



# ANNUAL BENEFITS ENROLLMENT FOR 2024

## September 25–October 20, 2023

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You can change certain benefits during Annual Benefits Enrollment (September 25–October 20, 2023).

- **Important:** This is the **only** time of year you can enroll in or change most benefits such as health, dental, and vision insurance.
- Learn about plan changes at [wisc.edu/abe](https://wisc.edu/abe) and decide what you need to do.

**How to enroll using Self Service:**

- Log in to MyUW at [my.wisc.edu](https://my.wisc.edu) and launch the **Benefit Information** app. Then select **Enroll Now**.
- If you need help using Self Service, please reach out to [your local human resources contact](#) or go to [go.wisc.edu/584x30](https://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 2024.

**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.

### IMPORTANT CHANGES FOR 2024

**State Group Health** — GHC of South Central Wisconsin (GHC-SCW) will split into two separate networks starting January 1, 2024: GHC-SCW Dane Choice (Dane County) and GHC-SCW Neighbors (Columbia, Grant, Iowa, Sauk, Jefferson, Juneau and Lafayette Counties). If you are enrolled in the GHC-SCW network in 2023, you will automatically be enrolled in GHC-SCW Dane Choice network unless you change to GHC-SCW Neighbors during annual benefits enrollment.

The annual medical deductible for the High Deductible Health Plan (HDHP) and Access HDHP have increased (Single \$1,600/Family \$3,200) to comply with federal requirements.

Learn more at [benefits.wisc.edu/2024](https://benefits.wisc.edu/2024).

**It's Your Choice (IYC) State Group Health Insurance Bi-weekly Premiums 2024 – with Uniform Dental\***

	IYC Health Plan		IYC High Deductible Health Plan (HDHP)		UW Grad Assistant IYC Health Plan	
	Individual	Family	Individual	Family	Individual	Family
<b>Biweekly Premium</b>	\$57.50	\$143	\$21	\$53.50	\$29.50	\$74
<b>Deductible</b>	\$250	\$500	\$1,600	\$3,200	\$250	\$500

**IYC Access Health Plan Bi-weekly Premiums 2024 – with Uniform Dental \***

	IYC Access Health Plan		IYC Access HDHP		UW Grad Assistant IYC Access Health Plan	
	Individual	Family	Individual	Family	Individual	Family
<b>Biweekly Premium</b>	\$135	\$336.50	\$98.50	\$247	\$68.25	\$170.75
<b>In-Network Deductible</b>	\$250	\$500	\$1,600	\$3,200	\$250	\$500
<b>Out-of-Network Deductible</b>	\$500	\$1,000	\$2,000	\$4,000	\$500	\$1,000

\* For a complete listing of all 2024 State Group Health premiums, visit [wisconsin.edu/abe](https://www.wisconsin.edu/abe)

**DeltaVision Bi-weekly Premiums 2024**

	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
<b>Biweekly Premium</b>	\$2.86	\$5.71	\$6.44	\$10.29

**Delta Dental Supplemental Bi-weekly Premiums 2024 (no waiting period for benefits)**

Biweekly Premium	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
<b>Preventive Plan*</b>	\$18.05	N/A	N/A	\$45.14
<b>Select Plan</b>	\$4.54	\$9.08	\$6.12	\$10.88
<b>Select Plus Plan</b>	\$10.80	\$21.61	\$20.06	\$33.10

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

**Securian Accident Plan Bi-weekly Premiums 2024**

	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
<b>Biweekly Premium</b>	\$1.86	\$2.66	\$3.59	\$5.24

**Elections made during Annual Benefits Enrollment are effective January 1, 2024.**

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