# UWHC GME Physician Trainees – Residents & Fellows Benefits Overview and Q&A

UW Health Human Resources June 2 and June 4, 2025

Updated 3.16.2023



### Enrollment

- <u>Review Benefit Guide</u> (from Med Hub benefits info section)
- Oracle Cloud access not available until 1<sup>st</sup> day of employment
- Online Tax and Direct Deposit
  - Complete no later than last day of 1<sup>st</sup> pay period (can also update in future)
  - Oracle Cloud > Me > Pay
  - If no direct deposit setup by end of first pay period, payroll card will be issued and mailed to address on file
- Personal Information Set-up
  - Complete no later than last day of 1<sup>st</sup> pay period
  - List local Wisconsin address
  - Oracle Cloud > Me > Personal Info
- Benefits Enrollment
  - 30 days for completing enrollment
  - Oracle Cloud > Me > Benefits
  - If you have any difficulties completing enrollments, contact the HR Service Center



## **Future Opportunities for Changes**

- Open Enrollment 2026
  - October 2025
  - Changes effective the following January 1, 2026
  - Will be communicated through Weekly Briefing (weekly email)
- Qualifying Event Changes
  - Complete required applications within 30 days of a qualifying event or life change event
  - Examples:
    - Marriage, Divorce, Death, Birth / Adoption of child
    - Loss / Gain of coverage from another health or dental plan
- Questions?
  - Contact UW Health HR Service Center 608-263-6500



### **Dependents & Domestic Partner**

- Dependent Eligibility Verification needed
  - Based on the relationship of the dependent you are adding to your coverage, documentation may be needed to support the relationship.
     HR Service Center will follow-up with you directly.
- Domestic Partner (UWHC):
  - Domestic Partner recognized by UWH for bereavement and leave of absence purposes (any changes to WFMLA may be updated based on future communications and decisions from the State of WI)
  - DP Affidavit must be completed; provide documentation



# **Retirement Options 2025**

	WDC/457(b)	TSA/403(b)
Payroll Option	Flat \$ Amount or Percentage	Flat \$ Amount or Percentage
Pre-Tax	Y	es
Post-Tax (Roth Option)	Yes	No
Vendor Options	One	Multiple
Annual Limit	\$23,500 under age 5	50 (each Plan) – 2025
Catch-Up Contributions		+ by December 31 000 2025)
Enrollment Opportunity	Enroll/Make Char	nges At Any Time
Early Withdrawal Penalty if not age 59 1/2	No	Yes
Accepts Rollovers	Y	es
Enrollment Info	Quick Enroll App on The Pulse or contact WDC <u>HR, Employment, and Benefits -</u> <u>Wisconsin Deferred</u> <u>Compensation Additional</u> Resources (UWHC)	<u>HR, Employment, and Benefits -</u> <u>Tax-Sheltered Annuity 403(b)</u> <u>Enrollment Opportunities</u>

### **Health Insurance**

- Coverage effective 1<sup>st</sup> of month on or following date of hire
  - Example: If start date is June 7, complete enrollment within 30 days from date of hire to have coverage effective July 1. If start date is July 1, complete enrollment within 30 days for coverage effective July 1.
- Required submission indicating enrollment election
  - Everyone must submit an online enrollment decision indicating enrollment or waiving coverage
  - If enrolling in family coverage, must enroll all family members (ex: spouse, all eligible children)
  - If married, must complete spouse's information (add dependent information) even if enrolling in single coverage



### **2025 Monthly Premiums**

	IYC Health Plan	Access Plan
UW Grad Assistants		
<b>Individual</b> With / Without Uniform Dental	\$64 / \$60	\$150 / \$146
<b>Family</b> With / Without Uniform Dental	\$158.50 / \$148.50	\$372 / \$362
Network Area	Select Health Plan Provider based on County (Dane County examples: Quartz UW Health, Dean, GHC, etc.)	Nationwide – Freedom of choice on doctors and hospitals across the country (Access Network)

#### **Uniform Dental Benefits**

Cost

- Single \$4/month
- Family \$10/month
- Must enroll in State Group Health to elect Uniform Dental
- Covers Diagnostic & Preventive Only; Ortho for children (under age 19)
- No waiting periods

#### Vison (enrolled in health)

- 1 Preventive visit per year covered with in-network provider with co-pay (no copay under 5 years of age)
- No coverage for lenses, frames or contacts (see Vision plan or enroll in flex spending (if desired)

