Welcome
to the University of Wisconsin-Madison

New Employee Benefits Summary – 2016
For employees covered by the Wisconsin Retirement System (WRS)
with appointment start dates between December 2, 2015 - December 1, 2016

- University Staff
- Academic Staff
- Faculty
- Limited Appointees

Office of Human Resources
21 North Park Street, Suite 5101
Madison, Wisconsin 53715-1218
ENGLISH
If you have any questions about this information, please contact us at benefits@ohr.wisc.edu or (608) 262-5650 to communicate in English. If you would like to request translation or interpretation services, please call Cultural Linguistic Services in the Office of Human Resource Development at (608) 265-4691. Thank you.

ESPAÑOL / SPANISH
Si tiene preguntas sobre esta información y desea comunicarse en inglés, puede contactar con nosotros mediante correo electrónico benefits@ohr.wisc.edu o en el teléfono (608) 262-5650. Si quiere solicitar servicios de traducción o interpretación en español, por favor llame a Blanca García al (608) 265-0838 o a Carmen Romero al (608) 265-4691 en la Oficina de Servicios Lingüísticos y Culturales (Oficina de Desarrollo de Recursos Humanos). Gracias.

HMOOB / HMONG
Yog koj muaj lus nug txog qhov no, thov hu rau peb ntawm benefits@ohr.wisc.edu los (608) 262-5650 rau lus Askiv. Yog koj xav tau kev pab txhais ntawv los lus Hmoob, thov hu Kev Pa Cuam Txhais Lus (Cultural Linguistic Services) nyob hauv Office of Human Resources Development rau Ntsuabzoov Thoj tus xovtooj (608) 263-2217. Ua Tsauq.

тибетский / TIBETAN
如果您对此信息有任何疑问，请联系人力资源办公室 benefits@ohr.wisc.edu 或 (608) 262-5650 用英语交流。如果您需要中文笔译或口译服务，请联系人力资源发展办公室文化语言服务中心的李书文，联系电话为 (608) 890-2628。谢谢。
Welcome to the University of Wisconsin-Madison!

This packet is designed to provide you with information regarding the benefit plans UW-Madison offers you and your family. Whether you are interested in health, dental, vision or life insurance benefits, we are confident you will find plans that suit your needs. The University contributes toward the cost of several benefit plans adding to your total compensation.

Selecting your benefits is an important process. We encourage you to read this information promptly and thoroughly as some plans require enrollment within the first 30 days of employment, or of becoming a benefits-eligible employee.

This packet includes information about a variety of benefit plans. Visit our website for more information: http://benefits.wisc.edu.

If you have questions about your benefits, please contact UW-Madison Benefits Services at benefits@ohr.wisc.edu or (608) 262-5650.

Once again, welcome to UW-Madison. On Wisconsin!
Welcome to the University of Wisconsin – Madison!

If you are a new employee, or an existing employee who is newly covered by the Wisconsin Retirement System, register for this seminar within your first 30 days!

Registration
Go to http://www.talent.wisc.edu and select Benefits 101, under ‘Learn About Your Benefits.’

Benefits 101 features:

- An overview of your extensive UW benefits package; your choices and options
- An explanation of the information and forms on the benefits website, http://benefits.wisc.edu
- An introduction to the mandatory Wisconsin Retirement System and optional retirement programs
- A question and answer session with a benefits expert
- You will receive a personalized worksheet with your enrollment deadlines

Benefits 101 locations
Most Benefits 101 Seminars are held at 21 North Park St. Some seminars are held at Union South or other campus locations. Be sure to check the location of the seminar for which you have registered.

Visit our website for complete comprehensive benefits information http://benefits.wisc.edu.

If you have questions, contact benefits@ohr.wisc.edu.
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Every effort has been made to ensure the information in this benefit summary is true and accurate. If there is any discrepancy between this summary and the official plan documents, the language in the official documents shall be considered accurate.

To enroll and participate in the benefit plans outlined in this document, you must meet all eligibility requirements as defined by the Wisconsin Retirement System, Wisconsin State Statutes and University personnel rules.
Coverage Deadlines

Most benefit plans have a 30 day enrollment period from the start date of your appointment. Some plans have additional requirements.

If you do not enroll during your initial enrollment opportunity, you may have an opportunity to enroll during an open enrollment event (usually held in the fall), or if you experience a life event such as marriage, domestic partnership, birth or adoption, or loss of other coverage. You will typically have 30 days from a life event to make changes to your benefits. Contact your Payroll/Staff Benefits Coordinator as soon as a life event occurs.

For some plans you may also have an opportunity to enroll through evidence of insurability.

Effective Date of Coverage

Coverage effective dates vary by plan.

New Employee Resources

The resources listed below will assist you in reviewing your benefits options and making informed choices. Please take the time to utilize these resources that have been designed just for you.

- **benefits.wisc.edu**
  For detailed information about the benefit plans included in this summary, visit the UW-Madison Benefits Services website: benefits.wisc.edu

- **Benefits 101: Benefits Seminar for New Employees**
  If you are a new employee, or an existing employee who is newly covered by WRS, register for the Benefits 101: Benefits Seminar for New Employees within your first 30 days. For registration information go to [http://www.talent.wisc.edu](http://www.talent.wisc.edu) and select Benefits 101, under ‘Learn About Your Benefits.’

