BENEFITS+

2017 SPECIAL ENROLLMENT FOR ACTIVE EMPLOYEES

Designed Exclusively for State of Wisconsin Employees

- DENTAL
- HOSPITAL/SURGERY
- AD&D
- VISION

WWW.EPICBENEFITS.COM

EPIC™ | SPECIALTY BENEFITS

EASY AND AFFORDABLE

As a State of Wisconsin employee, you may be eligible for automatic acceptance into our supplemental benefit plan from EPIC. This plan combines valuable benefit types all rolled into one package – benefit enhancement to your base insurance made simple. And, our competitive rates mean it's affordable, too!

WHAT IS SUPPLEMENTAL INSURANCE AND WHY WOULD I WANT IT?

Supplemental insurance is an additional benefit that enhances your base insurance plan(s). The plan offered to State of Wisconsin employees from EPIC provides you with additional Dental, Hospital and Surgery, and Accidental Death and Dismemberment coverage, along with the option to purchase additional vision coverage.

Plain and simple, carrying supplemental insurance can save you money by providing additional benefits for costs you'd otherwise be responsible for.

If you enroll now and continue your coverage through the date you become an eligible annuitant, you may take the annuitant supplemental benefits with you when you retire (see Annuitants brochure). If you terminate your employment prior to achieving annuitant status, you may continue the coverage under the law and requirements of COBRA.

HOW TO ENROLL

Applications must be submitted to your payroll office within your eligibility period. **Consult your payroll office for enrollment requirements.**

Note: You must be eligible to enroll in a group health plan offered to state employees through the Group Insurance Board to be eligible for this coverage.

2017 MONTHLY RATES FOR ACTIVE EMPLOYEES		
	Without Vision	With Vision
Employee	$21.56	$25.60
Employee + Spouse/ Domestic Partner	$43.12	$50.24
Employee + Child(ren)	$43.12	$50.24
Family	$64.68	$75.16

OTHER INFORMATION

Automatic Deduction

Premiums will be deducted from your paycheck on a pre-tax basis automatically when you enroll in this benefit.

If you prefer to have your insurance premiums deducted post-tax, you must file an Automatic Premium Conversion Waiver (ET-2340) before your benefits begin or prior to the next plan year. Once you file a waiver, it will remain in effect until you revoke it.

Note: If you have coverage that includes a domestic partner, non-tax dependent, or you are a limited term employee, your premiums will be deducted post-tax from your paycheck.

The State of Wisconsin requires each employee to identify any family members who are not "tax dependents." A "tax dependent" is a person who qualifies as your dependent on your income tax for Internal Revenue Code purposes. Your family members, including adult children, do not need to be "tax dependents" to be eligible for coverage.

If there are differences in this document and the Group Policy, the Group Policy is the governing document. This insurance plan has been authorized by the Group Insurance Board under authority granted by Wis. Statute § 40.03 (6) (b) for the purpose of permitting premium collection through payroll pursuant to Wis. Statute§20.921 (1) (a) 3.

Benefits+ Dental

PROTECTION FOR UNPREDICTABLE, HIGH-COST DENTAL SERVICES

Dental expense benefit coverage lets you enjoy a wider range of dental protection by paying benefits for the following services once you've paid the annual deductible.

Annual Deductible	$75 per member
Dental Services • Extractions • Therapeutic injections • Periodontics • Anesthesia services, as defined in the policy • Endodontics • Restorations, as defined in the policy • Alveolectomy • Prosthetics including dentures and bridges and their repair • Crowns, as defined in the policy • Inlays and onlays • Oral surgery • Dental implants • Orthodontic services and supplies, as defined in the policy*	Deductible, then 50% of covered charges up to a calendar-year maximum, per member
Dental Maximums • First year of coverage (2017) • Second year of coverage (2018) • Third year of coverage (2019 and later)	 $750** $1,000** $1,500**
Orthodontic Lifetime Maximum*	$1,200 per member

** For eligible children under 19. All appliances must be in place before the eligible child's 19th birthday. There is a 24-month waiting period from the dependent's effective date for benefits for orthodontic services and supplies.*

Note: We'll pay secondary after your other dental plan.