**I** WHealth

## **2024 Health Insurance**

	IYC Health Plan	Access Plan
<b>Annual Medical Deductible</b> Individual / Family Amount you pay for services before your health plan starts to pay. Counts toward out-of-pocket limit (OOPL)	Office visit cop services, and pres	/ \$500 ays, preventive scription drugs do d your deductible
<b>Annual Medical Out-of-Pocket Limit</b> ( <b>OOPL</b> ) Individual / Family The most you will pay in a year for covered medical services	\$1,250	/ \$2,500
<b>Medical Coinsurance</b> Percentage of costs of a covered service you pay, beyond the office visit copay such as X-rays and lab work		eductible met ctible: 10%
<b>Preventive Services</b> Routine health care like check ups to prevent illness and disease. See healthcare.gov/preventive-care- benefits		0 ys 100%
Telemedicine Services		vice type, see elemedicine

	IYC Health Plan	Access Plan
Primary Care Office Visit		copay oward deductible
Specialty Provider Office Visit		copay oward deductible
Urgent Care		copay oward deductible
<b>Emergency Room</b> Copay waived if admitted to inpatient directly from emergency room or for observation for 24 hours or longer	Deductible and co	copay pinsurance applies yond the copay

## **Prescription 2025**

	IYC Health Plan	Access Plan
<b>Prescription Deductible</b> (Individual / Family)	No	ne
Prescription Copay / Coinsurance		
Level 1	\$5 or	less
Level 2	20% (\$5	50 max)
Level 3	40% (\$1	50 max)²
Level 4	\$50 c	орау <sup>3</sup>
Preventive (As federally required)	\$0 - Plan p	ays 100%

- You must use an in-network pharmacy.
- Visit <u>benefitplans.navitus.com</u> to find an in-network pharmacy near you.
- In-network pharmacies are available nationwide.

<sup>1</sup>Before you meet your deductible, preventive drugs are covered 100% and certain maintenance medications only require a copayment or coinsurance. See our website for more information.

<sup>2</sup>For Level 3 "Dispense as Written" or "DAW-1" drugs, your doctor must submit a one-time FDA MedWatch form to Navitus. If there is no form on file with Navitus, you will pay more. Contact Navitus for details.

<sup>3</sup>Must fill at Lumicera Health Services specialty pharmacy or UW Health Specialty Pharmacy.

## **Decision Points – Health Insurance**

- Waive or Enroll
  - State requires an election be made
- If Enrolling
  - With <u>or without uniform dental</u>
  - Single <u>or</u> Family
  - IYC Health Plan (HMO \$) or Access Plan (PPO \$\$)
    - Residents are not eligible for the High Deductible Health Plan
  - Select Health Plan Provider (network)
    - IYC HMO Must choose a specific health plan
      - Each county has its own options.
    - Access Plan Network is the Access Plan Dean Health Plan
      - National coverage
- Resources linked in Benefits Guide: <u>IYC Decision Guide</u> and <u>Health Plan</u> <u>Search Page</u> (links included in benefit guide)