- **Benefits Walkthrough**
  The Benefits Walkthrough is an on-line tool designed to assist you in determining your benefit plan options and estimating your premiums. The Walkthrough will produce a worksheet summarizing your selections, but it will not enroll you in the benefits plans.
  The Walkthrough is available at: [https://uwservice.wisconsin.edu/ebenefits/](https://uwservice.wisconsin.edu/ebenefits/)

For information regarding pay schedules, leave benefits, taxes, transportation and parking options, visit: [http://www.ohr.wisc.edu/benefits/new-emp/reg.aspx](http://www.ohr.wisc.edu/benefits/new-emp/reg.aspx) or see your Payroll/Staff Benefits Coordinator.

Completing Benefit Applications

You will complete your benefit enrollments with paper applications. Please note that when applying for coverage for a domestic partner, forms in addition to your application will be required: [http://www.ohr.wisc.edu/benefits/domestic-partnership.aspx](http://www.ohr.wisc.edu/benefits/domestic-partnership.aspx).

Applications are available online: [http://www.ohr.wisc.edu/benefits/forms-publications.aspx](http://www.ohr.wisc.edu/benefits/forms-publications.aspx) or from your Payroll/Staff Benefits Coordinator.

In addition to your benefit applications there are many essential forms that you must complete as a new employee such as the Form W-4 – Employee’s Withholding Allowance Certificate and the Direct Deposit Authorization Form. If you have not yet completed these forms, visit: [http://www.ohr.wisc.edu/benefits/new-emp/](http://www.ohr.wisc.edu/benefits/new-emp/) or see your Payroll/Staff Benefits Coordinator.
Wisconsin Retirement System

Plan Description

Wisconsin Retirement System (WRS) participation is automatic for all eligible employees, with coverage beginning on the first day an employee is eligible. Your retirement income will be based on your years of service, your age at retirement, and the average of your highest three years of earnings or based on the total cash value of your account, whichever is greater. WRS also provides death, permanent disability, and separation benefits.

For detailed information about the WRS: http://www.ohr.wisc.edu/benefits/new-emp/wrs.aspx#publications.

There is a five year vesting requirement if you were hired on or after July 1, 2011 and have no WRS credible service prior to July 1, 2011. You are immediately vested if you have WRS service prior to July 1, 2011.

WRS consists of a Core Fund and a Variable Fund. By default, 100% of retirement contributions are deposited in the Core Fund, which is a diversified fund with investments in stocks, bonds and more. If you elect to participate in the Variable Fund, 50% of the required contributions and additional contributions made after your election will be deposited in the Variable Fund. The Variable Fund is invested in stocks only. Unlike the Core Fund, there is no limit on Variable Fund annuity decreases.

Each year you will receive a Statement of Benefits from the WI Department of Employee Trust Funds (ETF), which contains important WRS account information that will eventually be used in benefit calculations.

Coverage Availability

WRS participation is automatic for all eligible employees.

Employee/Employer Contribution

The required 2016 contribution is 13.2% of gross earnings. Employees are required to contribute 6.6% (6.6% for those in the WRS Executive category) of their salary to their WRS account. The University will also contribute 6.6% (6.6% for Executive category) of your salary to your WRS account. WRS contributions are subject to IRS limits - both you and the University pay WRS contributions on the first $265,000 in earnings.

Contributions are taken on a pre-tax basis for federal and state income tax purposes. Contribution rates are set on an annual basis by ETF.
State Group Health Insurance

Plan Description

The State Group Health Insurance plan provides comprehensive medical and prescription coverage. All health plans have an option to include dental coverage for diagnostic and preventive services. See page 19 Uniform Dental for coverage information. The prescription drug benefit is administered by Navitus.

You can choose between a IYC Health Plan (formerly known as Coinsurance Uniform Benefit plan) or a High Deductible Uniform Benefit plan (HDHP). The HDHP offers lower monthly premiums in exchange for a higher deductible. The annual deductible ($1,500 single / $3,000 family) must be met before any medical, dental or prescription drug costs are paid for, with the exception of preventive services. Each health plan offers a HDHP option.

If you elect the HDHP option, you are required to open a Health Savings Account (HSA) that helps pay for qualified medical expenses. If you are covered by another health insurance plan including Medicare or Tricare or participate in a Flexible Spending Account (including coverage by a spouse’s FSA), you are not eligible for a HDHP.

For detailed information regarding the State Group Health Insurance program see the It’s Your Choice Guide available at http://etf.wi.gov/members/IYC2016/IYC_home.asp. To review a hard copy, contact your Payroll/Staff Benefits Coordinator.

Opt-Out Incentive

You may be eligible to receive up to $2,000 (pro-rated for the number of months coverage is waived) if you opt out of State Group Health Insurance coverage. To opt out, you must complete a paper health insurance application within 30 days of your eligibility date. Craft workers are not eligible for the incentive.

Coverage Availability

Coverage is available for the employee, employee spouse or domestic partner and dependents.

Employee/Employer Contribution

State Group Health Insurance premiums are paid through a combination of employer and employee contributions. University Staff who elect coverage to begin immediately with their appointment start date must pay both the employer and employee contribution for the first two months of coverage.

