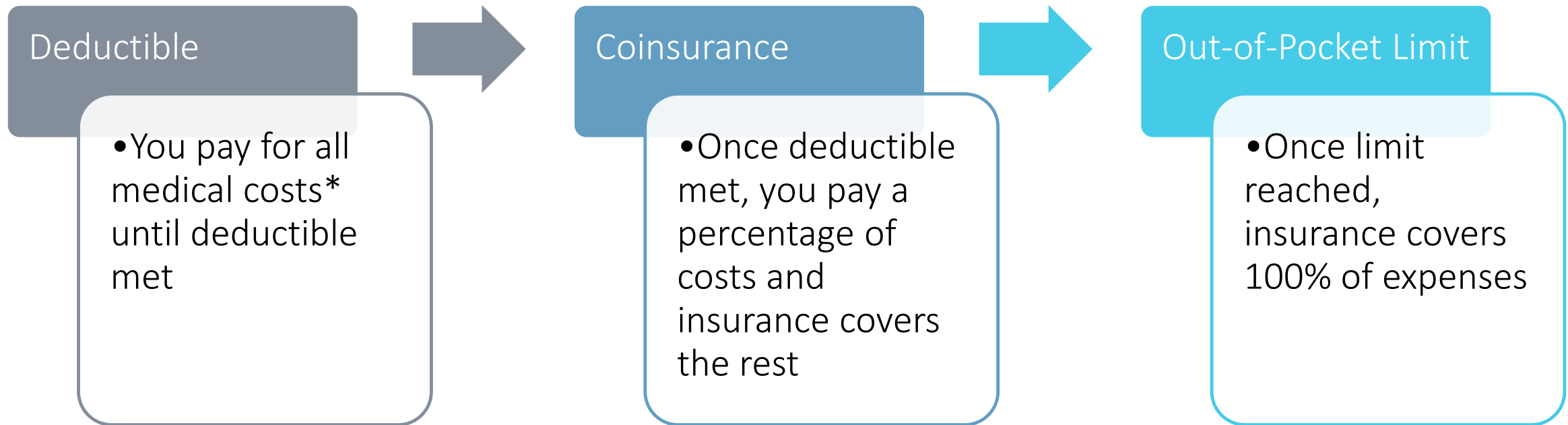


UNDERSTANDING OUT-OF-POCKET COSTS

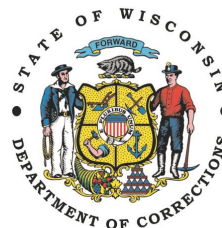
- **Annual Deductible:** the amount you will pay out-of-pocket for covered services on an annual basis before the health plan begins to pay
- **Co-payment (Copay):** a fixed amount you will pay for a covered service
- **Co-insurance:** your share of the costs of a covered health care service, calculated as a percentage (ex. you pay 10% of cost and insurance plan pays 90%)
- **Out-of-Pocket Limit (OOPL):** the most you could pay for covered services during a calendar year. After this limit is met, the plan will typically pay 100% of the allowed amount.



UNDERSTANDING OUT-OF-POCKET COSTS



** Preventive services as defined by the Affordable Care Act are covered at 100% and not subject to the deductible*



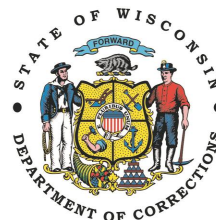
Copays do not count towards the deductible, but they do apply to the Out-of-Pocket Limit

HEALTH INSURANCE PLAN DESIGNS

- Before selecting a specific health plan, you need to pick a health plan design
 1. It's Your Choice Plan (low deductible) or High Deductible Health Plan (HDHP)
 2. Specific provider network (IYC Health Plan) or a nationwide network (Access)
 3. With or Without Uniform Dental coverage

Resources

- [Steps to Choosing Your Benefits](#)
- [Breakdown of Your Costs](#)
- [Your Plan Design Options video](#) - *includes case studies that show cost differences between IYC (low deductible) and High Deductible health plans*



DECISION 1 – ENROLL IN A LOW OR HIGH DEDUCTIBLE HEALTH PLAN?

High Level Summary of IYC (Low) vs High Deductible Plans

	IYC Health Plan (low deductible)	High Deductible Health Plan (HDHP)
Annual Medical Deductible	\$250 individual \$500 family <i>After an individual within a family plan meets the \$250 deductible, benefits apply as described below.</i>	\$1,500 individual \$3,000 family <i>If in family coverage, must meet full family deductible before benefits apply as described below.</i>
Office Visit Co-Pay (non-specialty)	\$15 (not subject to deductible)	Full cost until deductible met; \$15 thereafter
Office Visit Co-Pay (specialty)	\$25 (not subject to deductible)	Full cost until deductible met; \$25 thereafter
Annual Out-of-Pocket Limit	\$1,250 individual \$2,500 family	\$2,500 individual \$5,000 family
Routine, preventive services required by law	Plan pays 100%, not subject to deductible (as defined by the Affordable Care Act)	
Co-insurance for illness or injury services (in addition to co-payment)	After deductible, plan pays 90%, you pay 10% up to out-of-pocket limit	

ARE YOU ELIGIBLE FOR A HIGH DEDUCTIBLE HEALTH PLAN & HEALTH SAVINGS ACCOUNT (HSA)?

- [HDHP/HSA Eligibility](#)
 - Employee (subscriber) must NOT be covered by any other health insurance, including Medicare Part A
 - Employee (subscriber) can't be claimed as a dependent on another person's tax return (unless it's your spouse)
 - Employee (subscriber) can't be over 65 years of age (unless enrollment in all parts of Medicare is deferred)
 - As long as the subscriber (employee) meets the HDHP eligibility requirements, the employee can enroll in single or family coverage
 - Even if a covered family member is eligible for Medicare or covered by other insurance, they can still be covered as a dependent on an HDHP.
 - Must enroll in HSA if enrolling in HDHP
 - If you don't want to contribute anything yourself to the HSA (just receive employer contribution), must enroll in HSA with \$0 annual contribution



HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTIONS

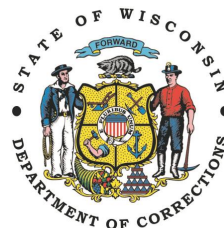
- A Health Savings Account is used to set aside money on a pre-tax basis to pay for [eligible medical expenses](#) for employees in an HDHP only
- If eligible for the employer contribution towards health insurance, receive employer contribution towards HSA
- If enrolled in a High Deductible Health Plan, must enroll in a Health Savings Account (HSA) - only employees enrolled in a HDHP may enroll in an HSA. **Must re-enroll in HSA every year!!**

	HSA Employer Contribution*	HSA Total Annual Contribution Limit (Employee + Employer)
Single Health Coverage	\$750/year if covered all year (\$31.25 bi-weekly/\$62.50 monthly)	\$3,500
Family Health Coverage	\$1,500/year if covered all year (\$62.50 bi-weekly/\$125.00 monthly)	\$7,000
	If required to pay half of total health insurance premium, receive half of total HSA employer contribution	Age 55 or older = \$1,000 catch-up contribution limit



DECISION 2 - IT'S YOUR CHOICE (IYC) HEALTH PLAN OR ACCESS PLAN?

- IYC Plans
 - Most cost effective option (lowest premium and [lower out-of-pocket costs](#))
 - Regional plans within Wisconsin that have a certain set of providers associated with them
 - Urgent and emergency services covered out-of-network
 - See the [Health Plan Search](#) page to verify which plans are available in your area
- [Access Plan](#)
 - Nationwide network
 - In and out-of-network services covered at different levels
 - [Higher out-of-pocket costs](#)
 - Greater access = higher premium



DECISION 3 – SELECT YOUR HEALTH PLAN

Go to the [Health Plan Search](#) to determine which providers are available in your area

Filters

Use the filter fields to narrow the results shown.

Where You Want to Get Care

Dane County

Type a county or state and then select it from the drop-down that appears

Coverage Area

Local

Plan Type

Non-Medicare

Submit

Dean Health Insurance



Provider Directory

Major Health Systems

- SSM Health Hospitals and Dean Medical Group
- Agnesian HealthCare
- Columbus Community Hospital
- Fort HealthCare
- Monroe Clinic Hospital & Clinics

Full Service Areas

Adams County, Columbia County, Dane County, Dodge County, Fond Du Lac County, Grant County, Green County, Green Lake County, Iowa County, Juneau County, Lafayette County, Marquette County, Richland County, Rock County, Sauk County, Walworth County, Waukesha County

Limited Service Areas

Crawford County, Vernon County, Illinois, Iowa

Group Health Cooperative of South Central Wisconsin



Provider Directory

Major Health Systems

- GHC-SCW Primary Care Clinics
- UW Hospital
- American Family Children's Hospital
- Meriter Hospital
- UW Medical Foundation

Full Service Areas

Columbia County, Dane County, Sauk County

- Type the county where services will be received
- Available health plans and their major health systems will appear on page
- Click on the button to access provider directory

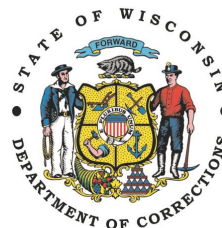
DECISION 4 – DO YOU NEED UNIFORM DENTAL?

