

2017 IT'S YOUR CHOICE (IYC) HIGH DEDUCTIBLE HEALTH PLAN (HDHP) with HEALTH SAVING ACCOUNT (HSA)

This option may be an appropriate option for an employee who is willing to pay higher deductible and co-insurance charges in exchange for a lower monthly premium. This plan will not pay medical or prescription costs until the annual deductible has been met. An exception to this coverage is made for those services required by federal law to be covered as preventive. An employee enrolled in this plan is required to have a Health Saving Account (HSA). The employer will make contribution over 24 pay periods to the employee's HSA and the employee may also contribute pre-tax money to pay for out of pocket medical, dental, vision and prescription costs. Information regarding this program is available on the Department of Employee Trust Fund's (ETF) website at <http://etf.wi.gov/members/IYC2017/et-2107faq.asp#hdhp>

The deadline is at 4:30 pm on Friday, November 11, 2016 for HDHP elections and HSA enrollments. Applications received after this time will not be accepted. A postmark of November 11, 2016 is sufficient for meeting this deadline.

Uniform Dental for 2017

1. All dental coverage will be through the Uniform Dental program administered by **Delta Dental**. An employee interested in electing coverage or stopping coverage in the Uniform Dental program in 2017 must submit an enrollment/change form.
2. There are separate premium rates for HDHP with dental and that without dental coverage. A chart is provided below.
3. An employee is responsible for making sure their provider is covered under the Delta Dental network. Provider information may be found at the Delta Dental website, <http://www.deltadentalwi.com/state-of-wi>. The state plans use the Delta Dental PPO and Delta Premier networks.

Expenses incurred for services outside the Delta Dental networks will not be covered.

4. Uniform Dental coverage under Delta Dental does not replace other Delta Dental coverage that you may have under Epic Benefits+ or Epic Dental Wisconsin. These plans are supplemental plans which cover major services not covered by the Uniform Dental plan.
5. The Uniform Dental benefits have been excluded from the deductible and services will be available to members prior to meeting the HDHP Annual Deductible.

HDHP Program Facts

1. The HDHPs will be offered through each of the health plans that are a part of the State of Wisconsin Group Health Insurance Program.
2. Each health plan's HDHP options will provide a consistent set of benefits.
3. The HDHP is a health plan that, under federal law, has a minimum annual deductible and a maximum annual out-of-pocket limit.
4. The HDHP generally begins paying for health care costs once the annual deductible has been met (except for preventive services mandated by federal law).

5. Preventive services mandated by federal law are covered at 100%, regardless of the deductible. For a list of these services [see www.healthcare.gov/what-are-my-preventative-care-benefits/](http://www.healthcare.gov/what-are-my-preventative-care-benefits/). For prescriptions with “first dollar coverage” and no deductible see www.navitus.com. Enroll and log in to the members section and select “formulary”.

2017 Premium Rates for High Deductible Health Plans (HDHP)

HEALTH PLAN TIERING – HDHP HEALTH BENEFITS

For 2016 employees have the option of selecting an HDHP with or without the Uniform Dental benefits offered through Delta Dental. The Uniform Dental benefits will automatically be part of your plan unless you file a **Health Insurance application/change form (ET-2301)** to decline the dental insurance. The 2017 rates are as follows:

Level	HDHP Single with dental	HDHP Family with dental ins	HDHP Single- no Dental	HDHP Family – no dental ins
Tier 1	\$ 33.00	\$ 82.00	\$ 30.00	\$ 74.00
Tier 2	N/A	N/A	N/A	N/A
Tier 3	\$211.00	\$ 527.00	\$208.00	\$ 519.00

All health plans are Tier 1 for 2017 except for The State Standard Plan, which is now called the It’s Your Choice Access Plan. This plan offered by WPS is a Tier 3 plan. There are no Tier 2 plans for 2017. Please note that the WPS plan (formerly the Standard Plan) will now have dental benefits.

Program Annual Deductibles

This would apply to medical, vision or prescription costs which must be paid in full prior to meeting the overall deductible. Uniform dental benefits are available to members prior to meeting the deductible. Uniform Dental costs are excluded from the deductible.

Coverage level	2017 Annual deductible
Single Plan	\$1,500
Family Plan	\$3,000

Obligations After Deductible Is Met

HDHP Benefits include the deductibles, listed above, that apply to all services except for federally required preventive care. Such care is covered at 100% when care is received by an in-network provider. After the deductible is met, services are subject to 90%/10% member coinsurance up to an overall out-of-pocket limit of:

Coverage level	2017 Annual overall out-of-pocket limit
Single Plan	\$2,500
Family Plan	\$5,000

Health Savings Account (HSA) Required

A health savings account (HSA) is a savings or investment account set up to pay for health care expenses. HSAs are owned by the individual employee and unused balances roll over annually. In addition, the funds in an HSA are portable, meaning that the employee keeps them after leaving the health plan or state service. There is a mandatory requirement that an employee have an HSA if they select the HDHP health option.