2016 Premiums for WRS Covered Employees

<table>
<thead>
<tr>
<th>State Group Health Insurance Plans</th>
<th>Medical With Dental</th>
<th>Medical Without Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Family</td>
</tr>
<tr>
<td>Health Plan</td>
<td>$86.00</td>
<td>$217.00</td>
</tr>
<tr>
<td>HDHP</td>
<td>$32.00</td>
<td>$81.00</td>
</tr>
<tr>
<td>Access Health Plan</td>
<td>$253.00</td>
<td>$632.00</td>
</tr>
<tr>
<td>Access HDHP</td>
<td>$199.00</td>
<td>$496.00</td>
</tr>
<tr>
<td>Access Health Plan (Tier 2*)</td>
<td>$136.00</td>
<td>$341.00</td>
</tr>
<tr>
<td>Access HDHP (Tier 2*)</td>
<td>$82.00</td>
<td>$205.00</td>
</tr>
</tbody>
</table>

*required to work out of state

**NOTE:** Employees working below 50% time (and LTEs with one appointment) must pay 50% of the entire premium for their health plan.
2016 Comparison of Benefit Options

The charts on the following pages are designed to compare Health Plans, High Deductible Health Plans, and the Access Plan. The outlines are not intended to be a complete description of coverage. The Access Plan details are located in the Standard Plan (ET-2112) benefits booklet.

Federally required Summaries of Benefits and Coverage (SBCs) and the Uniform Glossary are available through etf.wi.gov/members/health-plan-summaries.htm. If you need printed copies sent to you, please call the Department of Employee Trust Funds (ETF) at 1-877-533-5020 to let them know which plan’s Summary of Benefits and Coverage you want.
## 2016 State - Comparison of Benefits Options

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Health Plan</th>
<th>Access Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
</tr>
<tr>
<td>Annual Medical Deductible</td>
<td>$250 individual / $500 family</td>
<td>$250 individual / $500 family</td>
</tr>
<tr>
<td></td>
<td>Deductible applies to annual OOPL</td>
<td>Deductible applies to annual OOPL</td>
</tr>
<tr>
<td></td>
<td>After an individual within a family plan meets the $250 deductible, coinsurance will apply to covered medical services except for office visit copayments</td>
<td>After an individual within a family plan meets the $250 deductible, coinsurance will apply to covered medical services except for office visit copayments</td>
</tr>
<tr>
<td></td>
<td>Medical deductible does not apply to prescription drugs</td>
<td>Medical deductible does not apply to prescription drugs</td>
</tr>
<tr>
<td>Primary Care Physician Office Visit Copayment includes:</td>
<td>• Internist • General Physician • Family Practitioner • Pediatrician • Gynecologist / Obstetrician • Nurse Practitioner • Physician Assistant • Chiropractor • Physical / Occupational / Speech Therapy in an office visit setting</td>
<td>• Specialty Providers • Urgent Care • Vision Exam in an office visit setting</td>
</tr>
<tr>
<td></td>
<td>$15 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td></td>
<td>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</td>
<td>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</td>
</tr>
<tr>
<td></td>
<td>After deductible: 30% member cost up to the annual OOPL</td>
<td>After deductible: 30% member cost up to the annual OOPL</td>
</tr>
<tr>
<td>Specialty Office Visit Copayment includes:</td>
<td>• Specialty Providers • Urgent Care • Vision Exam in an office visit setting</td>
<td>After deductible: 30% member cost up to the annual OOPL</td>
</tr>
<tr>
<td></td>
<td>$25 per visit</td>
<td>$25 per visit</td>
</tr>
<tr>
<td></td>
<td>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</td>
<td>Office visit copayments are not subject to the deductible, but do apply to the annual OOPL</td>
</tr>
<tr>
<td>Annual Medical Coinsurance</td>
<td>After deductible: 10% member cost</td>
<td>After deductible: 10% member cost</td>
</tr>
<tr>
<td>---------------------------</td>
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<tr>
<td></td>
<td>Applies to medical services except for office visits</td>
<td>Applies to medical services except for office visits</td>
</tr>
<tr>
<td></td>
<td>Coinsurance applies to the annual OOPL</td>
<td>Coinsurance applies to the annual OOPL</td>
</tr>
<tr>
<td>Annual Medical Out-of-Pocket Limit (OOPL)</td>
<td>$1,250 individual / $2,500 family</td>
<td>$1,000 individual / $2,000 family</td>
</tr>
<tr>
<td>Routine, preventive services as required by federal law</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Illness/injury related services beyond the office visit copayment (if applicable)</td>
<td>After deductible: 10% member cost up to OOPL</td>
<td>After deductible: 10% member cost up to the annual OOPL</td>
</tr>
<tr>
<td>Emergency Room Copayment (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)</td>
<td>$75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to the OOPL</td>
<td>$75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to the OOPL</td>
</tr>
<tr>
<td>Benefit</td>
<td>HDHP</td>
<td>Access HDHP</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
</tr>
<tr>
<td>Annual Medical Deductible</td>
<td>$1,500 individual / $3,000 family</td>
<td>$1,700 individual / $3,400 family</td>
</tr>
<tr>
<td></td>
<td>The deductible must be met before coverage begins; for family coverage, the full family deductible must be met</td>
<td>The deductible must be met before coverage begins; for family coverage, the full family deductible must be met</td>
</tr>
<tr>
<td></td>
<td>The deductible includes prescription drugs and applies to the annual OOPL</td>
<td>The deductible does apply to prescription drugs and also to the annual OOPL</td>
</tr>
<tr>
<td>Primary Care Physician Office Visit Copayment includes:</td>
<td>After deductible: $15 per visit Office visit copayments apply to the annual OOPL</td>
<td>After deductible: $15 per visit Office visit copayments do apply to the annual OOPL</td>
</tr>
<tr>
<td></td>
<td>Specialty Office Visit Copayment includes:</td>
<td>After deductible: $25 per visit Office visit copayments apply to the annual OOPL</td>
</tr>
<tr>
<td></td>
<td>Specialty Providers Urgent Care Vision Exam in an office visit setting</td>
<td>After deductible: $25 per visit Office visit copayments do apply to the annual OOPL</td>
</tr>
<tr>
<td>Service Description</td>
<td>Individual Plan</td>
<td>Family Plan</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
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<td>-------------</td>
</tr>
<tr>
<td><strong>Annual Medical Coinsurance</strong></td>
<td>After deductible: 10% member cost</td>
<td>After deductible: 10% member cost</td>
</tr>
<tr>
<td>Applies to medical services except for office visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance applies to the annual OOPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Medical Out-of-Pocket Limit (OOPL)</strong></td>
<td>$2,500 individual / $5,000 family</td>
<td>$3,500 individual / $7,000 family</td>
</tr>
<tr>
<td><strong>Routine, preventive services as required by federal law</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td><strong>Illness/injury related services beyond the office visit copayment (if applicable)</strong></td>
<td>After deductible: 10% member cost up to OOPL</td>
<td>After deductible: 10% member cost up to the annual OOPL</td>
</tr>
<tr>
<td><strong>Emergency Room Copayment (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)</strong></td>
<td>After deductible: $75 copayment per visit, then coinsurance applies to services beyond the copayment up to the OOPL</td>
<td>After deductible: $75 copayment per visit, then the deductible and coinsurance applies to services beyond the copayment up to the OOPL</td>
</tr>
<tr>
<td>Drug Level</td>
<td>Health Plan</td>
<td>Access Plan</td>
</tr>
<tr>
<td>------------</td>
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<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-Network</td>
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<td></td>
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<tr>
<td></td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