For a small additional health insurance premium (\$3/month for single and \$8/month for family), can include preventive dental coverage in your health insurance

	Uniform Dental Benefit
Network	Delta Dental PPO and Delta Dental Premier
Annual Deductible	\$0
Individual Annual Maximum	\$1,000/person
Diagnostic & Preventive Services (exams, cleanings, fluoride, x-rays, spacers, sealants)	100%
Basic & Major Services Fillings Anesthesia (general & IV sedation) Emergency pain relief, periodontal maintenance	100% 80% 80%
Major & Restorative Services Implants, crowns, bridges, dentures, partials Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery Non-surgical extractions (above gumline)	No coverage No coverage 90%
Orthodontic Services Coverage Lifetime Maximum	50% (under age 19) \$1,500

PRESCRIPTION COVERAGE

- All health plans include prescription coverage
- Prescription benefits are administered by Navitus (will receive a prescription card from Navitus)
- If enrolled in a High Deductible Health Plan or Access (not required to work out of state), must meet annual deductible before benefits are paid
- For full details, see the [Pharmacy Breakdown of Your Costs](#) page
- [Saving on Your Prescriptions](#) video
- Mail order pharmacy available – [Serve You](#)
- The [Navi-Gate website](#) has tools to help you determine the cost of your prescriptions.



PRESCRIPTION COVERAGE SUMMARY

	IYC Plan	HDHP Plan (benefits below are AFTER deductible is met)
Deductible	\$0	Combined medical/Rx deductible \$1,500 individual \$3,000 family
Level 1 Copay	\$5	\$5
Level 2 Coinsurance	20% (\$50 max)	20% (\$50 max)
Level 3 Coinsurance *	40% (\$150 max)	40% (\$150 max)
Level 4 Specialty Copay	\$50 (Must fill at specialty pharmacy)	\$50 (Must fill at specialty pharmacy)
Levels 1 & 2 Out-of-Pocket Limit (OOPL)	\$600 individual \$1,200 family	Included in Medical OOPL
Level 3 Out-of-Pocket Limit*	\$6,850 individual \$13,700 family	Included in Medical OOPL
Level 4 Out-of-Pocket Limit	\$1,200 individual \$2,400 family	Included in Medical OOPL

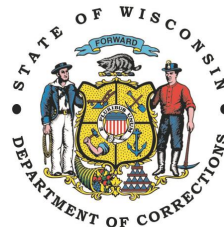
* Level 3 "Dispense as Written" or "DAW-1" drugs may cost more

2019 EMPLOYEE HEALTH PREMIUMS

LOW DEDUCTIBLE (NON-HDHP) HEALTH PLANS

Plan	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
IYC Plan with Dental	\$88.00	\$44.00	\$219.00	\$109.50
IYC Plan without Dental	\$85.00	\$42.50	\$211.00	\$105.50
Access with Dental (required to work out of state)	\$138.00	\$69.00	\$347.00	\$173.50
Access without Dental (required to work out of state)	\$135.00	\$67.50	\$339.00	\$169.50
Access with Dental	\$266.00	\$133.00	\$664.00	\$332.00
Access without Dental	\$263.00	\$131.50	\$656.00	\$328.00

[2019 Total Premiums \(all plans\)](#)



2019 EMPLOYEE HEALTH PREMIUMS

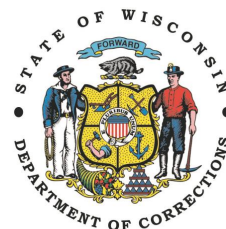
HIGH DEDUCTIBLE HEALTH PLANS

Plan	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
HDHP Plan with Dental	\$33.00	\$16.50	\$82.00	\$41.00
HDHP Plan without Dental	\$30.00	\$15.00	\$74.00	\$37.00
HDHP Access with Dental (required to work out of state)	\$83.00	\$41.50	\$210.00	\$105.00
HDHP Access without Dental (required to work out of state)	\$80.00	\$40.00	\$202.00	\$101.00
HDHP Access with Dental	\$211.00	\$105.50	\$527.00	\$263.50
HDHP Access without Dental	\$208.00	\$104.00	\$519.00	\$259.50



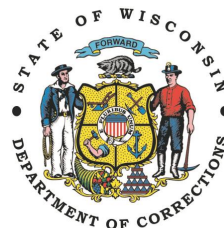
2019 HEALTH INSURANCE RESOURCES

- [State Health Insurance Landing Page](#)
- [2019 It's Your Choice Decision Guide](#)
- [Health Plan Search](#)
- [Guide to Office Visit Copayments](#)
- [eLearnings](#)
- [Certificates of Coverage](#)



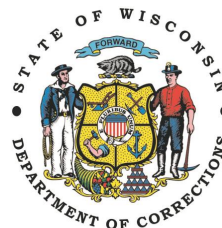
HEALTH INSURANCE OPT-OUT STIPEND

- If not enrolling in health insurance, you may be eligible for up to a \$2,000 opt-out stipend (prorated based on eligibility)
- Eligibility requirements
 - Must not be covered by state health insurance as an employee, spouse or child; and
 - Must NOT be a craftworker; and
 - If you were employed by the state in 2015 and were eligible for the employer contribution towards health insurance, you did NOT waive coverage in 2015
 - Must be eligible for employer contribution towards health insurance
- Stipend is considered taxable earnings but the earnings do not count towards the Wisconsin Retirement System.
- How to Apply
 - ➔ ○ Waive health insurance in eBenefits and complete a [paper health insurance application](#) (sections 1, 12, and 13) **within the first 30 days of employment** and submit completed application to your local payroll and benefits office..
 - **MUST RE-APPLY FOR THE OPT-OUT STIPEND EVERY YEAR** during Open Enrollment in eBenefits.



WELLNESS INCENTIVE

- StayWell administers wellness incentive and other wellness benefits
- If covered by State Group Health insurance, both you and your spouse may each earn a \$150 Wellness Incentive by completing the following through the [StayWell website](#):
 - An online health assessment; and
 - A health screening; and
 - A well-being activity
- Incentive paid either via physical prepaid Visa card or an electronic prepaid Visa card
- Incentive is a taxable benefit – taxes will be withheld from a single paycheck
- Provides health coaching, fitness tracking, webinars, and other health resources





STATE GROUP LIFE INSURANCE

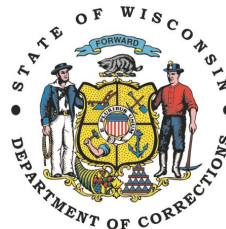
GROUP TERM LIFE INSURANCE



STATE GROUP LIFE INSURANCE COVERAGE AMOUNTS AND PREMIUMS

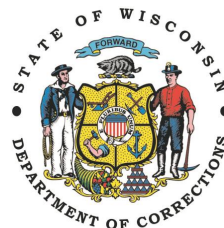
Group term life insurance available to state employees

- Employee coverage
 - Coverage amount based on annual salary
 - May select coverage of 1-5x salary
 - Basic = 1x salary
 - Basic + Supplemental = 2x salary
 - 1 – 3 units of Additional Coverage (3 – 5x salary when Basic + Supplemental are also selected)
 - Premiums based on age, annual salary and coverage amount
 - State contributes toward Basic and Supplemental premiums
 - Coverage amount reviewed and updated annually based on highest year WRS-covered earnings
- Spouse & Dependent Coverage
 - Select 1 or 2 units of coverage
 - 1 unit = \$10,000 spouse coverage/\$5,000 child coverage (\$2.50/month)
 - 2 units = \$20,000 spouse coverage/\$10,000 child coverage (\$5/month)
 - Covers spouse and all eligible dependents under age 26



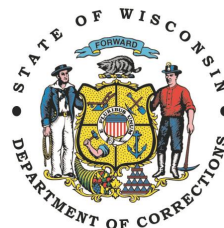
STATE GROUP LIFE INSURANCE ADDITIONAL BENEFITS