# **UWHealth**

#### 2025 UWHC Dental Benefits Plans Comparison

2025 Dental	State Uniform Dental (Combined with State Group Health Ins.)	Delta Dental Preventive Plan (Not Enrolled in State Health Insurance)	UWHC Su	pplemental Delta (	Dental	State Select Plan	State Selec	t Plus Plan
Network		I Delta Dental Premier networks	Delta Dental PPO	Delta Dental Premier	Non-Contracted	Delta Dental PPO	Delta Dental PPO	Delta Dental Premier
2025 Premium Rates (monthly)	Optional for 2025*	Optional for 2025*						
Employee	\$4.00*	\$36.10**		\$20.92		\$9.08	\$21	
Employee + Spouse	n/a	n/a		EE + 1= \$40.86		\$18.16	\$43	
Employee + Child(ren)	n/a	n/a				\$12.24	\$40	
Family	\$10.00*	\$90.28**	EE	+ 2 or more = \$64.54		\$21.76	\$66	20
Provider Network	In-Netwo	ork ONLY	Delta Dental PPO	Delta Dental Premier	Non- Contracted	In-network ONLY	In-Netwo	rk ONLY
Deductible (must be met before benefits are covered)	-	0	\$50	Individual/\$100 Family		\$100/person	\$25/p	
Calendar Benefit Max	Per p	erson		Per person		Per person	Perp	erson
Maximum amount the benefit will pay in a plan year	\$1,	000		\$1,200		\$1,000	\$2,5	00
Diagnostic & Preventive	10	0%	100%	100%	100%	Not covered	Not co	vered
Routine Evals	2 per	r year		2 per year		Not covered	Not co	vered
Cleanings	2 per	r year		2 per year		Not covered	Not co	vered
Bitewing X-rays	1 set p	er year		2 per year		Not covered	Not co	vered
Panoramic X-rays	Once eve	ery 5 years	(	Once every 3 years		Not covered	Not co	vered
Fluoride	2 per year u	up to age 19	2	per year up to age 19		Not covered	Not co	vered
Basic		ic services		ee specific services		See specific services	See specif	
Fillings		0%	100%	80%	50%	Not covered	Not co	
Extractions (non-surgical)		0%	100%	80%	50%	Not covered	Not co	
Local Anesthesia		0%	50%	50%	50%	50%	80	
Emergency Palliative Care		0%	100%	80%	50%	Not covered	Not co	
X-rays (limited)		0%	100%	100%	80%	Not covered	Not co	vered
Oral Surgery	pl	e covered under medical an	50%	50%	50%	50%	80	
Major/Restorative	See specif	ic services		ee specific services		See specific services	See specif	
Implants	ļ		50%	50%	Not covered	50%	60	
Crowns			50%	50%	Not covered	50%	60	
Bridges	Not co	overed	50%	50%	Not covered	50%	60	
Dentures	ļ		50%	50%	Not covered	50%	60	
Endodontic			50%	50%	50%	50%	80	%
Periodontic	Limited to Periodo	0% ontal Maintenance	50%	50%	50%	50% Does not apply to Periodontal Maintenance which is covered under the Uniform benefit or Preventive Plan	80 Does not apply to Per which is covered under Prevent	odontal Maintenance the Uniform benefit or ve Plan
Dental Waiting Period		one	None	None	None	None	No	
Claim Filing Timeline		onths		15 months		15 months		onths
Orthodontia		er 19 only)		50% (under 19 only)	Not covered	Not covered	50% (Regard	
Ortho Lifetime Max	\$1,		\$1,250	\$1,250	Not covered	Not covered	\$1,500 (in addition	/
Ortho Waiting Period		one	None	None	Not covered	Not covered		ne
Website	deltadentalwi.	com/state-of-wi		deltadentalwi.com		deltadentalwi.com/state-of-wi	deltadentalwi.c	om/state-of-wi

\*Must be enrolled in state group health insurance to be elect Uniform Dental. Premiums listed represent the additional cost to the employee to add Uniform Dental coverage to their health insurance. The \$4 or \$10 is added to the health insurance premium for health insurance + uniform dental.

\*\*Cannot be enrolled in state group health insurance to elect Preventive Delta Dental.

DISCLAIMER: Every effort has been made to ensure that this information is correct and current. However, the terms and conditions of UWHC's benefit programs are established by state and federal laws and regulations and the relevant contracts. These sources of authority have control over the information to the extent there are any differences or conflicts.

Supplemental Dental coverages are effective the 1<sup>st</sup> of the month on or following or your start date



## **Supplemental DeltaVision**

- Coverage effective 1<sup>st</sup> of month on or following your start date.
- DeltaVision network
  - <u>https://eyedoclocator.eyeme</u> <u>dvisioncare.com/member/en</u> <u>?networkSetId=1166&netwo</u> <u>rkDDDisabled=true</u>
- 2025 Monthly Premiums:

Coverage Level	Monthly Premium
Employee Only	\$5.72
Employee + Child(ren)	\$12.88
Employee + Spouse	\$11.42
Family	\$20.58

In-Network	Out-of-Network
\$15 / person (covered up to twice a year for children)	Up to \$45 / person
Up to \$39 / person	No coverage
\$0 copay \$150 allowance* 20% off any cost over \$150	Up to \$70 / person
12 months	12 months
24 months for adults 12 months for children	24 months
\$25 / person	Up to \$30 / person
\$25 / person	Up to \$50 / person
Standard: covered in full Premium: \$95 - \$105 Custom: \$150 - \$175	Up to \$50 / person
\$0 copay \$150 allowance* 15% off any cost over \$150	Up to \$105 / person
\$0 copay \$150 allowance*	Up to \$105 / person
Standard: up to \$40 / person Premium: 10% off retail price	No coverage
	\$15 / person (covered up to twice a year for children)Up to \$39 / person\$0 copay \$150 allowance*20% off any cost over \$15012 months24 months for adults 12 months for children\$25 / person\$25 / person\$0 copay \$150 allowance*\$150 off any cost over \$150\$0 copay \$150 allowance*\$150 allowance*