### Copayment / Coinsurance

<table>
<thead>
<tr>
<th>Drug Level</th>
<th>Health Plan</th>
<th>Access Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>Level 2</td>
<td>20% ($50 max)</td>
<td>20% ($50 max)</td>
</tr>
<tr>
<td>Level 3</td>
<td>40% ($150 max)</td>
<td>40% ($150 max)</td>
</tr>
<tr>
<td>Level 4 Preferred</td>
<td>$50 or 40% ($200 max)</td>
<td>$50 or 40% ($200 max)</td>
</tr>
<tr>
<td>Level 4 Non-Preferred</td>
<td>40% ($200 max)</td>
<td>40% ($200 max)</td>
</tr>
</tbody>
</table>

### Out-of-Pocket Limits

<table>
<thead>
<tr>
<th>Drug Level</th>
<th>Health Plan</th>
<th>Access Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels 1 &amp; 2</td>
<td>$600 / $1,200</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td>Level 3</td>
<td>$6,850 / $13,700</td>
<td>$6,850 / $13,700</td>
</tr>
<tr>
<td>Level 4</td>
<td>$1,200 / $2,400</td>
<td>$1,200 / $2,400</td>
</tr>
</tbody>
</table>
### 2016 State - Comparison of Benefits Options for Prescription Drugs

<table>
<thead>
<tr>
<th>Drug Level</th>
<th>HDHP</th>
<th>Access HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,500 / $3,000 (combined medical &amp; Rx)</td>
<td>$1,700 / $3,400 (combined medical &amp; Rx)</td>
</tr>
<tr>
<td><strong>Copayment / Coinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1</td>
<td>$5 after deductible</td>
<td>$5</td>
</tr>
<tr>
<td>Level 2</td>
<td>20% ($50 max) after deductible</td>
<td>20% ($50 max)</td>
</tr>
<tr>
<td>Level 3</td>
<td>40% ($150 max) after deductible</td>
<td>40% ($150 max)</td>
</tr>
<tr>
<td>Level 4 Preferred</td>
<td>$50 or 40% ($200 max) after deductible</td>
<td>$50 or 40% ($200 max)</td>
</tr>
<tr>
<td>Level 4 Non-Preferred</td>
<td>40% ($200 max) after deductible</td>
<td>40% ($200 max)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Limits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels 1 &amp; 2</td>
<td>$2,500 / $5,000 (combined medical &amp; Rx)</td>
<td>$3,500 / $7,000 (combined medical &amp; Rx)</td>
</tr>
<tr>
<td>Level 3</td>
<td>$3,500 / $7,000 (combined medical &amp; Rx)</td>
<td></td>
</tr>
<tr>
<td>Level 4</td>
<td>$3,800 / $7,600 (combined medical &amp; Rx)</td>
<td></td>
</tr>
</tbody>
</table>
Dental and Vision Plans

UW-Madison offers dental and vision plans that provide coverage beyond the coverage available through your State Group Health plan. You are eligible for the dental and vision plans if you are eligible for State Group Health Insurance. Once enrolled, you must remain enrolled for the entire calendar year.

