



These benefit outlines provide selected highlights of WiNC employee benefit programs. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by each insurance carrier's master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents of the insurance carrier.

DISCLAIMER



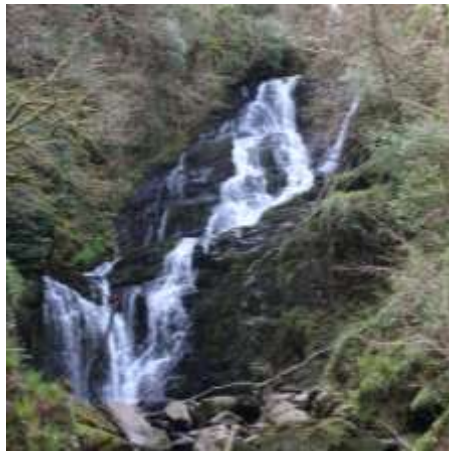
The Agenda

"My only advice is to stay aware, listen carefully,
and yell for help if you need it."

—*Judy Blume*



Contacts



General info



Benefits



Questions





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We can't answer the questions we are not asked...





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Benefit Basics

As a WiNC employee, you are benefit eligible on your date of hire.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse
- Domestic Partner
- Your children up to age 26

Once your benefits elections go into effect, they remain as such until the end of the plan year. You may only change coverage within 30 days of a qualified life event.



Qualified Life Events

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid



“The only true wisdom is in knowing nothing.”

- Socrates



2023 – 2024 Academic Benefits

- Dental
- Health
- Life
- Long-term & Short-term Disability
- Vision

Anthem. 



 **DELTA DENTAL**®









Your Health Insurance Provider



Health Insurance Carrier **ANTHEM**

Understanding your Health Insurance Terms and Benefits



Network

In Network	Out-of-Network
Individual:	Individual:

This is just illustrating your benefits “In” and “out” of network. Anthem uses multiple networks so make sure your providers are in the Blue Preferred Network.

Deductible

Deductible	Individual:
	\$0
	Family:
	\$0

These are first dollar costs, before the insurance company pays towards your claim.

Coinsurance

Coinsurance (You Pay)	10%	30%
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These is a percentage (%) of a claim you are responsible for, usually, after a deductible has been met.

Max out of Pocket

Maximum Out-of-Pocket (OOP)	Individual:
	\$2,500
	Family:
	\$5,000

This is the total amount you will spend on a plan or calendar health insurance plan. After meeting this you have no more out of pocket costs!

Employer HRA

	Deductible	Remaining In-Network Out of Pocket Costs
Single	\$1,500	\$4,500
Family	\$3,000	\$9,000

Although the health plan benefit offered by Anthem has deductibles, your employer will be covering those costs for In-Network Services via an HRA. This means you are required to pay for:

- Coinsurances
- Copays
- Out of pocket costs

**Out of Network providers do not qualify for HRA dollars!

The HRA is setup to pay directly to the provider.



	Current Plan		Renewal Plan	
Carrier	Anthem Gold Blue Preferred POS 1500 / 20% / 5500 67BB		Anthem Blue Preferred Plus POS Option 15 with Rx Option T1 720B	
H.S.A Compatible?	No		No	
	In Network	Out-Of- Network	In Network	Out-of-Network
Deductible	Individual	Individual	Individual	Individual
	\$1,500	\$4,500	\$1,500	\$3,000
	Family	Family	Family	Family
	\$3,000	\$9,000	\$3,000	\$6,000
Embedded / Non Embedded	Embedded		Embedded	
Coinurance (You Pay)	20%	50%	20%	40%
Out-of-Pocket (OOP)	Individual	Individual	Individual	Individual
	\$5,500	\$16,500	\$6,000	\$12,000
	Family	Family	Family	Family
	\$11,000	\$33,000	\$12,000	\$24,000
Primary Care Copay	\$20	Ded; Coin	\$20	Ded; Coin
Specialist Care Copay	\$60	Ded; Coin	\$60	Ded; Coin
Emergency Room Charge	\$500/20%	\$500/20%	\$500/20%	\$500/20%
Rx Coverage- Tier 1	\$10 / \$20 / 50%		\$10 / \$20 / 50%	
Rx Coverage- Tier 2	\$35 / \$45 / 50%		\$50 / \$60 / 50%	
Rx Coverage- Tier 3	\$70 / \$80 / 50%		\$80 / \$90 / 50%	
Rx Coverage- Tier 4	25% to \$350 / 35% to \$450 / 50%		25% to \$350 / 25% to \$450 / 50%	

Anthem **YOUR
BENEFIT**

ER visits: \$500 copay per visit then Deductible/Coins, if the Deductible is met 20% coinsurance.

***Urgent care has only a \$100 copay

X-Rays and Blood Work/Labs is Deductible for in office/outpatient, \$75 copay at free standing radiology center, no charge at freestanding lab/reference lab.