***Maximums and waiting period differ from new-hire benefit plans.*

With EPIC Benefits+ Dental Plan, you may see any provider you wish. However, we recommend Delta Dental because you will receive the best value when you choose a Delta Dental provider. **Since Delta's Contract with EPIC provides an extensive network of providers (93% of WI Dentists), it's easy to locate one near you.** However, if you choose to receive treatment from a provider not in the Delta network, you'll still be eligible for coverage, but any difference between Delta's allowable fee and what the provider charges will be your responsibility.

The plan's easy to use. After you visit your dentist, submit your dental claims to your other dental insurers for consideration. Then, submit all of your claims (including the portion paid by your primary coverage) to EPIC/Delta Dental for consideration.

Not sure if your dentist is a Delta Dental provider? Call Delta Dental at **800-236-3712**, visit Delta Dental on the Web at **www.deltadentalwi.com**, or contact your dentist directly.

At your appointment, provide your insurance information. This will eliminate confusion and claim denial. Many providers will submit claims on your behalf.

Hospital & Surgery Benefit

INPATIENT HOSPITAL STAY

A benefit of $200 per day will be paid, beginning on the third day and continuing through the 365th day of a hospital confinement. Confinement in a skilled nursing facility does not qualify for this benefit.

OUTPATIENT SURGERY

A benefit of $200 per outpatient surgery will be paid when performed in a hospital outpatient department or freestanding Ambulatory Surgical Center. Multiple procedures occurring during a single surgical session qualify for a single $200 benefit. Surgery performed in a physician's office does not qualify for the benefit.

These benefits are not subject to any waiting periods, and payments will be made directly to the member, to be used in any way they see fit.

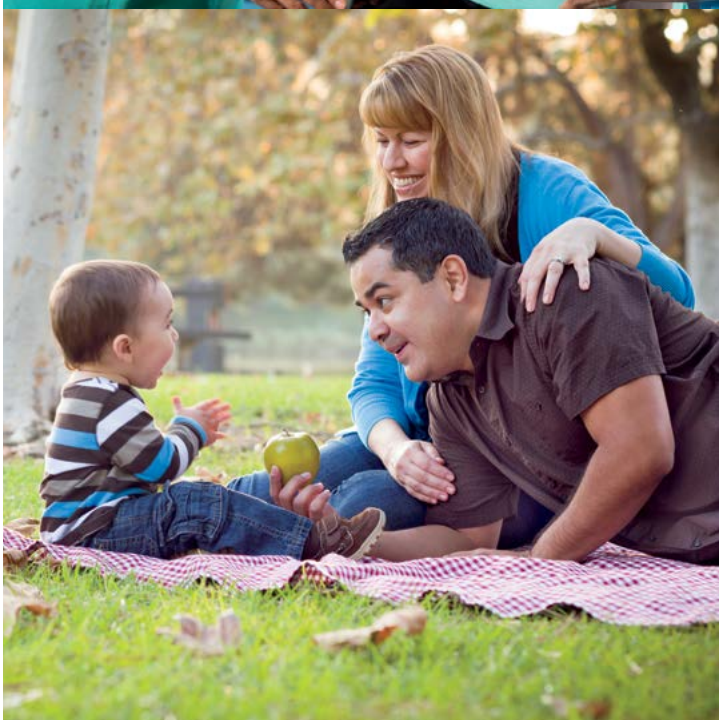
Accidental Death & Dismemberment (AD&D)

HELP WHEN THE UNEXPECTED HAPPENS

AD&D coverage is designed to help offset some of the financial costs involved in coping emotionally and financially, with accidental death or specific life-altering injuries. AD&D pays a lump sum benefit as outlined in the table below.