Comparison charts follow the description of these plans.

EPIC Benefits+

Plan Description

Epic Benefits+ offers supplemental dental and vision coverage, a hospital/surgery benefit and an accidental death and dismemberment benefit. There is no coverage for routine dental services. For detailed information about EPIC Benefits+: http://www.ohrwisc.edu/benefits/new-emp/epic.aspx.

Covered benefits include:

- Annual benefit maximum of $1,500/person
- Fillings, crowns, implants, bridges, etc.
- Orthodontia, if under 19, with a lifetime max of $1,200/person (12 month waiting period)
- Hospital confinement and outpatient surgery benefit
- Accidental Death and Dismemberment coverage up to $15,000
- Davis Vision Discount Program
- Optional Vision Insurance for an additional premium including coverage for:
  - $130 frame allowance every other year after copay, lenses every year after $25 co-pay
  - OR
  - $130 contact lens allowance per year
- Additional coverage and discounts on materials not covered under the policy.

Available Coverage

Coverage is available for the employee, employee spouse or domestic partner and dependents.

Employee/Employer Contribution

There is no employer contribution.

Premiums

<table>
<thead>
<tr>
<th>2016 Monthly Premium</th>
<th>Employee</th>
<th>Employee + Spouse/DP</th>
<th>Employee + Child</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIC Benefits+ Without Vision</td>
<td>$19.77</td>
<td>$39.54</td>
<td>$39.54</td>
<td>$59.31</td>
</tr>
<tr>
<td>EPIC Benefits+ With Vision</td>
<td>$24.02</td>
<td>$47.04</td>
<td>$47.04</td>
<td>$70.34</td>
</tr>
</tbody>
</table>
**Dental Wisconsin**

**Plan Description**

Dental Wisconsin is a dental insurance plan that offers comprehensive dental coverage. There are two benefit plans you can choose from: the PPO or the Select Plan. For detailed information about Dental Wisconsin: [http://www.ohr.wisc.edu/benefits/new-emp/dental.aspx](http://www.ohr.wisc.edu/benefits/new-emp/dental.aspx)

**Covered benefits include:**

- Annual benefit maximum of $1,000/person
- Annual cleanings and x-rays (PPO plan only)
- Fillings, crowns, implants, bridges, etc. (3 month waiting period)*
- Orthodontia, if under 19, with a lifetime max of $1,000/person (12 month waiting period)*
- Davis Vision Discount Program

*Unless you have prior creditable dental coverage

**Available Coverage**

Coverage is available for the employee, employee spouse or domestic partner and dependents.

**Employee/Employer Contribution**

There is no employer contribution.

**Premiums**

<table>
<thead>
<tr>
<th>2016 Monthly Premium</th>
<th>Employee</th>
<th>Employee + Spouse/DP</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental WI Select</td>
<td>$20.52</td>
<td>$42.19</td>
<td>$48.68</td>
<td>$71.59</td>
</tr>
<tr>
<td>Dental WI PPO</td>
<td>$25.49</td>
<td>$53.96</td>
<td>$60.34</td>
<td>$91.21</td>
</tr>
</tbody>
</table>
VSP Vision

Plan Description

VSP Vision insurance provides coverage to help offset the costs of an annual eye exam, prescription glasses, and contact lenses. For detailed information about VSP Vision: https://www.wisconsin.edu/ohrwd/benefits/download/med/vision/broch.pdf.

In-Network coverage includes:

- One well-vision exam per year after $15 co-payment
- Coverage for glasses or contact lenses each year
  - $130 frame allowance every other year after $25 co-pay, lenses every year after $25 co-pay
  - $130 contact lens allowance per year
- Discounts on additional glasses, laser vision correction and some services/materials not covered under the policy.
- KidsCare Program - allows two exams per year, impact resistant lenses, lenses replaced as needed, frames replaced annually with $25 co-pay

Available Coverage

Coverage is available for the employee, employee spouse or domestic partner and dependents.

Employee/Employer Contribution

There is no employer contribution.

Premiums

<table>
<thead>
<tr>
<th>2016 Monthly Premium</th>
<th>Employee</th>
<th>Employee + Spouse/DP</th>
<th>Employee + Child(ren)*</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP</td>
<td>$6.54</td>
<td>$13.08</td>
<td>$14.73</td>
<td>$23.54</td>
</tr>
</tbody>
</table>

Comparison of Vision Plans

## 2016 Comparison of Dental Plans

<table>
<thead>
<tr>
<th>Network</th>
<th>Uniform Dental (under State Group Health)</th>
<th>EPIC Benefits +</th>
<th>Dental WI PPO</th>
<th>Dental WI Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental Wisconsin</td>
<td>Affiliated with Delta Dental nationwide, you are responsible for charges over the allowable amount.</td>
<td>Delta Dental PPO Providers</td>
<td>All other. Recommend Delta Premier Providers</td>
<td>Affiliated with Delta Dental nationwide, you are responsible for charges over the allowable amount unless a Delta Premier Provider is used.</td>
</tr>
</tbody>
</table>