- The following benefits are included in coverage:
 - Accidental Death & Dismemberment benefits
 - If death is accidental, employee death benefit payable is doubled
 - Benefits payable due to loss of or loss of use of hand, foot or eye
 - [Living Benefits](#)
 - May receive benefits if life expectancy is 12 months or less
 - Premiums may be waived if you become disabled
- Resources
 - [Beneficiary Designation](#)
 - [Brochure](#)
 - [Premiums](#)



STATE GROUP LIFE INSURANCE OTHER ENROLLMENT OPPORTUNITIES

- If you do not enroll when initially eligible, you may enroll:
 - Within 30 days of gaining a dependent (ex. marriage, birth...)
 - May enroll in Basic coverage, if not enrolled;
 - May enroll in Spouse & Dependent coverage, if not enrolled or may add 1 level of Spouse & Dependent coverage
 - Anytime through Medical Evidence of Insurability
 - Requires a medical background review which is completed by the plan's underwriter, Securian Financial Group.
 - Enrollment is not guaranteed
 - May increase coverage



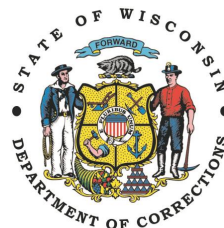
STATE GROUP LIFE INSURANCE OTHER ENROLLMENT OPPORTUNITIES (CONTINUED)

- If you currently have coverage, you may increase or add coverage:
 - Within 30 days of a Life Event or gaining a dependent (ex. marriage, birth...)
 - May add 1 level of employee coverage
 - May add 1 or 2 levels of Spouse and Dependent coverage
 - Anytime through Medical Evidence of Insurability
 - May request coverage increase
- Employee coverage continues at retirement
 - At age 65 (and retired), reduced BASIC coverage continues at no cost



LIFESTYLE BENEFITS PROVIDED BY SECURIAN

- All employees and their family members, not just those enrolled in State Group Life Insurance, are eligible for the following Lifestyle Benefits from Securian (no enrollment required)
 - Legal, financial and grief resources
 - Travel assistance
 - Legacy planning resources
 - Beneficiary financial counseling
- See the [Lifestyle Benefits brochure](#) for details and log in information



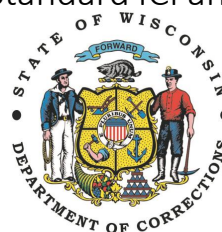


INCOME CONTINUATION INSURANCE (ICI)

SHORT AND LONG-TERM DISABILITY INSURANCE

ICI SUMMARY

- Income Continuation Insurance (ICI) may replace up to 75% of your income if unable to work due to short or long-term disability
- Administered by the Department of Employee Trust Funds and underwritten by The Hartford
- Two Coverage Levels:
 - Standard ICI covers annual earnings up to \$64,000
 - Supplemental ICI covers annual earnings from \$64,001 to \$120,000
 - If eligible for Supplemental Coverage an option to enroll will appear in eBenefits
- [ICI premiums](#) are determined by your WRS-covered annual salary and your accumulated sick leave balance (the higher your sick leave balance, the lower the premium)
 - Premiums are adjusted annually for February coverage
- If you file an ICI claim, benefit payments will begin after 30 calendar days or after you exhaust all of your sick leave, up to a maximum of 1040 hours, whichever is longer.
- Maximum monthly ICI benefit is up to \$4,000 if enrolled in Standard ICI and up to \$7,500 if enrolled in Standard and Supplemental ICI.

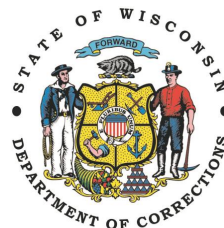


INCOME CONTINUATION INSURANCE OTHER ENROLLMENT OPPORTUNITIES

- If you do not enroll in ICI at hire, you may enroll through Deferred Enrollment if you become eligible based on your sick leave accrual. You will be eligible for deferred enrollment:
 - The 1st time you qualify for Premium Category 3 by earning **and** retaining 80 or more hours of sick leave in the previous calendar year (prorated if part-time)
 - The 1st time you accumulate 520 or 728 hours of sick leave by the end of the previous calendar year
 - In any year that you accumulate 1,040 hours of sick leave.

NOTE: You will receive notification, if eligible for Deferred Enrollment

- May apply for coverage anytime through Evidence of Insurability
 - Subject to underwriter approval – enrollment not guaranteed
- For more information, visit ETF's [Income Continuation Insurance Page](#)





DENTAL INSURANCE

UNIFORM DENTAL BENEFITS

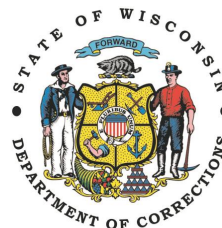
DELTA DENTAL PPO – SELECT PLAN

DELTA DENTAL PPO – SELECT PLUS PLAN



DELTA DENTAL SUMMARY OF BENEFITS

- Both the Uniform Dental Benefit (part of Health Insurance) and the Supplemental Dental Plan are administered by Delta Dental
- Employees may enroll in Uniform Dental and/or one of the two supplemental plan options:
 - Delta Dental PPO – Select Plan
 - Delta Dental PPO Plus Premier – Select Plus Plan
- Delta Dental PPO is a true supplemental dental plan – wraps around Uniform Dental Benefits
 - Not required to be enrolled in Uniform Dental, but the Delta Dental PPO Plan will not provide coverage that is available under Uniform Dental
 - Once enrolled, must be enrolled for entire year. Changes may only be made during open enrollment or if you have a qualifying life event



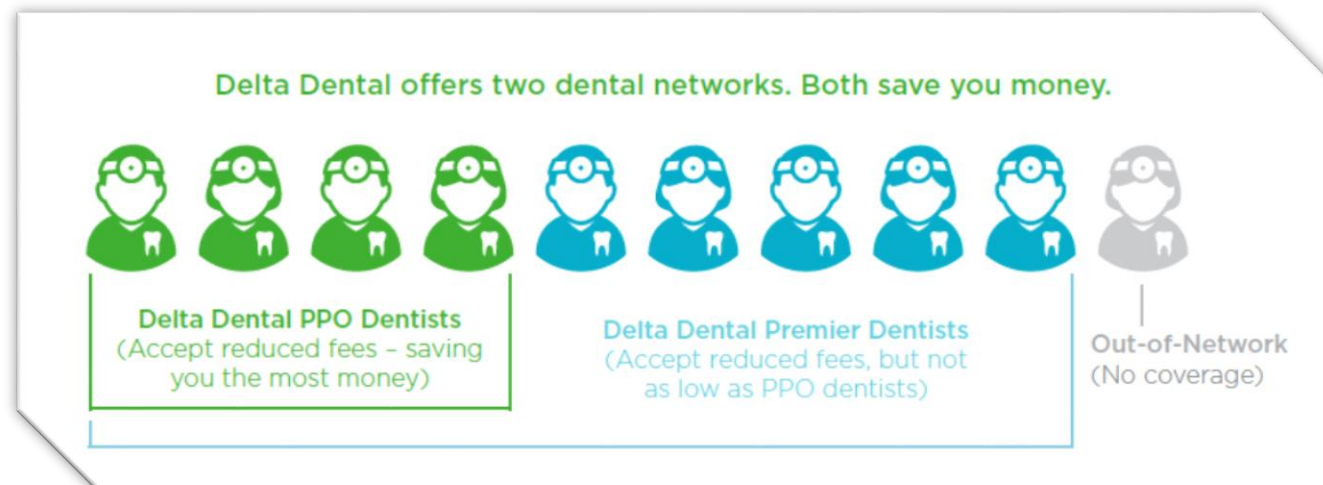
SUMMARY OF DENTAL BENEFITS AVAILABLE

	Uniform Dental Benefit	Delta Dental PPO - Select Plan	Delta Dental PPO - Select Plus Plan
Network	Delta Dental PPO and Delta Dental Premier	Delta Dental PPO Only	Delta Dental PPO and Delta Dental Premier
Annual Deductible	\$0	\$100/person	\$25/person
Individual Annual Maximum	\$1,000/person	\$1,000/person	\$2,500/person
Diagnostic & Preventive Services (exams, cleanings, fluoride, x-rays, spacers, sealants)	100%	No coverage	No coverage
Basic & Major Services			
Fillings	100%	No coverage	No coverage
Anesthesia (general & IV sedation)	80%	50%	80%
Emergency pain relief, periodontal maintenance	80%	No coverage	No coverage
Major & Restorative Services			
Implants, crowns, bridges, dentures, partials	No coverage	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage	50%	80%
Non-surgical extractions (above gumline)	90%	No coverage	No coverage
Orthodontic Services			
Coverage	50% (under age 19)	No coverage	50% (regardless of age)
Lifetime Maximum	\$1,500	No coverage	\$1,500 (in addition to Uniform Dental Benefit)