IN THE EVENT OF THE ACCIDENTAL LOSS OF...	COVERAGE	BENEFIT
• Life • Both feet • Both hands	Employee	$15,000
	Spouse/Domestic Partner	$7,500
	Child	$3,000
• One foot • One hand • Sight in one eye	Employee	$7,500
	Spouse/Domestic Partner	$3,750
	Child	$1,500
Loss must occur within 90 days of injury to qualify		

**Beneficiary Designation forms may be downloaded from the EPIC Specialty Benefits website. Please submit this form to EPIC.*



Vision Benefit Option

STATE OF WISCONSIN EMPLOYEE VISION BENEFITS

Additional vision benefits are available to State of Wisconsin employees and their dependents, if enrolling in the Benefits+ plan.

With routine vision exams included in most health plans, the EPIC Vision plan completes your vision care benefits by not duplicating the exam benefit, but providing coverage for vision materials.

Not choosing this vision benefit still entitles you to the Davis Vision Affinity Discount Program. See information below.

To review your benefits or find a provider, visit the Davis Vision Web site (www.davisvision.com), click on Members, and enter Client Code 7745 under Open Enrollment. For optimal provider search results, enter your ZIP code and number of miles.

DAVIS VISION AFFINITY PROGRAM

If you do not choose to enroll with the Vision Benefit Option, EPIC will offer added savings through the Davis Vision Affinity Discount Program. The Affinity Discount Program provides member savings on professional vision care services and eyewear. This program is not an insurance plan – it offers fixed out-of-pocket costs and discounts. To receive your discount, visit a Davis Vision participating provider and tell them you have Davis Vision's discount plan through EPIC Life Insurance or present an ID card you printed from the Web.

To print an Affinity ID card and find a Provider, visit www.davisvision.com, select Members and enter client code 7748.

You may contact Davis Vision at 1-877-923-2847.

EPIC VISION PLAN (DAVIS VISION NETWORK)

Complete an EPIC enrollment application to elect the EPIC Vision Plan for a complete benefit package.

EPIC VISION PLAN (DAVIS VISION NETWORK)	IN-NETWORK BENEFITS (MEMBER PAYS COPAYMENT)	NON-NETWORK BENEFITS
Copays		
Routine Eye Exam	Not applicable	Not applicable
Lenses (spectacle or contact)	$25	Not applicable
Frame Collection		
Fashion Copay	$0	EPIC pays $30 allowance
Designer Copay	$0	EPIC pays $30 allowance
Premier Copay	$25	EPIC pays $30 allowance
Non-Collection	EPIC pays $130 & member receives 20%[1] discount on charges over $130 - No copay required	EPIC pays $30 allowance
Lens Allowance		
Single, Bifocals, Trifocal, Lenticular	Plastic lenses included	Copay not applicable EPIC pays $25-$60
Contact Lenses (In Lieu of Eyeglasses)		
Collection		
• Evaluation, Fitting & Follow-up	Included	$75 allowance
• Materials	Includes Daily Wear, Planned Replacement, and Disposable	$75 allowance
Non-Collection		
• Standard Evaluation, Fitting & Follow-up	Included	$75 allowance
• Specialty Evaluation, Fitting & Follow-up	$60 allowance, plus 15% discount over allowance	$75 allowance
• Materials	$130 allowance, plus 15% discount over allowance	$75 allowance
Medically Necessary	Materials, evaluation, fitting, and follow-up included at no cost	EPIC pays $225 allowance
Lens Upgrade (Non-Insurance)		
Glass, Oversize, Scratch Resistant Coating	Included at no cost	Not covered
Polycarbonate Lenses (children & special)	Included at no cost	Not covered
Fashion Tinting Plastic Lens	$0 copay	Not covered
Gradient Tinting Plastic Lens	$0 copay	Not covered
Blended Lenses (invisible), Photochromic Glass Lenses	$20 copay	Not covered
Polycarbonate Lenses (all other)	$30 copay	Not covered
Ultraviolet Coating	$12 copay	Not covered
Standard Anti-reflective Coating	$35 copay	Not covered
Premium Anti-reflective Coating	$48 copay	Not covered
Ultra Anti-reflective Coating	$60 copay	Not covered
Standard Progressive Lenses	$50 copay	Not covered
Premium Progressive Lenses	$90 copay	Not covered
Intermediate Vision Lenses	$30 copay	Not covered
High Index Lenses	$55 copay	Not covered
Polarized Lenses	$75 copay	Not covered
Photosensitive Plastic Lenses	$65 copay	Not covered
Scratch Protection		Not covered
Single Vision	$20 copay	Not covered
Multifocal	$40 copay	Not covered
Benefit Frequency		
Lenses	12 months	12 months
Frames	24 months	24 months