\*\$150 allowance allotted for one transaction per benefit period



## **Flexible Spending Account**

 An FSA allows you to send money from your paychecks into an account that you then use to pay for certain health or dependent care expenses throughout your plan year – without that money counting as taxable income.



### Without Pretax Account

\$100 earned

- \$25 tax withheld

\$75 to spend on anything

### With Pretax Account

\$100 earned and sent to Optum Financial

- \$0 (not taxable)

\$100 to spend on qualifying items

## **Flexible Spending Account Details**

#### Medical FSA:

- Paired with a non-HDHP plan
  - Can enroll even if not enrolled in Health coverage through UWHC
- No changes to election amount during year, unless you have a Qualifying Event
- Debit Card (Optum Financial)
  - Entire election amount loaded onto card
  - Requires substantiation of expenses
- Online claim Mobile app

#### Dependent Daycare FSA:

 No changes to election amount during year, unless you have a Qualifying Event

#### Both Medical & Dependent Daycare:

• Must reenroll in benefit each year

Healthcare/Medical FSA	Dependent Daycare
Annual Max \$3200	Annual Max \$5,000
Rollover Up to \$640 If less than \$50 rollover into next	No Rollover
plan year, must make new annual election or funds are forfeited	
Annual Election Prefunded Into Account	Can request reimbursement up to amount deducted from check
	curred by 12/31/2024 prior to plan effective date
	Davida

RX Co-pays	Daycare
Deductibles/Co-Pays	Nanny / Au pair/ Sitter
Dental Costs & Ortho	Before/After School
Glasses/Contacts/Lasik	
Milage to/from appts	Must be care provided to child
OTC Medical Items	under age 13 during work hours
OTC Medication	

Must make annual election each year during Open Enrollment if you wish to enroll

See <u>www.irs.gov</u> publication 502 for full listing

# **Optional Life & Accident Insurance Summary**

	Supplemental Individual & Family Life	Accidental Death & Dismemberment	Securian Accident Insurance
Employee Coverage	\$5k, \$10k or \$20k initially; Can increase coverage annually \$200k max coverage	Up to \$500,000	Provides cash payment to help cover out-of-pocket expenses.
Spouse/Dep Coverage	Spouse \$5k or \$10k initially Child(ren) \$2,500 or \$5k Spouse \$100k max Child(ren) \$10k max	Spouse 50-60% of employee coverage level (depends on who is covered by family plan); Child 15-20%	Yes
Monthly Premium Cost	Based on Employee Age and Coverage Amount Elected	Based on Plan Level (Employee or Family) and Coverage Amount Elected	Employee Only    \$3.72      EE + Spouse    \$5.32      EE + Child(ren)    \$7.16      EE+ Family    \$10.46
Offered at Open Enrollment	Open Enrollment – No Option to Increase if Enrolled – Yes	Yes	Yes
Term Life	Yes	n/a Incl Accident Insurance Protection, Dismemberment, Travel Assist, Identify Theft	n/a
Whole Life	No	No	n/a
Premiums Paid By	Employee	Employee	Employee
Coverage Effective	1 <sup>st</sup> of month following 30 days	1 <sup>st</sup> of month following 30 days	1 <sup>st</sup> of month following 30 days

### **Employee Assistance Program**

- Employee Assistance and Work-Life Program
  - 24/7 Phone Access; In-Person by Request
  - Services offered by Support Inc.
    - 1-888-986-5464, <u>www.supportlinc.com</u>, Group Code: UWHEALTHGME
      - Family, parenting or job concerns
      - Alcohol or drug abuse questions or problems
      - Emotional or stress-related issues
      - Childcare referrals
      - Assistance with financial planning



## **Other Benefit Programs**

- The Pulse
  - Hi-5 (Recognize a co-worker!)
  - Corporate Discounts
  - Cashless Convenience
    - Oracle Cloud > Me > Personal Info > Personal Details > Biographical & Additional Info
  - Wellness Programs
  - Pet Insurance
  - And more!