DELTA DENTAL NETWORK DIFFERENCES

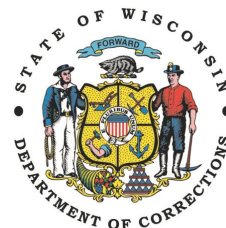
- Delta Dental PPO
 - Offers significant fee reduction (lower out-of-pocket costs)
 - Only network available in the Select Plan
 - One of the networks available in Uniform Dental & Delta Dental PPO Select Plus Plan
- Delta Dental Premier
 - 90% of dentists in this network but the cost savings is not as significant
 - One of the networks available in Uniform Dental & Delta Dental PPO Select Plus Plan

[Provider Search Page](#)



DELTA DENTAL RESOURCES

- [Delta Dental website](#)
- [2019 Delta Dental information](#)
- [How Uniform and Supplemental Dental Work Together](#)
- [Benefits of Supplemental Dental Insurance Video](#)
- [Provider search](#)
- Evidence Based Integrated Care Plan
 - [Summary](#)
 - [Member enrollment guide](#)



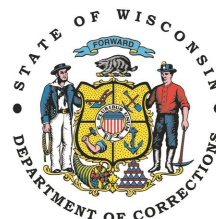
2019 DELTA DENTAL MONTHLY PREMIUMS

Delta Dental PPO – Select Plan

Coverage level	Premium
Employee	\$8.55
Employee + Spouse	\$17.10
Employee + Child(ren)	\$11.54
Family	\$20.52

Delta Dental PPO – Select Plus Plan

Coverage level	Premium
Employee	\$16.19
Employee + Spouse	\$32.38
Employee + Child(ren)	\$29.95
Family	\$49.38





VSP VISION INSURANCE

VSP VISION INSURANCE

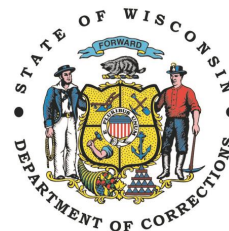
- Supplemental vision plan that provides partial coverage for an eye exam (also a covered benefit under state health insurance), glasses, contacts
- Offers savings on services such as prescription sunglasses, retinal screenings and laser vision correction
- Includes KidsCare Plan
 - Coverage for 2 exams/year
 - Coverage for child-friendly, impact resistant lenses
 - Additional lenses fully covered when needed
 - Savings on additional pairs of glasses
- May only cancel or make a change during annual open enrollment period, unless you experience a qualifying life event

Resources

- [VSP Summary of Benefits](#)
- [VSP Website](#)
- [Provider Directory](#)
- [Member Login](#)

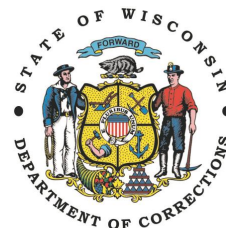
Note: You will NOT receive an ID card upon enrollment. Provide your Employee ID number to your eyecare provider when you receive services

- Employee ID number is located on your timesheet and your paycheck



2019 VSP VISION MONTHLY PREMIUMS

Coverage Level	Premium
Employee	\$6.38
Employee + Spouse	\$12.76
Employee + Child(ren)	\$14.38
Family	\$22.98





ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

ACCIDENTAL DEATH & DISMEMBERMENT LIFE INSURANCE (AD&D)

- Provides accidental death and dismemberment coverage, as well as added benefits such as:
 - Identity Theft Protection
 - [LifeStages Identity Management Services from CyberScout](#)
 - [CyberScout Knowledge Center](#)
 - Travel assistance, including medical evacuation (see [brochure](#) for log in details)
 - Spousal education and daycare expenses due to covered losses
 - Home or vehicle alteration for accessibility (10% up to \$50,000)
- Coverage level = 3 or 5 times your annual salary**
 - **Maximum benefit cap of \$500,000 for subscriber, \$300,000 for covered spouse and \$50,000 for each covered child
- Can cancel or make a change only during annual open enrollment period unless you experience a qualifying life event
- Additional plan details can be found on the [Zurich website](#)



AD&D SAMPLE OF BENEFITS

Coverages and Benefits Provided

Accidental Death and Accidental Dismemberment and Covered Loss of Use Benefit

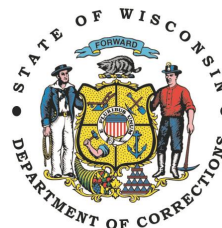
Any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown:

Loss of:	Benefit Amount
Life	100% of benefit amount
Both hands or both feet.....	100% of benefit amount
One hand and one foot	100% of benefit amount
One hand or one foot	
plus the sight of one eye	100% of benefit amount
Sight of both eyes	100% of benefit amount

Loss of Use of:	Benefit Amount
Four Limbs.....	150% of benefit amount
Three Limbs	75% of benefit amount

Loss of:	Benefit Amount
Speech and Hearing	100% of benefit amount
Speech or Hearing.....	50% of benefit amount
One hand, one foot, or sight of one eye	50% of benefit amount
Thumb and index finger of the same hand	25% of benefit amount

Loss of Use of:	Benefit Amount
Two Limbs.....	66.67% of benefit amount
One Limb.....	50% of benefit amount

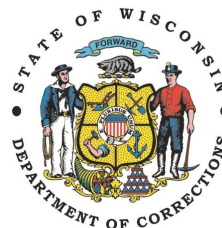


AD&D SAMPLE OF BENEFITS

Benefit or Coverage	Percentage of Principal Sum	Maximum Benefit Amount:
(*) are for the Insured employee only.		
Coma Benefit.....	1%	Payable up to 12 months with the Balance in a Lump Sum
Critical Burn Benefit.....	10%	\$25,000
Permanent and Total Disability Benefit*	1%	Up to 100 months
Carjacking Benefit	10%	\$50,000
Continuation of Insurance Benefit*	Up to twelve (12) months	
Day Care Benefit	3%	\$5,000
Exposure and Disappearance	100%.....	Lump Sum
(If the conveyance in which a covered person is riding disappears, is wrecked, or sinks, and he or she is not found within 365 days of the event, under the terms of the policy, we will pay the covered person's benefit amount, subject to all policy terms.)		
Felonious Assault Victim Benefit*	20%	
Hearing Aid or Prosthetic Device Benefit.....	10%	\$15,000
Higher Education Benefit*	10%	\$50,000
If no child qualifies, an additional \$1,000 will be awarded to your designated beneficiary.		
Home Alteration and Vehicle Modification Benefit.....	10%	\$50,000
Natural Disaster Benefit.....	10%	\$50,000
Occupational Hepatitis Accident Benefit*	20%	\$100,000
Payable in 24 equal monthly installments.		
Occupational HIV Accident Benefit*	20%	\$100,000
Payable in 24 equal monthly installments.		
Reserve Corps/National Guard unit Benefit.....	100%	
Rehabilitation Benefit*	10%	\$50,000
Seat Belt Benefit.....	10%	\$50,000
Air Bag Benefit	10%	\$50,000
Spouse/Domestic Partner Retraining Benefit*	5%	\$25,000
Surviving Spouse/Domestic Partner Benefit*	1%	Payable up to 12 months
Therapeutic Counseling Benefit	-0-	Actual Cost or \$2,500

2019 AD&D MONTHLY PREMIUMS

Zurich AD&D	Benefit	Cost (Monthly per \$1000 of coverage)
General Employee	3 or 5 times your Base Annual Salary to \$500,000	\$0.028/\$1,000
General Family	Percentage of Employee Benefits	\$0.038/\$1,000
Protective Employee	3 or 5 times your Base Annual Salary to \$500,000	\$0.046/\$1,000
Protective Family	Percentage of Employee Benefits	\$0.062/\$1,000

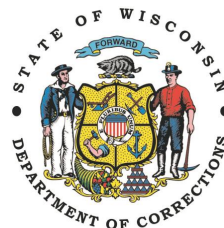




BENEFICIARY DESIGNATIONS

BENEFICIARY DESIGNATIONS

- The following plans offer benefits payable upon death. To ensure that benefits are payable to the person or entity of your choosing, you should complete a beneficiary designation form.
 - [Wisconsin Retirement System \(WRS\) and State Group Life Insurance \(SGL\)](#)
 - [Wisconsin Deferred Compensation \(WDC\)](#)
 - [Accidental Death and Dismemberment](#)
- If no beneficiary designation is on file, benefits are payable per [Standard Sequence](#)
- Additional information about beneficiaries may be found on [ETF's website](#)
- Remember to review/update your beneficiary forms when a life event occurs
- Beneficiary information is NOT stored in the STAR Human Resources System – the information is stored with the vendor or in your benefits file within your agency (AD&D only)