CT, PET or MRIs require Deductible then Coinsurance (20%) in office/outpatient, \$250 copay at a freestanding radiology center



Your Dental and Vision Insurance Carrier



Dental

Vision

Benefit Plan Design

Delta Dental PPO®
When you see a Delta Dental PPO provider

Delta Dental Premier
When you see a Delta Dental Premier or any other provider*

Individual Annual Maximum

\$1,000

\$1,000

Deductible

Individual
Family

\$50
\$150

\$50
\$150

Dependent Eligibility

Dependents are eligible through the end of the month in which they attain age 26; except as noted for orthodontics

Diagnostic & Preventive Services

	Delta Dental PPO®	Delta Dental Premier
Exams	100%	100%
Cleanings	100%	100%
Fluoride treatments ^A	100%	100%
X-rays	100%	100%
Space maintainers	100%	100%
Deductible applies	No	No

Basic & Major Services

	Delta Dental PPO®	Delta Dental Premier
Sealants ^A	80%	80%
Emergency treatment to relieve pain	80%	80%
Fillings	80%	80%
Endodontics – nonsurgical	80%	80%
Endodontics – surgical	80%	80%
Periodontics – nonsurgical	80%	80%
Periodontics – surgical	80%	80%
Extractions – nonsurgical	80%	80%
Extractions – surgical and other oral surgery	80%	80%
Crowns, inlays, onlays	50%	50%
Bridges and dentures	50%	50%
Repairs and adjustments to bridges and dentures	50%	50%
Implants	50%	50%
Deductible applies	Yes	Yes

Orthodontic Services

	Delta Dental PPO®	Delta Dental Premier
Coverage copayment	50%	50%
Individual lifetime maximum	\$1,000	\$1,000
Dependents eligible to age	19	19
Full-time students eligible to age	19	19
Adult ortho	No	No
Deductible applies	Yes	Yes

Special Plan Provisions (see following pages for more information)

	Delta Dental PPO®	Delta Dental Premier
CheckUp Plus	Yes	Yes



DeltaVision® FULL PLAN

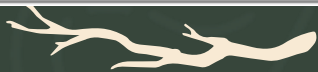
Network	Insight
Benefit Plan	H
Frame/Contact Allowance	\$150/\$150
Copay (exams/standard plastic lenses)	\$10/\$10
Frequency (exams/lenses or contacts/frames); Based on calendar year	12/12/12
Dependent Age Limit	To age 26

BENEFIT DETAILS

	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays copay, plan pays balance	\$35
Retinal imaging	Member pays up to \$39	None
Standard Contact Lens* Fit and Follow-Up	Member pays up to \$40	None
Premium Contact Lens** Fit and Follow-Up	10% off retail price	None
Frames (any available frame at provider location)	Plan pays frame allowance, then 20% off balance	50% of the selected in-network allowance
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None

Diabetic Eye Care Benefits included that provide an additional office visit and diagnostic testing for those who have diabetes.

Delta Dental of Wisconsin





Life Insurance, Long and Short-Term Disability
Insurance Carrier



Life Insurance

Benefit amount	Flat \$50,000
Maximum benefit	\$50,000
Guaranteed issue amount	\$50,000
AD&D Benefit amount	Same as Basic Life benefit
AD&D Maximum benefit	Same as Basic Life benefit
Contributions	Non-contributory
Participation requirement	100% of eligible employees

Short-Term Disability

Benefit percentage	60% of weekly earnings
Maximum weekly benefit	\$1,000
Guaranteed issue	\$1,000
Minimum weekly benefit	\$0
Injury elimination period	14 days
Sickness elimination period	14 days
Benefit duration	11 weeks
Definition of disability	Duties Loss and earnings loss required
Partial disability benefit	100% of return to work benefit

Long-Term Disability

Benefits

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will cover 60% of your Total Monthly Earnings, up to \$5,000 each month.
When benefits begin	Benefits begin as soon as 90 days
Benefits may be paid for	<p>If your approved disability occurs prior to age 60, your disability benefits will continue for the greater of the following periods:</p> <ol style="list-style-type: none"> 1. Benefits will be paid until you reach age 65; or 2. Until you reach the Social Security Normal Retirement Age—as long as you are still unable to work due to a covered disability. <p>If your approved disability occurs after age 60, ask your employer for details.</p>
Additional plan information	<p>You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week.</p> <p>You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.</p> <p>A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you!</p>

Your MGIS/ SunLife Benefits



Voluntary Life Option

For you	<p>You can choose from \$10,000 to \$400,000—in increments of \$10,000, not to exceed 5 times your basic annual earnings—with no medical questions asked up to the Guaranteed Issue amount of \$50,000.</p> <p>The benefit amount is reduced to 65% at age 65, to 45% at age 70, to 30% at age 75, to 20% at age 80, and to 15% at age 85.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose from \$5,000 to \$150,000—in increments of \$5,000—with no medical questions asked up to the Guaranteed Issue amount of \$25,000.</p> <p>(The amount you select for your spouse cannot exceed 50% of your coverage amount.)</p> <p>Spouse rates are based on spouse age.</p> <p>The benefit amount is reduced to to 65% when your spouse turns age 65, to 45% at age 70, to 30% at age 75, to 20% at age 80, and to 15% at age 85.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$2,000 to \$10,000—in \$2,000 increments—with no medical questions asked.</p> <p>(The amount you select for your child(ren) cannot exceed 50% of</p>

Additional Life Insurance Options





Flexible Spending Accounts



Tax Year	2022	2023
Dependent Care (FSA) annual max	\$5,000	\$5,000
FSA Health annual max (if married filing separately)	\$2,850	\$3,050

Carry Over: 6/1/23 allows a \$570 carryover this year if you have an unused balance. In 2023-24 plan year, if you have unused dollars you will be able to carry over \$610.

90 Day Run-out provision

*Medical Professional Liability
or
Medical Malpractice Insurance*

*RESIDENTS ARE PROVIDED WITH THE STATE OF WISCONSIN REQUIRED PROFESSIONAL LIABILITY COVERAGE OF \$1 MILLION PER OCCURRENCE/\$3 MILLION ANNUAL AGGREGATE BY WINC

*SHOULD A CLAIM OR INCIDENT OCCUR, YOU ARE REPRESENTED BY A COMPANY THAT REALIZES YOUR GREATEST ASSET IS YOUR REPUTATION, SO THEY VIGOROUSLY DEFEND IT!



the great **QUESTIONS**