Employer HSA Annual Contribution Amounts

The State of Wisconsin will again contribute to an HSA for any employee participating in a State of Wisconsin HDHP plan in 2017. The State's contribution will be made over the course of 24 pay periods to the employee's HSA. Those starting or ending employment in 2017, will receive a prorated share of the employer contribution based on the start or end of employment.

Coverage level	2017 annual contribution amount
Single Plan	\$ 750
Family Plan	\$1,500

Employees who enroll in this program after Jan. 1, 2017 will receive prorated employer contributions for 2017.

HSA Contribution Limits

Following are the total amounts that the IRS allows to be contributed to an individual HSA during 2017. If a married individual's spouse also has an HSA, the couple can only contribute up to the total contribution limit between the two HSA accounts.

Coverage Level	Annual contribution limit*	Additional annual catch-up contributions for those between 55 – 65 years old
Single Plan	\$3,400	\$1,000
Family Plan	\$6,750	\$1,000

* Contributions from all sources, such as employee and employer, count towards meeting the annual contribution limits.

Employer HSA Account Fees

While you are enrolled as an active employee you will not be responsible for fees associated with managing your HSA account. When an employee leaves state service (including retirees), s/he will become responsible for paying all fees associated with the HSA.

2017 Employee Contributions – Continuing Participants

All employees currently participating in the HDHP/HSA plan must complete a new election through Total Administrative Services Corporation (TASC) to continue contributing in 2017. Current participants can make that election online at <https://partners.tasconline.com/ETFEmployee>.

Employee Contributions – New Participants

New HDHP/HSA participants will not be able to enroll online.
New participants should contact the payroll office to request the HSA application.

Use of HSA Funds

Funds in the HSA can be used to pay for qualified medical, dental and prescription drug expenses for the subscriber and eligible tax dependents. Money must be in your account before you are eligible to use it or request reimbursement. A list of qualified expenses is available on CourtNet or at www.etf.wi.gov.

HSA Administrator

The State of Wisconsin sponsored HSA will be administered by **TASC**. Visit the TASC website at <https://partners.tasconline.com/ETFEmployee> to learn more about HSA accounts.

HDHP and HSA Eligibility

Who is eligible?

- Employees who are participants under the Wisconsin Retirement System and are eligible for health insurance.
- Limited Term Employees (LTEs) who are eligible for the State of Wisconsin Group Health Insurance Program.
- Annuitants younger than age 65.

Who is Ineligible?

- Medicare eligible annuitants 65 and older.
- Anyone on Medicare or Medicaid (BadgerCare) or covered by another disqualifying health plan (other health plan, TRICARE). **Important note: You must notify ETF of any other medical coverage when enrolling in, and at any point while enrolled in, the HDHP and HSA.**
- Those that are a dependent of another person for tax purposes.

Limited Purpose Flexible Spending Account (LPFSA)

Individuals who enroll in the HDHP and HSA are not permitted to have a regular Healthcare Flexible Spending account (FSA). FSAs are considered to be disqualifying "other" insurance coverage by the IRS. ETF will offer a **Limited Purpose Flexible Spending Account (LPFSA)**. An LPFSA can be used for vision, dental and post-deductible expenses only. The annual contribution limit for an LPFSA is \$2,550, the same as a regular health care FSA. The LPFSA will also be administered by TASC.

You are only eligible to enroll in the LPFSA if you are also enrolled in both the HDHP and HSA. In general, both the HSA and LPFSA qualify for the same health care expenses and each type of account has annual contribution limits. As a result, some participants who save money in their HSA or have high dental or vision expenses may be interested in having this additional account (LPFSA) to contribute pre-tax dollars. Enrollment is through TASC at <https://partners.tasconline.com/ETFEmployee>.

Enrollment Process to Select or Change Participation in HDHP

The **Health Insurance Application/Change Form (ET-2301)** must be submitted to the court system's Payroll Office. The form is available on CourtNet on the Benefits page or by contacting the Payroll Office at (608) 266-7441. Applications may be mailed to the Payroll Office at 110 E. Main Street, Suite 430 Madison, WI 53703 or faxed to 608-261-8293. Do not send application forms to ETF as this may cause delays in the enrollment process.

What if I am in the HDHP and want to go back to the IYC Uniform Co-insurance plan?

Complete the **Health Insurance Application/Change Form (ET-2301)** identifying your new plan selection. Return it to the Payroll Office by Friday, November 11, 2016. A postmark of November 11, 2016 is sufficient for meeting this deadline.

For more information please contact the Payroll/Benefits Office at 608-266-7441 or payrolloffice@wicourts.gov.

Fax number: 608-261-8293

Payroll Office mailing address: 100 East Main Street, Suite 430
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