[1] Members receive full allowance towards everyday low prices at Walmart and Sam's Club. Additional discounts do not apply.

Exclusions

Dental Exclusions - This plan does not cover: • dental services incurred for the replacement of a full upper or a full lower denture regardless of cause after we have included the charge for such denture(s) at least once in considering benefits under this or a similar dental expense benefit provision • dental services incurred for relining of dentures • orthodontic treatment that begins after a covered dependent reaches age 19 • dental services that are not medically necessary or not required in accordance with accepted dental practices • diagnostic and preventive dental services including, but not limited to, dental examinations, regular and periodontal cleaning, fluoride, x-rays, sealants, and emergency evaluations • orthodontic services and supplies incurred: (1) during the first 12 calendar months following a new entrant's effective date of coverage under the policy; or (2) during the first 24 calendar months following a late enrollee's effective date of coverage under the policy • dental services not specifically identified as being covered under the policy • dental services and supplies for cosmetic treatment, unless necessitated as a result of injuries sustained while the member is covered under the policy • dental services and supplies provided in connection with the treatment of the temporomandibular joint • dental services furnished by the U.S. Veterans Administration, except for such services for which under applicable federal law the policy is the primary payor and the U.S. Veterans Administration is the secondary payor • dental services, including oral surgical services, except as specifically stated above.

Hospital and Surgery Benefit Exclusions - This plan does not cover: hospital confinement that does not medically require the patient to be hospitalized or surgery not medically necessary, as determined by us • routine newborn care. Initial hospital and nursery care, per day, for evaluation and management of normal newborn infant • hospital confinement or surgery services connected with: obesity, weight reduction, or dietetic control care, except for morbid obesity and disease etiology • reconstructive surgery, except for such surgery required: (1) to repair a significant defect caused by an injury; (2) to repair a defect caused by congenital anomaly causing a functional impairment of a dependent child; (3) incidental to a mastectomy; or (4) due to an illness • eye refractive surgery • hospital confinement or surgery services in connection with care for, or leading to, sexual transformation • reversal of sterilization • hospital confinement or surgery services in connection with artificial insemination or fertilization methods including, but not limited to, in vivo and in vitro fertilization, embryo transfer, gamete intra fallopian transfer (GIFT) and similar procedures that are incidental to such insemination or fertilization methods • dental services, including oral surgical services.

Hospital: A hospital does not include, as determined by us: • a convalescent or extended care facility unit within or affiliated with the hospital • a clinic • a nursing, rest or convalescent home • an extended care facility • a facility operated mainly for care of the aged • sub-acute care center • a health resort, spa or sanitarium.

Ambulatory Surgical Center: An Ambulatory Surgical Center means a licensed facility where the patient is admitted to and discharged within the same day, with the primary purpose to provide surgical procedures. It has one or more physicians on duty whenever a patient is in the center. An Ambulatory Surgical Center does not include, as determined by us: • an office maintained by a physician for the practice of medicine • a facility which provides services or overnight accommodations for patients.

AD&D Exclusions - In addition to the general exclusions, this plan does not cover any loss due to • injury you receive while operating, riding in or descending from any aircraft, except as a fare-paying passenger in a commercial aircraft on a regularly scheduled flight • illness or disease • bacterial infections (unless due to accidental food poisoning) • injury sustained while intoxicated • injury sustained while under the influence of any controlled substance unless prescribed by and taken under the direction of a physician • an intentionally self-inflicted injury or illness, suicide or attempted suicide, whether a member is sane or insane • your participation in a riot or in the commission of a crime.