PRE-TAX SAVINGS PLANS

FLEXIBLE SPENDING ACCOUNT (FSA)

MEDICAL

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)

DEPENDENT DAY CARE FSA

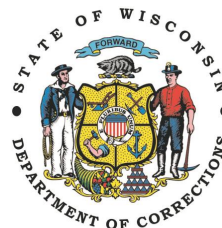
PRE-TAX PARKING AND TRANSIT

HEALTH SAVINGS ACCOUNTS (HSA)



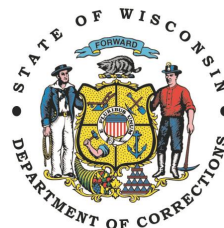
PRE-TAX SAVINGS PLANS

- A variety of plans are available to allow you to set aside money on a pre-tax basis to pay for out-of-pocket medical, vision, dental and commuter expenses
- Contributions made to these accounts reduce your taxable income
- Referred to as the Employee Reimbursement Account Program (ERA)
 - Medical
 - Limited Purpose Flexible Spending Accounts (FSA)
 - Dependent Day Care FSA
 - Parking and Transit ERA
- Deductions taken for the Health Savings Account program (for High Deductible Health Plan Enrollees) are also taken pre-tax



FLEXIBLE SPENDING ACCOUNTS SUMMARY

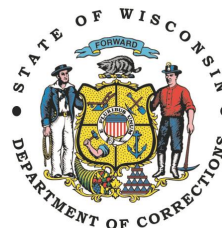
FSA Type	Eligible Expenses	Eligible Dependents	Annual Contribution Limits	Enrollment Restrictions
Healthcare FSA	Medical, dental, vision & prescription	You, your spouse, qualifying child or relative	Max: \$2,650	May not enroll if enrolled in an HDHP
Dependent Day Care FSA	After school care, adult or child daycare	Your spouse, qualifying child or relative	Max: \$5,000 — dependent on tax filing status	No restrictions
Limited Purpose FSA	Dental, vision & post-deductible expenses	You, your spouse, qualifying child or relative	Max: \$2,650	May enroll only if also enrolled in an HDHP



HEALTH CARE & LIMITED PURPOSE FSA

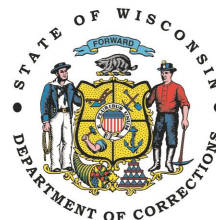
- If enrolled in **High Deductible Health Plan**, can ONLY enroll in Limited Purpose FSA
- Used to pay for out-of-pocket health care expenses incurred by you, your spouse and qualified dependents
- Contribution limits are established by the IRS each year
 - 2019 Annual Contribution limit is \$2,650
- Incur health expenses between 01/01/XX – 12/31/XX
- Up to \$500 remaining in your Healthcare FSA/LPFSA can carry over to the following plan year. Any unspent amount over \$500 will be forfeited
- You have access to your full annual Healthcare FSA and Limited Purpose FSA election as of your FSA plan effective date.
- Once annual election is made for the year, can only make changes if there is a qualifying life event.
- See the [ERA webpage](#) for full plan details

Note: LTEs are NOT eligible to participate.



SAMPLE OF ELIGIBLE HEALTHCARE FSA EXPENSES

- A medicine or drug (including OTC) for which you have a prescription
- Insulin
- Co-payments, Deductibles, and Co-insurance
- Acupuncture
- Bandages
- Crutches
- Chiropractic care
- Dental Treatments
- Infertility Treatments
- Flu shots
- Eye glasses/exams
- Psychotherapy, psychiatric, psychological services



INELIGIBLE HEALTHCARE FSA MEDICAL EXPENSES

ITEMS THAT CANNOT BE REIMBURSED THROUGH HEALTHCARE FSA

- Insurance premiums
- Rx drugs imported from another country
- Controlled Substances that aren't legal under federal law (e.g., marijuana)
- Cosmetic Surgery
- Weight-Loss programs
- Maternity Clothes
- Teeth Whitening services
- Veterinary Fees
- Personal Use Items (e.g., toothbrush, toothpaste)
- Nutritional Supplements for ordinary good health
- Treatment unrelated to specific health problems (e.g., massage for general well-being; chiropractic maintenance visits)



ELIGIBLE LPFSA EXPENSES (HDHP ENROLLEES ONLY)

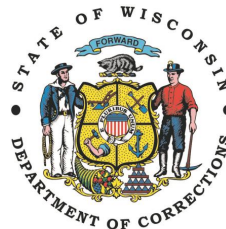
Medical expenses may only be reimbursed after your HDHP deductible is met

Dental Expenses

- Braces and orthodontia
- Cleanings
- Crowns
- Fillings
- Dentures
- Copayments and deductibles

Vision Expenses

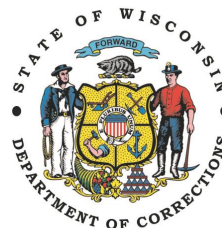
- Eye exams
- Prescription eyeglasses
- Prescription contact lenses
- Contact lens solution
- Laser eye surgery / LASIK
- Copayments and deductibles



DEPENDENT DAY CARE FSA

- Used to pay for eligible day care expenses for your qualified dependents in order for you or your spouse to work, look for work, or attend school full-time
- Can contribute up to \$5,000 annually (Contribution limits are established by the IRS each year)
- All expenses must be incurred between 01/01/XX – 12/31/XX
- No carryover - unspent amounts are forfeited
- You have access to your Dependent Day Care money as soon as the money is deposited in to your account
- Once annual election is made for the year, can only make changes if there is a qualifying event
- See the [ERA webpage](#) for full plan details

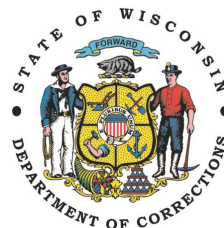
Note: LTEs are NOT eligible to participate



ELIGIBLE DEPENDENT DAY CARE EXPENSES

If care provided enables you to work, look for work, or attend school:

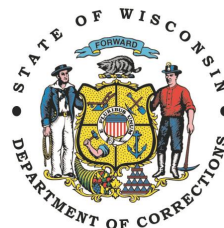
- Fees for licensed child daycare or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home while you are at work/school
- Nanny expenses attributed to dependent care
- Summer Day Camp (primary purpose must be custodial not educational)
- Nursery school (preschool) fees
- Late pick-up fees



INELIGIBLE DEPENDENT DAY CARE EXPENSES

These items cannot be reimbursed through your Dependent Day Care account:

- Medical expenses
- Baby-sitter in or out of your home for reasons other than to enable you to work, look for work, or attend school
- Activity fees/educational supplies
- Food, clothing, and entertainment
- Transportation expenses
- Child support payments
- Kindergarten fees
- Overnight camp
- Late payment charges

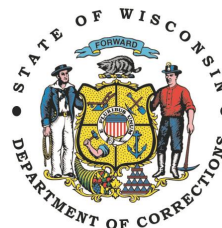


PARKING AND TRANSIT ACCOUNT

- Parking and transit ERAs allow you to set aside money on a pre-tax basis to pay for eligible parking and transit expenses
- Funds are available as soon as payroll deductions are taken
- Eligible for unlimited carryover (no use it or lose it provision)
- Enroll or make changes at any time during the year
- If you already have pre-tax payroll deductions to directly pay for a state parking lot/garage or for Vanpool, these expenses are NOT eligible for the Parking or Transit ERA program.
- See the [ERA webpage](#) for full plan details



Note: LTE's are eligible to participate



PARKING AND TRANSIT ERA

Parking ERA

Annual Contribution Limit = \$3,120 (\$260/month; \$130/biweekly)

Eligible Parking Expenses include:

- Parking Lots
- Parking Ramps
- Park and Ride Lots

Eligible parking expenses must take place at or near your place of employment, or at a location from which you commute to work

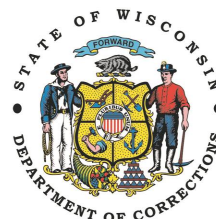
Transit ERA

Annual Contribution Limit = \$3,120 (\$260/month; \$130/biweekly)

Eligible Transit Expenses include:

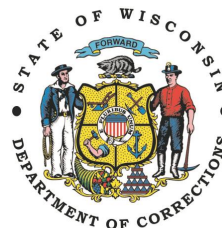
- Bus
- Train
- Ferry
- Subway

Eligible commuter expenses must be work-related



HEALTH SAVINGS ACCOUNTS (HSA)

