



## State of Wisconsin Group Health Insurance Fact Sheet 2018

The State of Wisconsin Group Health Insurance Program is an employer-sponsored program offering group health coverage to employees of state agencies, UW System, UW Hospital & Clinics Authority and participating local government employers. Employees may choose between 12 different health maintenance organizations (HMOs, which have a specific provider network) and 2 different preferred provider organization plans (PPOs, which have a specific provider network but also have a higher-cost, out-of-network option). Each health plan also has a high deductible option, referred to as a High Deductible Health Plan (HDHP).

### Program Review

- Created by Chapter 40 of the Wisconsin Statutes.
- The Department of Employee Trust Funds and the Group Insurance Board (GIB) have statutory authority for program administration and oversight [Wis. Stat. § 15.165 (2) and 40.03 (6)]. All health plans follow GIB guidelines for eligibility and program requirements.
- The It's Your Choice (IYC) Access Health Plan and State Maintenance Plan (SMP) are PPO options administered by WEA Trust beginning in 2018. Both plans offer Uniform Benefits: the IYC Access Plan offers a nationwide provider network. SMP is available in counties without a qualified health plan.
- All pharmacy benefits are self-insured by the Trust Fund and administered by Navitus Health Solutions. This includes providing Medicare Part D benefits through an Employer Group Waiver Plan for both the state and local government employee programs.

### Health Insurance Choices

#### Active employees:

- Employees have a choice of 12 HMOs or 4 Preferred Provider Organizations (PPOs) that offer the same medical benefits, called Uniform Benefits, in 17 service areas. The PPOs, offered in certain areas and administered by WEA Trust, include coverage for out-of-network services. You can also choose the nationwide IYC Access Health Plan, also provided by WEA Trust. This plan has the broadest provider network.
- Local government employers choose which plan design to offer to their employees and retirees. For example, an employer can choose to offer only the HDHP options.

#### Retirees:

- Retirees may choose from the same health plans and service areas as active employees. Members enrolled in the IYC Access Health Plan or SMP switch to Medicare Plus on the Medicare-effective date. Retirees enrolled in Medicare are not eligible to elect an HDHP.

### Eligibility and Enrollment: Who is eligible for health insurance?

- State employees participating in the Wisconsin Retirement System.
- Elected state officials and members or employees of the legislature.
- Authorities specified in Wis. Stat. § 40.02 (54).
- University of Wisconsin System: visiting faculty, graduate assistants employed at least one-third of full-time.
- Employees of the Workshop for the Blind with at least 1,000 hours of service.
- State retirees, their surviving spouses, dependents, and former employees who have 20 years of state service.
- Local government employees whose employer elected to participate in the WRS.
- Local government retirees and employees who terminate employment after age 55 (age 50 for protective category employees) and have 20 years of creditable service.

**Participating employees as of January 2018:**

- State employee health benefit plans:
  - 69,586 active employees
  - 26,333 retirees
  
- Wisconsin public (local government) employers that have elected to participate:
  - 11,392 active employees
  - 1,885 retirees

**Coverage Options**

- Individual (subscriber only) or family (includes legal spouse and all dependent children).
- Continuation coverage (COBRA): In cases where active coverage ends, continuation allows an extension of coverage for up to 36 months at group rates. The subscriber pays the full premium.
- It's Your Choice open enrollment: annual opportunity for eligible employees and annuitants to change from one health plan to another, to change from individual to family coverage, newly elect or cancel coverage for the upcoming year. *Note:* Retirees choosing LAHP are only eligible to enroll at retirement and upon Medicare Part A and B enrollment. State annuitants may newly enroll.

**Employee Share of Premium**

The 2018 employee share of premium contributions for most employees is based on the level of benefits you choose. The chart below shows the 2018 employee premium contribution amounts.

**Retirees:** Retirees do not have an employer contribution and will pay the full insurance premium. State retirees' sick leave credits can offset premium payments

Health Plan Choice	State and UW Employee Premium Contribution <i>Does not include UW graduate assistants or short-term academic staff</i>		State and UW Graduate Assistant Premium Contribution <i>Includes graduate assistants and short-term academic staff only</i>	
	Individual	Family	Individual	Family
<b>IYC Health Plans</b>				
With Dental	\$88.00	\$219.00	\$45.50	\$113.50
Without Dental	\$85.00	\$211.00	\$42.50	\$105.50
<b>IYC HDHP</b>				
With Dental	\$33.00	\$82.00	not eligible	not eligible
Without Dental	\$30.00	\$74.00	not eligible	not eligible
<b>IYC Access</b>				
With Dental	\$266.00	\$664.00	\$134.50	\$336.00
Without Dental	\$263.00	\$656.00	\$131.50	\$328.00
<b>IYC Access HDHP</b>				
With Dental	\$211.00	\$527.00	not eligible	not eligible
Without Dental	\$208.00	\$519.00	not eligible	not eligible

## Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) and (d)(1)

The Wisconsin Department of Employee Trust Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ETF does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact ETF's Compliance Officer, who serves as ETF's Civil Rights Coordinator.

If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Compliance Officer, Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 711; Fax: 608-267-4549; Email: ETFMSBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020 (TTY: 711)

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 711).

**Arabic:** ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك دون أي مصاريف: اتصل بالرقم 1-877-533-5020 (خدمة الصم والبكم: 711)

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 711)번으로 전화해 주십시오.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 711).

**Pennsylvania Dutch:** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 711).

**Laotian/Lao:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-533-5020 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 711).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 711) पर कॉल करें।

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-533-5020 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 711).