Vision Exclusions - The vision plan does not cover: • vision care services not recommended by a vision care provider • periodic vision examinations except as stated in the policy • eye examinations required by an employer as a condition of employment • vision care services provided in connection with special procedures such as orthoptics and visual training • lenses which do not provide vision correction • charges for the replacement of lost or stolen lenses or frames within 24 months of service • vision care services for any injury or illness arising out of, or in the course of, any activity for pay, profit or gain. This exclusion applies regardless of whether benefits under workers' compensation or similar laws have been claimed, paid, waived or compromised or whether you're covered under worker's compensation insurance (n/a in SD). • vision care services furnished by the U.S. Veterans Administration, except for such vision care services which under the policy we are the primary payor and the U.S. Veterans Administration is the secondary payor under applicable federal law (n/a in MO) . • vision care services furnished by any federal or state agency or a local political subdivision when the member is not liable for the costs in the absence of insurance, unless coverage under the policy is required by any state or federal law • vision care services covered by Medicare, if a member has or is eligible for Medicare, to the extent benefits are or would be available from Medicare (n/a in MO) • vision care services for any injury or illness caused by: (a) atomic or thermonuclear explosion or resulting radiation; or (b) any type of military action, friendly or hostile (n/a in MO and WV) • vision care services in connection with any illness or injury caused by your: (a) engaging in an illegal occupation; or (b) commission of, or attempt to commit a felony; or (c) self-inflicted injury • medical treatment provided outside of the United States or Canada • vision care services provided by practitioners who do not meet the definition of vision care provider • vision care services provided when your coverage was not effective under the policy. This includes vision care services provided either prior to your effective date of coverage or after coverage terminated under the policy. • vision care services for which you have no legal obligation to pay • that portion of the amount billed for a vision care service covered under the policy that exceeds our determination of the charge for such vision care service • comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior notification was not sent to the Claim Administrator • medically necessary contact lenses prescribed for you for which prior notification was not approved by the Claim Administrator • eye refractive surgery, except as specifically stated in the policy • preparation, fitting, or purchase of eye glasses or contact lenses, or eye refractive surgery, except as specifically stated in the policy; vision therapy, including orthoptic therapy and pleoptic therapy.

General Exclusions – This policy provides no benefits for: • hospital confinement, surgery services, or dental services for any illness or injury arising out of, or in the course of, any activity for pay, profit or gain. This exclusion applies regardless of whether benefits under workers' compensation or similar laws have been claimed, paid, waived or compromised or whether you're covered under workers' compensation insurance • hospital confinement, surgery services, or dental services furnished by any federal or state agency or a local political subdivision when you are not liable for the costs in the absence of insurance, unless coverage is required by any state or federal law • hospital confinement, surgery services, or dental services for any injury or illness caused by: (1) atomic or thermonuclear explosion or resulting radiation; or (2) any type of military action, friendly or hostile • cosmetic treatment or surgery • war, declared or undeclared • taking part in a riot, felony or insurrection • services provided by members of a member's immediate family or anyone else living with him/her • hospital confinement, surgery services, or dental services for which a proof of claim is not provided to us • health care services which are experimental or investigative, except for the investigational drugs used to treat the HIV virus as described in Section 632.895 (9), Wisconsin Statutes, as amended.

General Information - This brochure is only a general outline of benefits, limitations, and exclusions. You can find a more detailed description of coverage in the applicable certificate of insurance. A certificate will be issued to each employee who becomes insured under the plan.

The words "charge" and "charges" as used in this brochure mean an amount we determine as reasonable, considering factors such as the amount providers charge for similar services and supplies provided in the same geographic area.

Coverage is subject to all terms and conditions of the policy, which is your contract of insurance. The policy consists of the group master policy, including the application and all policy riders and endorsements.

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