# J-1 VISA Holders - FYI

Medical Insurance requirements sent by ECFMG for maintaining a J-1 VISA

Health Insurance offered by UWHC Meets These Requirements

- Medical benefits of at least \$100,000 per accident or illness
- Deductible that does not exceed
  \$500 per accident or illness
- Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness

Provided by Educational Commission for Foreign Medical Graduates (ECFMG)

- Minimum repatriation of remains in the amount of \$25,000
- Minimum medical evacuation expenses in the amount of \$50,000
- No cost to the employee/resident for these benefits

### **Benefits Reminders – Important to Remember**

- You have 30 days to enroll
  - Gap in receiving medical cards due to timing of enrollment and effective date of coverage
  - You still have coverage! It will go retroactive to actual effective date if enrolling
  - Still seek care if needed; can request visits be rebilled
- Prescriptions
  - Consider filling maintenance prescriptions through current plan to get you through while you await medical cards
  - If you need to fill a prescription, may need to pay out of pocket and then get reimbursed through plan



### **Most Common Enrollment Issues**

- Not completing benefit enrollments within 30 days of your hire date (which may differ from clinical start date)
  - Refer to your appointment letter for your date of hire, if needed
  - You cannot access Oracle until your hire date (not able to access prior to hire date)
  - If you miss deadline (30 days from hire date), you will not be able to enroll until Open Enrollment or you have a qualifying event
- Payroll: Not updating direct deposit by end of 1st pay period
  - If you don't have direct deposit info on record you will be issued a pay card
- Social Security Numbers must be entered into Oracle for your health insurance application to be processed for every dependent.
  - If missing an SSN for a dependent, still complete application process within 30 days (this is a hard deadline)
  - Application will be held and not processed until SSN is received
- Reminder: Utilize the "UWHC New Hire GME Benefit Enrollment Guide" it gives a step-bystep of enrollment

# **UW Health Navigation 1 of 7**

- <u>https://home.uwhealth.wisc.edu/</u>
- U-Connect for Everyone
- Quick Links > Oracle Cloud

Help Directory Paging	Policies SharePoint				SEARCH U-CONNECT	
Con	nect		Departments Growtl & Programs V Develo	h & Inside opment v UW Health v	Pay & Quick Benefits v Links ^	
	QUICK LINKS					
Q FIND	QUICK LINKS	Differ	ential Pav	CLINICAL LINKS		



# **UW Health Navigation 2 of 7**

- If you ever get this screen, <u>always</u> click on "Company Single Sign-On"
- If needed, you will then be asked for your UW Health username/password



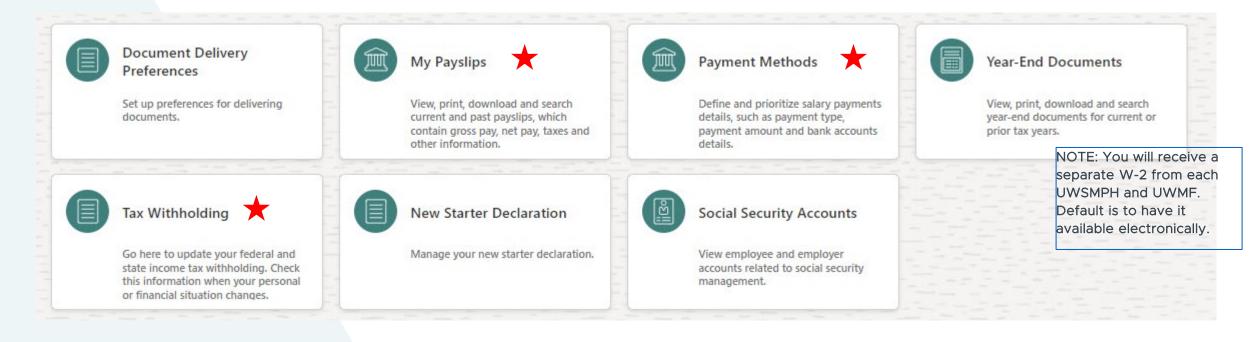
# **UW Health Navigation 3 of 7**

### Oracle Cloud > Me

Me	My Client Groups HR Hel	p Desk Procureme	nt Benefits Ad	lministration Kn	nowledge Tools	Others	
QUICK AC	TIONS	APPS					
Pr	ersonal Details	<u>р</u> 666	res.	( <u>)</u>		Îĉ	
@ D	ocument Records	ර්ට්ට් Directory	Onboarding	Checklist Tasks	۲ Pay	Career and	
<u>≣</u> g Id	lentification Info					Performance	
	ontact Info	M		Ű	Ó	E	
Gin Fa	amily and Emergency Contacts	Personal Information	What to Learn	Benefits	Current Jobs	Roles and Delegations	
& ∾	ly Organization Chart						
<u>ଥ</u> ାଁ ⊳	ly Public Info	ē	+				
<sub>උදු</sub> si	hare Data Access	Expenses					<b>VHealth</b>