### 2016 Enrollment Opportunity
- **Present**
- **Open Network**

### Provider Network
- **In Network Only**
- **Open Network**
- **In Network**
- **Out-of-Network**
- **Open Network**

#### Deductible
- **Dental WI PPO**
- **Dental WI Select**

#### Calendar Benefit Max
- **Dental WI PPO**
- **Dental WI Select**

#### Diagnostic & Preventative
- **Routine Evaluations**
- **Cleanings**
- **Bitewing X-rays**
- **Panoramic X-rays**
- **Fluorides**

#### Basic
- **Fillings**
- **Extractions**
- **Local Anesthesia**
- **Emergency Palliative**
- **X-rays**

#### Oral Surgery
- **Not covered, but may be covered under health plan**

#### Major/Restorative
- **Crowns**
- **Implants**
- **Bridges**
- **Dentures**
- **Endodontic**
- **Periodontic**

#### Dental Waiting Period
- **None**
- **Preventative - None**
- **Basic & Major - 3 months**
- **Basic & Major - 3 months**

#### Orthodontia
- **50% (under 19 only)**
- **Ortho Lifetime Max**
- **Ortho Waiting Period**

#### Claim Filing Timeline
- **12 months**
- **120 days**

### Premiums

#### Employee
- **Without Vision Insurance**
- **With Vision Insurance**
- **PPO Plan**
- **Select Plan**

#### Employee + Spouse/DP
- **$39.54**
- **$47.04**
- **$60.34**

#### Employee + Child(ren)
- **$59.31**
- **$70.34**

#### Family
- **$59.31**
- **$70.34**

---

* Assumes eligibility for full employer contribution toward health insurance premium

1. If you enrolled during the 2015 special enrollment period, you are still subject to the graduated dental benefit for that special enrollment. The calendar benefit maximum for 2016 is $1,000 and will be the full maximum of $1,500 in 2017. The ortho waiting period is 24 months.

To view the 2016 State Group Health Insurance premiums with and without dental go to: [www.wisconsin.edu/abe/2016-premiums](http://www.wisconsin.edu/abe/2016-premiums)

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**UW-Madison Benefits Services | benefits.wisc.edu**

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Revised 10/05/15
### Comparison Chart of 2016 Vision Coverage Options

<table>
<thead>
<tr>
<th>Vision Benefit</th>
<th>EPIC Benefits+ Vision Plan Option - Additional Premium Cost</th>
<th>Affinity Vision Discount Program - Included with EPIC Benefits+ and Dental WP</th>
<th>VSP Vision Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Benefits</td>
<td>Non-Network Benefits</td>
<td>Member Price1</td>
</tr>
<tr>
<td>Routine Eye Examination</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$55 of provider's Usual &amp; Customary</td>
</tr>
<tr>
<td><strong>Benefit Frequency</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>Every 12 months based upon date of service</td>
<td>No limitation</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Every 24 months based upon date of service</td>
<td>No limitation</td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davis Vision Collection Frames</td>
<td>Fashion</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Designer</td>
<td>$30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Premier</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>Non-Collection Frame Allowance</td>
<td>$130 allowance. Member receives 20% discount on charges over $130.</td>
<td>$30 allowance</td>
<td>Member pays $40 plus 90% of balance for frames over $70 retail price.</td>
</tr>
<tr>
<td><strong>Spectacle Lenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lens Upgrades - Member Pays Discounted Cost</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slips Lenses</td>
<td>$0</td>
<td>$0</td>
<td>$15</td>
</tr>
<tr>
<td>Tint of Plastic Lenses: Solid Tint / Gradient Tint</td>
<td>$0</td>
<td>$0</td>
<td>$10 / $12</td>
</tr>
<tr>
<td>Scratch Resistant Coating</td>
<td>$0</td>
<td>$0</td>
<td>$20</td>
</tr>
<tr>
<td>Scratch Protection Plan: Single Vision / Multifocal</td>
<td>$20 / $40</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Ultraviolet Coating</td>
<td>$12</td>
<td>$12</td>
<td>$15</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$35</td>
<td>$35</td>
<td>$45</td>
</tr>
<tr>
<td>Polycarbonate Lenses (Children)</td>
<td>$55</td>
<td>$55</td>
<td>$55</td>
</tr>
<tr>
<td>High-Index Lenses2</td>
<td>$55</td>
<td>$55</td>
<td>$55</td>
</tr>
<tr>
<td>Progressive Lenses3 - Standard / Premium</td>
<td>$50 / $90</td>
<td>$75 / $125</td>
<td>$75 / $125</td>
</tr>
<tr>
<td>Blended Invisible Bifocals</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Photochromic Lenses: Glass / Plastic</td>
<td>$20 / $65</td>
<td>$35 / $65</td>
<td>$35 / $65</td>
</tr>
<tr>
<td>Polarized Lenses</td>
<td>$75</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>Intermediate Vision Lenses</td>
<td>$30</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lenses in Lieu of Eyeglasses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collection Series Contacts</td>
<td>Covered up to 8 boxes</td>
<td>Lesser of 8 boxes or $130</td>
<td>$75 allowance</td>
</tr>
<tr>
<td>Conventional</td>
<td>$130 allowance. Member receives 15% discount on charges over $130.</td>
<td>$75 allowance</td>
<td>90% of provider’s Usual &amp; Customary Fees</td>
</tr>
<tr>
<td>Disposable/Planned Replacement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation, Fitting &amp; Follow Up</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Contact Lenses</td>
<td>Included at no cost</td>
<td></td>
<td>Contact lens exam (fitting &amp; follow-up) is discounted 15% through a VSP provider; maximum copay of $50. Contact lens allowance of $130 can be applied towards contact lens materials. $105 maximum reimbursement allowance applies towards contact lens exam as well as contact lens materials.</td>
</tr>
<tr>
<td>Specialty Contact Lenses</td>
<td>$60 allowance. Member receives 15% discount on charges over $60.</td>
<td>$75 allowance</td>
<td>Evaluation - 85% of provider’s Usual &amp; Customary Fee Fitting and follow-up fees are member's responsibility.</td>
</tr>
<tr>
<td><strong>Value Added Features</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser Vision Discount Network</td>
<td>Up to 25% off provider’s Usual &amp; Customary or 5% off advertised specials, whichever is lower.</td>
<td></td>
<td>Average 15% discount with contracted facilities, including TLC: 5% discount on promotional price offered through contracted facilities. No additional discounts or reimbursements available at a non-contracted facility.</td>
</tr>
<tr>
<td>Replacement Contact Lens Program (Lens 123®)</td>
<td>Mail order program - free membership</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Special lens designs, materials, power, and frames may require additional cost.  
2 Does not apply to all forms of high-index lenses.  
3 Does not apply to all forms of progressive lenses.  
4 Members receive full allowance towards everyday low prices at Walmart and Sam's Club. Additional discounts do not apply.  