- HSA program is administered by TASC
- Must be enrolled in the state High Deductible Health Plan (HDHP) as the subscriber
- If enrolled as the subscriber of the state HDHP, you are REQUIRED to enroll in an HSA, even if you do not contribute anything yourself. **Must re-enroll every year.**
- Contribution and plan limits discussed earlier in the Health Insurance section of this presentation
- Used to set aside money on a pre-tax basis to pay for all eligible medical expenses, as well as dental and vision expenses
- An HSA is a bank account that you own – funds carryover from year to year without any risk of forfeiture and go with you when you terminate employment
- May contribute pre-tax payroll deductions and via online transfer from your personal bank account.
- Monthly maintenance fee paid by the State for active employees
- Can change your contribution at any time



HSA QUALIFIED EXPENSES

Qualified expenses include but are not limited to:

- A medicine or drug which requires a prescription
- Insulin
- Co-payments, Deductible and Co-insurance
- Acupuncture
- Bandages
- Crutches
- Chiropractic visits
- Dental Treatments
- Infertility Treatments
- Flu shots
- Eye glasses/exams
- Psychotherapy, psychiatric, psychological services

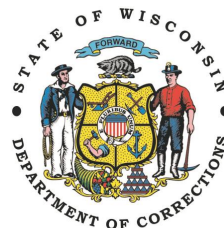


NON-QUALIFIED EXPENSES & HSA

If you receive an HSA distribution for reasons other than qualified medical expenses:

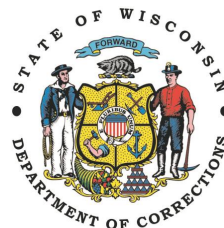
- The amount is subject to income tax; and
- May be subject to an additional 20% penalty

Learn more: www.irs.gov > *Search:* IRS Publication 502 and 969



GROWTH OF HSA ACCOUNT

- Interest
 - Funds earn interest over time
 - Once balance reaches \$2,000, you may invest funds above that level in a variety of HSA investment options
- See the [HSA Enrollment Brochure](#) for details



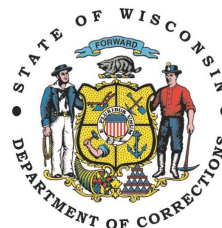
HOW DO I ACCESS THE FUNDS IN MY ERA AND HSA ACCOUNT

- TASC Card
- Paper Claim Form
- Online Claim with TASC
- Mobile App



- You have access to the funds in your Health Savings Account (HSA), Dependent Care and Parking/Transit accounts as soon as the money is deposited in to your account
- You have access to your full annual Healthcare and Limited Purpose FSA election as of your plan effective date
- Always save receipts and any Explanation of Benefits (EOB) that you receive - documentation may be required to substantiate expenses eligible for reimbursement.

KEEP ALL of YOUR RECEIPTS!





OTHER BENEFITS

WISCONSIN DEFERRED COMPENSATION – 457(B) PLAN

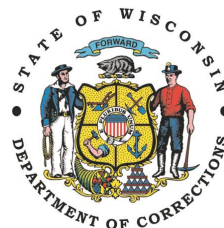
EMPLOYEE ASSISTANCE PROGRAM (EAP)

EDVEST

ALEX – YOUR VIRTUAL BENEFITS COUNSELOR

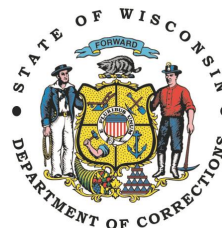
WISCONSIN DEFERRED COMPENSATION (WDC) – IRS 457(B) PLAN

- Voluntary supplemental retirement savings program (no employer contribution)
- Contributions can be taken on a pre-tax or post-tax (Roth) basis
- Contribute flat dollar amount or % of earnings
- Can enroll in, change contribution or stop deductions at any time
- Can rollover eligible funds in to WDC account
- Variety of investment options available
- Annual contribution limits (2019)
 - If under age 50: \$19,000
 - If age 50 or older anytime during the year: \$25,000
 - If within 3 years of retirement and you apply for catch-up with WDC: \$38,000



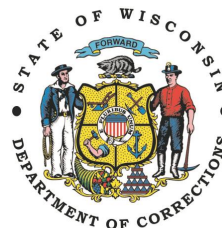
WISCONSIN DEFERRED COMPENSATION (WDC)

- Monthly fee based on total account balance (\$0-\$16.50/month)
- Enroll and make changes directly with [Wisconsin Deferred Compensation](#) or call 1-877-457-9327 (will need enrollment code from agency prior to initial enrollment)
- Administered by Empower Retirement
- Resources
 - [WDC Fact Sheet](#)
 - [Program Highlights](#)
 - [Investment Information](#)
 - [Program Resources](#)
 - [Wellness and Financial Resource Center](#)



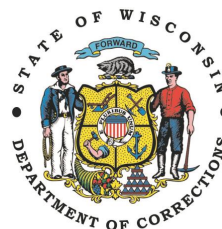
EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Confidential, voluntary program to assist you and your family who may be experiencing personal and work-related issues.
- Can access a vast amount of information regarding FEI Workforce Resilience and their services on their website at <https://www.feieap.com>
 - Username = SOWI
- May contact FEI Workforce Resilience 24/7 by phone at 1-866-274-4723
- Comprehensive, confidential services are available to you and your family through FEI Workforce Resilience, including counseling, financial consultation, legal consultation and so much more.



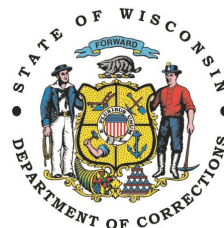
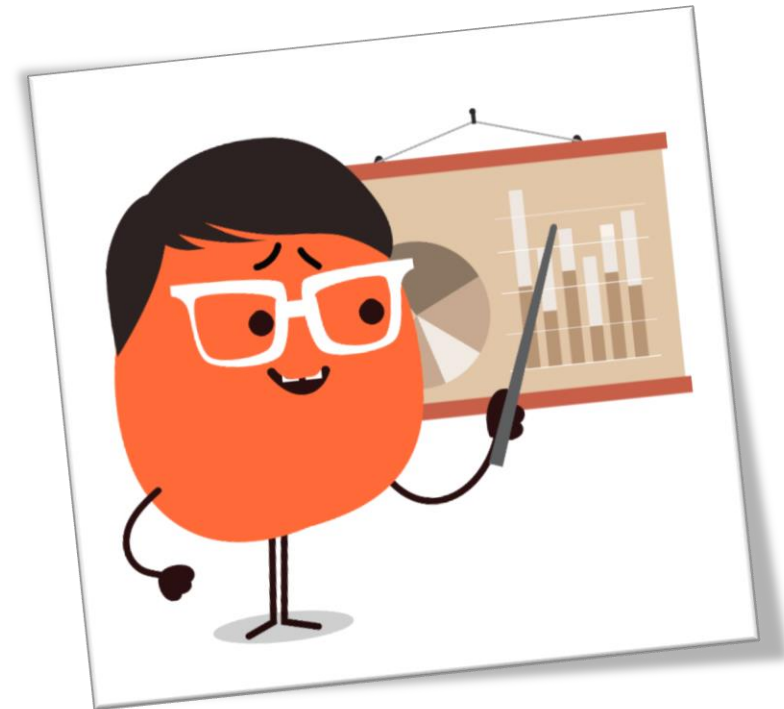
EDVEST

- Wisconsin's official 529 College Savings Program
- Edvest funds may be used nationwide at universities, colleges, technical colleges, professional schools and graduate programs
- Funds used for tuition, fees, housing, computers and more
- Earnings have potential to grow tax-free
- Wisconsin residents may be eligible for a state tax deduction (limitations apply)
- Can contribute via direct deposit payroll deduction
 - \$15/pay period minimum contribution
- Get started today!
 - Download enrollment form at [Edvest.com/benefit](https://edvest.com/benefit)
 - Verify form received by Edvest (contact Edvest at 1-888-338-3789)
 - Once account established, set up your payroll direct deposit through STAR ([instructions](#))
- See an [introductory video](#) for more information



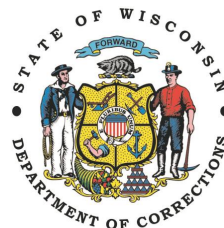
ALEX – YOUR VIRTUAL BENEFITS COUNSELOR

- ALEX is an interactive decision-support tool that acts as an informative, virtual benefits counselor to help you learn more about your benefits in a personalized way.
- ALEX can walk you through your benefit options, so you can find the plans that are best for you.
- Go to the [ALEX webpage](#) to begin. You will select the ALEX tool for State, UWHC and Retirees. When asked for your Employment Category, most employees will select “Regular (Non-LTE) employee who works at least 50%.”