# UW Health Navigation 4 of 7 Pay: Direct Deposit and Tax Withholding

Oracle Cloud > Me > Pay Pay: Direct Deposit and Tax Withholding



# UW Health Navigation 5 of 7 Pay: Direct Deposit and Tax Withholding

- Payment <u>Methods</u> = Direct Deposit
  - Click + Add
  - Bank = Banks located in US
  - Bank Branch = Enter Bank Routing Number, your bank info will then populate Bank Accounts

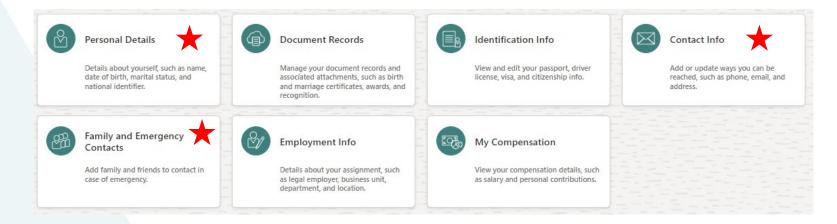
*Account N *Accour	Enter your <b>bank routing number</b> to find your bank branch				
*Bank B					

- Tax Withholding
  - IRS changed Federal; no longer allowances
  - U-Connect > Payroll > Tax Reference Guide



# UW Health Navigation 6 of 7 Personal Information: Address, phone, etc

Oracle Cloud > Me > Personal Information



Personal Details:

Ethnicity, Marital Status, Vet Self-Identification, Disability Info

Contact Info:

Home/Mobile and Work Phone, Home Address

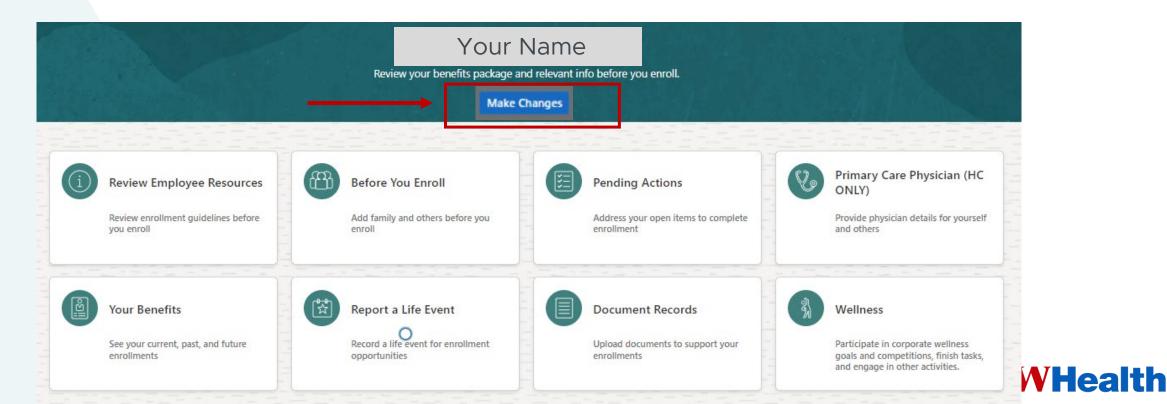
Family and Emergency Contacts:

Emergency Contacts, Add in <u>All</u> Dependents & Beneficiaries (before you get to enrolling in your benefits and they will all be there)



## UW Health Navigation 7 of 7 Benefits > Make Changes (enrollment)

Oracle Cloud > Me > Benefits > Make Changes One you start clicking on this page 48-hour window begins Call HRSC if still within 30 days and desire to make changes



### **Additional Questions?**

Contact the HR Service Center for any HR or benefit related questions

UW Health HR Service Center 608-263-6500 Monday – Friday 7:30am – 5:00pm



# Questions