**DISCLAIMER:** If there are differences in this document and the Group Policy, the Group Policy is the governing document. The comparison chart is only a general outline of benefits. You can find a more detailed description of coverage in the applicable certificate of insurance.
**Income Continuation Insurance**

**Plan Description**

Income Continuation Insurance (ICI) is disability/income replacement insurance that will provide you with up to 75% of your monthly salary (based on a maximum salary of $120,000/year) if you become ill or disabled and are unable to work.

Benefits begin after a selected waiting period (minimum of 30 consecutive calendar days) or use of accumulated sick leave (up to 130 days), whichever is longer. There are two coverage levels: Standard ICI covers earnings up to $64,000; Supplemental ICI covers earnings from $64,001 to $120,000.


**Coverage Availability**

Coverage is available for the employee only.

**Employee/Employer Contribution**

Income Continuation Insurance premiums are paid through a combination of employer and employee contributions. When coverage is elected determines the coverage option and the amount of employer and employee contributions.

**Life Insurance Plans**

The University offers life insurance coverage through several different plans.

Plan descriptions for the life insurance plans available to you are listed on the following pages. Comparison charts highlighting the features and costs of the plans are available to help you compare benefits and make informed choices.

[https://uwservice.wisc.edu/docs/publications/life-insurance-cost-comparison-uw1483.pdf](https://uwservice.wisc.edu/docs/publications/life-insurance-cost-comparison-uw1483.pdf)

**Life Insurance Premiums**

Premiums for all life insurance plans are available here: [https://www.wisconsin.edu/ohrwd/benefits/premiums/#life](https://www.wisconsin.edu/ohrwd/benefits/premiums/#life).
State Group Life Insurance

Plan Description

State Group Life Insurance (SGL) provides group term life insurance. SGL offers coverage levels of up to five times your annual salary. There is also an option to cover your spouse or domestic partner up to $20,000 and your children up to $10,000. SGL will also continue into retirement at the group policy rates. More information: http://www.ohr.wisc.edu/benefits/new-emp/sgl.aspx.

Coverage Availability

Coverage is available for the employee, employee spouse or domestic partner and dependents.

Employee/Employer Contribution

SGL Insurance premiums are paid through a combination of employer and employee contributions.

Individual and Family Group Life Insurance

Plan Description

The plan provides group term life insurance. Initially, you may select up to $20,000 of coverage for yourself, up to $10,000 for a spouse/domestic partner, and up to $5,000 per child. Maximum employee coverage for 2015 is $300,000, $150,000 for a spouse/domestic partner, and $25,000 per child. Annually, participants have an opportunity to increase coverage without evidence of insurability. More information: http://www.ohr.wisc.edu/benefits/new-emp/indfam.aspx.

Coverage Availability

Coverage is available for the employee, employee spouse or domestic partner and dependents.

UW Employees, Inc. Life Insurance

Plan Description

UW Employees, Inc. Life Insurance plan offers decreasing term life insurance for employees only. Coverage is based on age and ranges from $33,000-$7,000. You are eligible for this life insurance plan if you are eligible for State Group Health Insurance. More information: http://www.ohr.wisc.edu/benefits/new-emp/uwemp.aspx.

Coverage Availability

Coverage is available for the employee only.

Employee/Employer Contribution

There is no employer contribution for UW Employees, Inc. Life Insurance. All plans premiums are paid through employee contribution.
University Insurance Association Life Insurance

Plan Description

Participation in this decreasing term life insurance plan is mandatory for all eligible faculty, academic staff, and limited employees. University staff are not eligible. Eligibility will be evaluated annually based on active employment information as of October 1st to ensure that the employee meets the minimum salary requirements. Benefit level is based on employee age at the beginning of the policy year (October 1).