ALEX – YOUR VIRTUAL BENEFITS COUNSELOR

- ALEX Tips
 - The tool most often recommends enrollment in a High Deductible Health Plan due to a lower monthly premium and the employer contribution towards a Health Savings Account
 - ALEX is only a tool to help you make your benefit decisions – you need to determine what is right for you
 - See the [Frequently Asked Questions](#) on the ALEX home page for more information





CANCELING YOUR BENEFITS

ONCE ENROLLED, WHEN AND HOW CAN YOU CANCEL COVERAGE

CANCELATION RULES (IF NO QUALIFYING EVENT)

Once enrolled in a plan, there are limited opportunities during the year to cancel coverage if you do not have a qualifying event. Below is when you can cancel coverage OUTSIDE of a qualifying event.

Can Cancel Coverage at Any Time	Cancel During Open Enrollment (cancellation effective January 1 st)	Must Re-Enroll Every Year (coverage ends if no election made during Open Enrollment)
Health Insurance (if premiums taken post-tax)	Health Insurance (if premiums taken pre-tax)	Health Savings Account
State Group Life	VSP Vision	Healthcare FSA & Limited Purpose FSA
Income Continuation Insurance	Delta Dental PPO	Dependent Day Care FSA
Parking/Transit ERA	AD&D	Parking/Transit ERA
Wisconsin Deferred Compensation		Health Insurance Opt-Out Stipend



EMPLOYEE SELF SERVICE

STAR PEOPLESOFT SYSTEM

EMPLOYEE SELF SERVICE

Employees enter payroll, timesheet, absence, and benefit information online through the State of Wisconsin STAR Human Resources System (<https://ess.wi.gov>)

*Available on all
internet-enabled
devices*



The screenshot shows the login interface for the State of Wisconsin STAR HR Self Service. The background is a blue gradient with a faint watermark of the Wisconsin state seal. The text 'State of Wisconsin' is at the top, followed by 'STAR' and 'HR Self Service'. Below this are three input fields: 'User ID' with the value 'SMTHCHKLE', 'Password' with masked characters '.....', and 'Select a Language' with a dropdown menu showing 'English'. A green 'Sign In' button is positioned below the language selection. At the bottom, there is a checkbox labeled 'Enable Accessibility Mode'.

State of Wisconsin

STAR

HR Self Service

User ID

SMTHCHKLE

Password

.....

