



ANNUAL BENEFITS ENROLLMENT FOR 2023

September 26–October 21, 2022

You can change certain benefits during Annual Benefits Enrollment (September 26–October 21, 2022)

- **Important:** This is the **only** time you can change most benefits without an eligible life event or qualifying employment change.
- Learn about plan changes at wisconsin.edu/abe and decide what you need to do.

How to enroll using Self Service:

- Log in to MyUW at my.wisc.edu and launch the **Benefit Information** app, select Enroll Now
- If you need help using Self Service, please reach out to your local HR Representative or go to go.wisc.edu/584x30.

You **must** enroll if you want to start or continue:

- High Deductible Health Plan (HDHP)/Health Saving Account (HSA)
 - If you have an HSA account, you must sign up every year (even if you contribute \$0).
- Flexible Spending Account – Medical
- Flexible Spending Account – Limited Purpose (only available if enrolled in the HDHP)
- Flexible Spending Account – Dependent Daycare
- \$2,000 State Group Health Insurance Opt-Out Incentive
 - **You must select Opt-Out** (not Waive) to receive your Opt-Out Incentive in 2023.
- All WEA Trust participants must select a new health plan to have coverage in 2023.

You can enroll in, change, or cancel:

- State Group Health Insurance
- DeltaVision (through Delta Dental of Wisconsin)
- Supplemental Delta Dental Options
 - Preventive Plan (for employees **not** enrolled in State Group Health/Uniform Dental)
 - Delta Dental Select or Select Plus Plans
- Individual and Family Life Insurance
 - You can **increase coverage** if you already have this benefit.
 - You **cannot** enroll if you do not have this benefit.
 - You must complete a paper application to reduce or cancel this benefit.

NEW IN 2023

State Group Health – WEA Trust will no longer be providing coverage in the State of Wisconsin. If you are currently participating in a WEA Trust plan, including the Access Plan, you **must take action** during Annual Benefits Enrollment.

Learn more at benefits.wisc.edu/2023.

It's Your Choice (IYC) State Group Health Insurance Employee Rates 2023 – with Uniform Dental*

| | IYC Health Plan | | IYC High Deductible Health Plan (HDHP) | | UW Grad Assistant IYC Health Plan | |
|------------------|------------------------------|---------------------------|--|--------------------------|-----------------------------------|--------------------------|
| Biweekly Premium | <u>Individual</u> \$52.00 | <u>Family</u> \$128.50 | <u>Individual</u> \$19.50 | <u>Family</u> \$48.00 | <u>Individual</u> \$27.00 | <u>Family</u> \$66.50 |
| Deductible | \$250.00 | \$500.00 | \$1,500.00 | \$3,000.00 | \$250.00 | \$500.00 |

IYC Access Health Plan Employee Rates 2023 – with Uniform Dental *

| | IYC Access Health Plan | | IYC Access HDHP | | UW Grad Assistant IYC Access Health Plan | |
|---------------------------|-------------------------------|---------------------------|------------------------------|---------------------------|--|---------------------------|
| Biweekly Premium | <u>Individual</u> \$122.50 | <u>Family</u> \$304.00 | <u>Individual</u> \$90.00 | <u>Family</u> \$223.50 | <u>Individual</u> \$62.25 | <u>Family</u> \$154.25 |
| In-Network Deductible | \$250.00 | \$500.00 | \$1,500.00 | \$3,000.00 | \$250.00 | \$500.00 |
| Out-of-Network Deductible | \$500.00 | \$1,000.00 | \$2,000.00 | \$4,000.00 | \$500.00 | \$1,000.00 |

* For a complete listing of all 2023 State Group Health premiums, visit wisconsin.edu/abe

DeltaVision Rates 2023

| | Employee Only | Employee & Spouse | Employee & Child(ren) | Family |
|------------------|---------------|-------------------|-----------------------|---------|
| Biweekly Premium | \$2.86 | \$5.71 | \$6.44 | \$10.29 |

Delta Dental Supplemental Rates 2023 (no waiting period for benefits)

| Biweekly Premium | Employee Only | Employee & Spouse | Employee & Child(ren) | Family |
|------------------|---------------|-------------------|-----------------------|---------|
| Preventive Plan* | \$17.36 | N/A | N/A | \$43.40 |
| Select Plan | \$4.88 | \$9.76 | \$6.58 | \$11.70 |
| Select Plus Plan | \$10.49 | \$20.98 | \$19.48 | \$32.14 |

*Only available to those not enrolled in State Group Health Insurance

Securian Accident Plan Rates 2023

| | Employee Only | Employee & Spouse | Employee & Child(ren) | Family |
|------------------|---------------|-------------------|-----------------------|--------|
| Biweekly Premium | \$2.19 | \$3.13 | \$4.22 | \$6.16 |

Elections made during Annual Benefits Enrollment are effective January 1, 2023.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.