The University Insurance Association (UIA) Life Insurance plan offers decreasing term life insurance to eligible Faculty, Academic Staff, and Limited appointees. If you meet the monthly salary requirement, you will be automatically enrolled in this plan. No application is required. Coverage ranges from $101,000 - $3,400 depending on employee age. UIA is eligible for continuation at retirement at the group policy rate. More information: http://www.ohr.wisc.edu/benefits/new-emp/uia.aspx.

Coverage Availability

Coverage is available for the employee only.

Employee/Employer Contribution

There is no employer contribution for University Insurance Association Life Insurance. All plans premiums are paid through employee contribution.

Premium

The annual premium of $24.00 is deducted from October earnings.

Accidental Death and Dismemberment Insurance

Plan Description

The Accidental Death and Dismemberment Insurance plan (AD&D) protects you against losses resulting from a covered accident. You may select a coverage amount up to $500,000. If you enroll in family coverage, your dependents are covered for a percentage of the benefit amount you select, subject to certain maximums. The plan also includes Zurich Travel Assist®, a comprehensive travel assistance program that provides benefits and services when you are traveling 100 miles or more from your residence. More information: http://www.ohr.wisc.edu/benefits/new-emp/add.aspx.

Coverage Availability

Coverage is available for the employee, employee spouse or domestic partner and dependents.

Employee/Employer Contribution

There is no employer contribution for AD&D. All plans premiums are paid through employee contribution.
Flexible Spending Accounts

Plan Description

The Flexible Spending Accounts program allows you to set aside money on a pre-tax basis to pay for eligible medical and dependent care expenses annually. You decide how much to set aside, and that amount is deducted from each paycheck before federal, state and FICA taxes are calculated so you save money on taxes.

You may only change your annual election amount during the year if you have a life event change in status (e.g. marriage, divorce, birth, leave of absence).

A Health Care FSA is used to pay for eligible medical expenses that aren’t covered by your insurance. Eligible expenses include but are not limited to co-insurance, co-payments, dental costs and vision expenses (e.g. glasses, contacts, contact solution). Most over-the-counter medications are not covered unless you have a prescription from your doctor. If you participate in a High Deductible Health Plan you are only eligible for a Limited Purpose FSA for vision and dental expenses.

These expenses can be incurred by you, your spouse (same or opposite-sex spouse) and your qualifying child or relative.

You may contribute a minimum of $100 or up to $2,550 to your Health Care FSA. The 2016 plan year is from January 1, 2016 – December 31, 2016. If you have unused monies left in your Healthcare or Limited Purpose FSA on December 31, 2016, up to $500 will carry over to the 2017 plan year. Anything over $500 will be lost.

A Dependent Day Care FSA is used to pay for eligible dependent care expenses such as after school care, baby-sitting fees, adult or child daycare and preschool.

Eligible dependents include your qualifying child, spouse (same or opposite-sex spouse) and/or relative.

You may contribute a minimum of $100 or up to $5,000 into your Dependent Day Care FSA. Plan carefully; any money remaining in your FSA account at the end of the plan year will be lost. For 2015 expenses, you have until March 30, 2016 to submit dependent day care expenses against 2015 balances.
Tax-Sheltered Annuity 403(b)

Plan Description

The UW Tax-Sheltered Annuity (TSA) 403(b) Program is a supplemental retirement savings program regulated by Section 403(b) of the Internal Revenue Code. Through the TSA Program you can invest a portion of your income for retirement on either a pre-tax basis, an after-tax basis (Roth) or a combination of both. Participation in the UW TSA Plan is voluntary.

UW TSA 403(b) Program investment options include a wide array of mutual funds and fixed and variable annuities managed by several investment companies:

- TIAA-CREFF
- Fidelity
- T. Rowe Price
- Ameriprise/RiverSource Life Insurance
- Lincoln National Life Insurance

If you have 15 years or more of service with the UW and your TSA contributions average less than $5,000 per year over the course of your UW employment, you may be eligible for catch-up contributions.

Coverage Availability

Participation is available for the employee only.

Employee/Employer Contribution

You make the entire contribution; there is no employer match. University staff may contribute as little as $8 per paycheck. Faculty, Academic Staff, and Limited employees may contribute as little as $20 per paycheck.
Wisconsin Deferred Compensation

Plan Description

The Wisconsin Deferred Compensation 457 (WDC) Program is a supplemental retirement savings plan, regulated by Section 457 of the Internal Revenue Code. Through the WDC Program you can invest a portion of your income for retirement on either a pre-tax basis, an after-tax basis (Roth) or a combination of both. Participation in the plan is voluntary.

WDC offers a wide range of investment options to meet your needs. The investment options are divided into 4 tiers:

- Lifecycle Funds
- Passive Index Funds
- Actively Managed Funds
- Self-Directed Brokerage Account

If you are within 3 years of your normal retirement age and you have under-contributed in the past, you may be eligible for catch-up contributions.

Coverage Availability

Participation is available for the employee only.

Employee/Employer Contribution

The employee makes the entire contribution; there is no employer match. There is no minimum monthly contribution.
Office of Human Resources
21 North Park Street, Suite 5101
Madison, Wisconsin 53715-1218

Benefits Information and Tools

The UW-Madison Benefits Services website is designed to help you find important benefits information before you enroll and throughout the year. The site makes it easy for you to learn, select plans and enroll.

http://benefits.wisc.edu