Select a Language

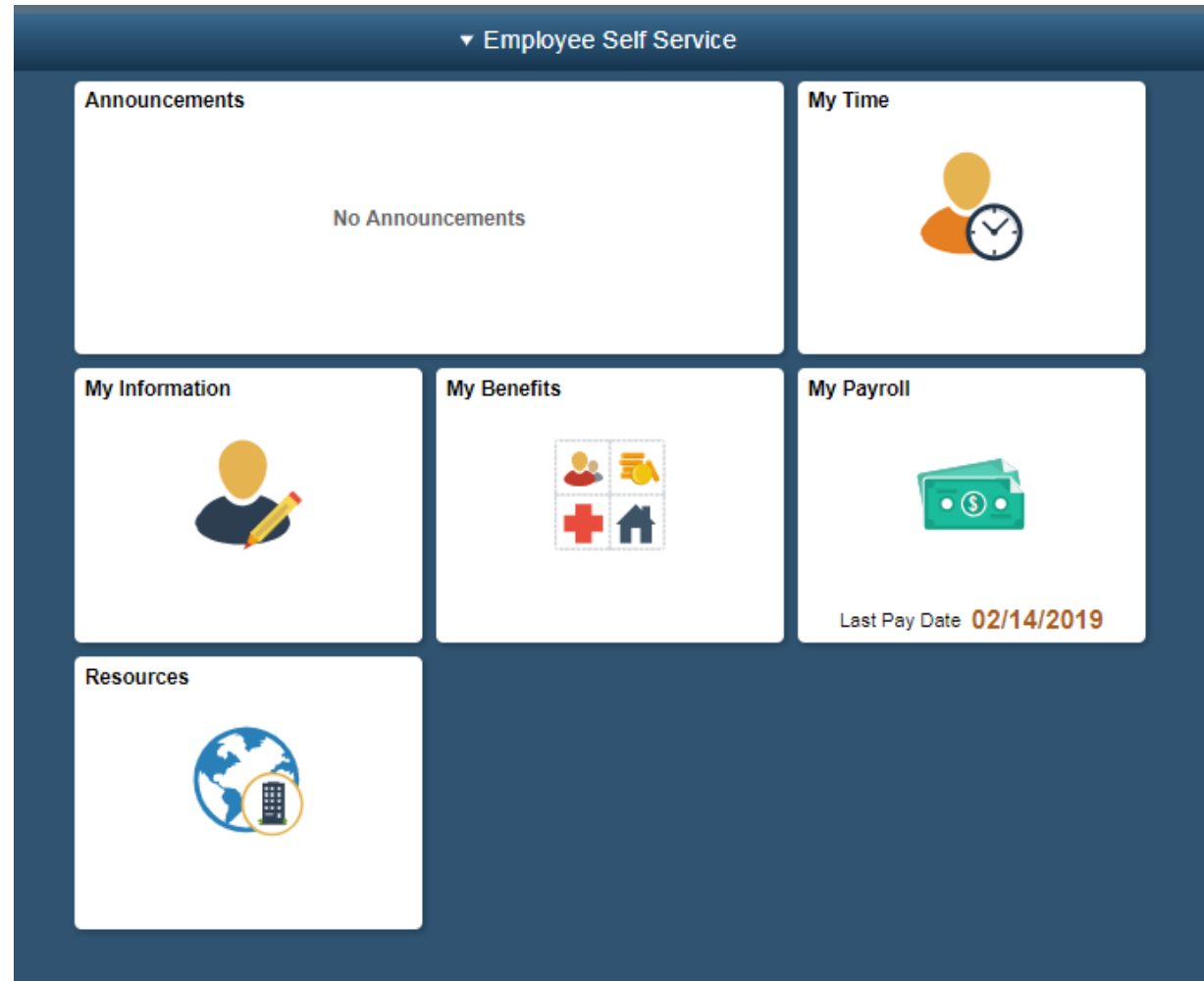
English

Sign In

☐ Enable Accessibility Mode

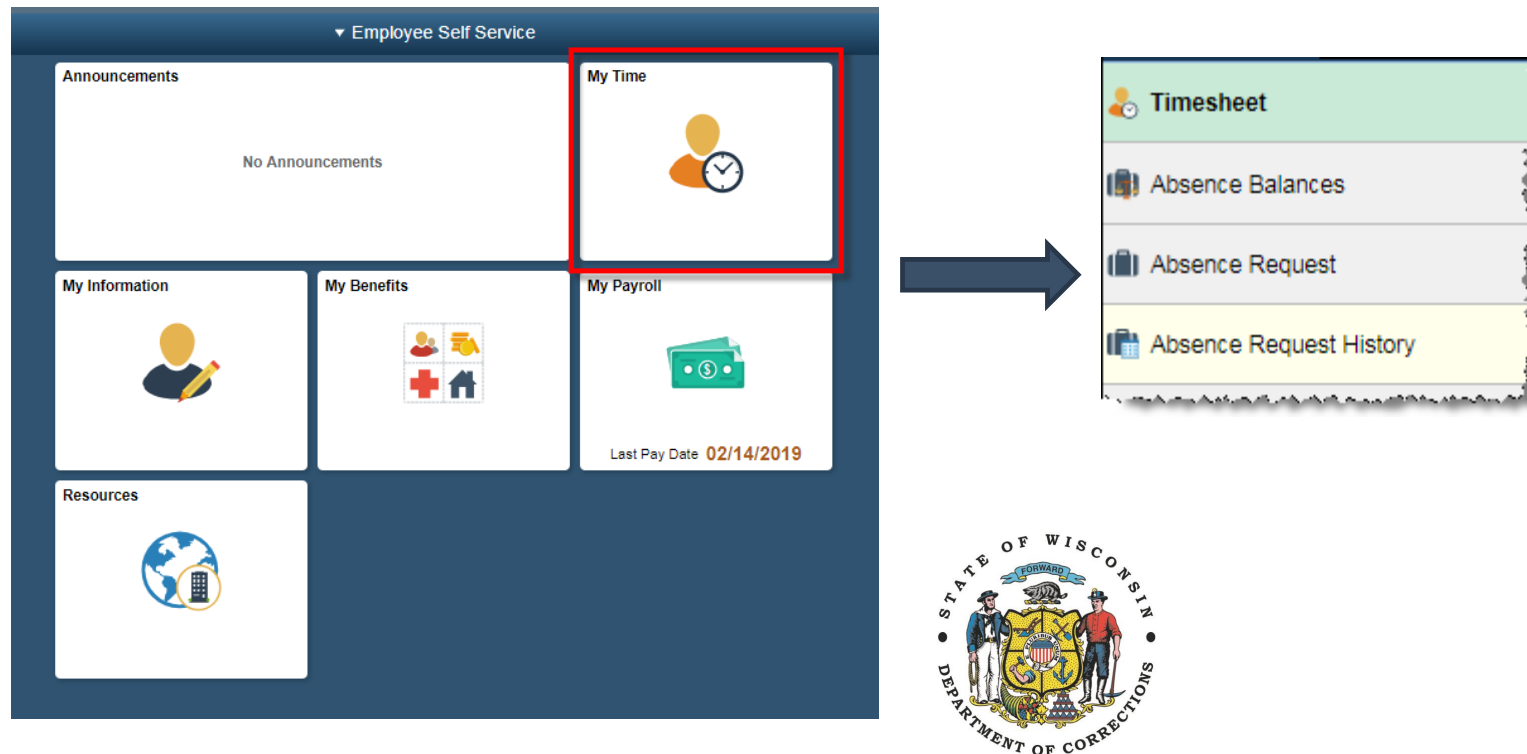
EMPLOYEE SELF-SERVICE

Employee self-service
available at:
<https://ess.wi.gov>



ACCESS SELF SERVICE PAGES THROUGH TILES

- Click on a Tile to see the pages available within the Tile's Navigation Collection.
- Can manage all self service functions through Employee Self Service Homepage.



EMPLOYEE SELF SERVICE TILE SUMMARY

My Time



My Time

- Enter timesheet
- Enter and review absence info

My Payroll



Last Pay Date **02/14/2019**

My Payroll

- View paycheck and W-2s
- Update direct deposit and tax withholding

Resources



My Information



My Information

- Update address, phone numbers, emergency contacts and demographic info
- Set Emergency Notification System (RAVE) preferences

My Benefits

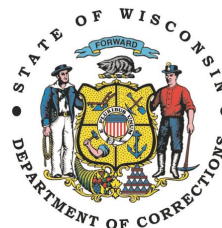


My Benefits

- Enroll in Benefits
- Review benefit and dependent info
- View 1095-C tax form
- View open enrollment confirmation statement

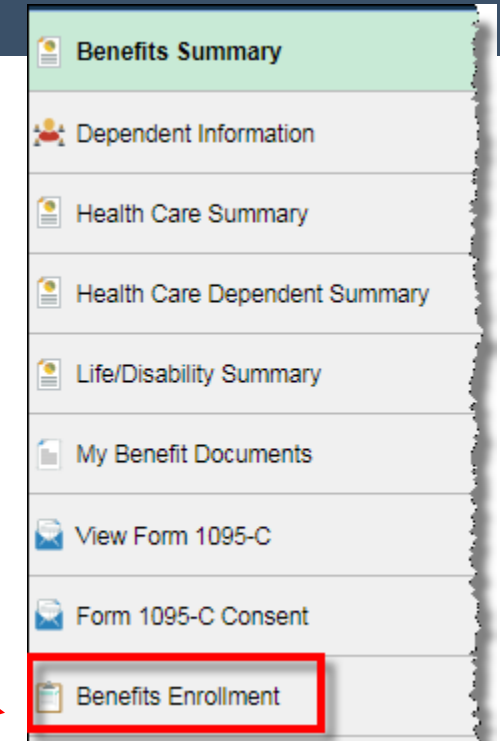
Resources

- Direct links to job aids, benefit forms, payroll information, Wellness Resources and more...



EBENEFITS

- You should make your new hire benefit elections through eBenefits
- Click on the My Benefits Tile on Employee Self Service Homepage
- Then click on the Benefits Enrollment page in the My Benefits Navigation Collection
- eBenefits will open to you - click on the Select button to start the enrollment process



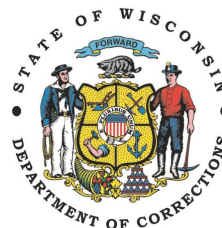
Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Hire	i	01/22/2019	Open	ELECTRICIAN	Select

EBENEFITS

- Click the Edit button next to the plan in which you want to enroll
 - Note – must either enroll in or waive State Group Health Insurance, State Group Life Insurance (all levels) and Income Continuation Insurance

Health (Waiting Period)	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Health (100% Employee Paid)	Before Tax	After Tax	Edit
Current: No Coverage			
New: Waive			

- See the [eBenefits Quick guide](#) for step-by-step instructions



EBENEFITS

Always remember to submit your elections
when complete

New Hire
Submit Benefit Choices

You have almost completed your enrollment. If you have no further changes, select the **Submit** button at the bottom of this page to finalize your benefit choices.

You must click the Submit button below to finalize and submit your benefit elections.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

If you need to make changes to any of your elections once you submit them, you must contact your agency payroll and benefits office. All new hire benefit elections must be submitted within 30 days of hire.

Once your 30-day new hire enrollment period ends, you will have limited opportunities to make benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Authorize Elections

By submitting your benefit choices you are authorizing the State to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

By Clicking SUBMIT you agree to the following and have read the terms and conditions relevant to application for benefits through the Department of Employee Trust Funds: To the best of my knowledge, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information, misrepresentation or fail to provide complete or timely information on this application, I may face action, including, but not limited to, loss of coverage, employment action, and/or criminal charges/sanctions under Wis. Stat. § 943.395.

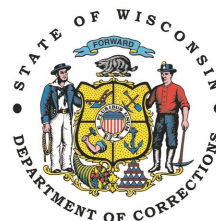
You know your elections are submitted
when you see this screen

New Hire
Submit Confirmation


Your benefit choices have been successfully submitted to the Benefits Department.

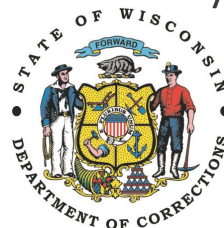
Please note that depending on the timing of your enrollment, additional premiums may be taken from one of your next paychecks.

To return to the Benefits Enrollment page, click the **OK** button below.



EBENEFITS TIPS

- ☐ Review all relevant benefit information and know the elections you are going to make before you begin
- ☐ Make sure you have the legal name, date of birth and Social Security Numbers of all family members who will be covered
- ☐ Do NOT add yourself as a dependent
- ☐ If you make a mistake entering information about a dependent 
 - ☐ Do not add the same dependent more than once to try to fix the information. Contact your payroll and benefits office to make the correction.
- ☐ You can save your elections and come back later BUT you must click the final **Submit** button to finalize your elections within 30 days of your hire



EMPLOYEE SELF-SERVICE CHECKLIST

Click on the links below to see job aids about the process

☐ Review and update your address

- Go to Wisconsin Employee Info > Personal Information Summary

☐ Set up [Direct Deposit](#)

- Go to My Payroll Tile > Direct Deposit
- First paycheck(s) is a paper check for new State Employees

☐ Set up [tax withholding](#)

- Go to My Payroll Tile > W-4 Tax Information
- *Taxes withheld at single and zero if you do nothing*

☐ Enter Emergency Contact information

- Go to My Information Tile > Emergency Contacts

☐ Record time on your [timesheet](#)

- Go to My Time Tile > Timesheet
- If an exception reporter, do not record time (applies to very small number of employees)

☐ Submit elections through [eBenefits](#)

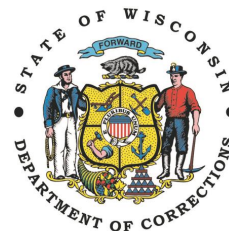
- Go to My Benefits Tile > Benefits Enrollment

☐ View your earning statement

- Go to My Payroll Tile > View Paycheck

☐ Sign up for Emergency Notifications

- Go to My Information > Emergency Notification System (RAVE)



CONTACT/RESOURCE INFORMATION

- For any questions, please contact your local Payroll & Benefits office
- For additional State of WI employee resource information, please go to [Employee Trust Funds](#) website
- For additional employee resource information, please go to the **Employees Tab** on the [Division of Personnel Management](#) website
- See the [Forms & Brochures page](#) for applications, brochures, beneficiary designations and more

