

# UW Health Benefit Orientation


(UWHC Staff)

Human Resources – UW Health

# UWHC Benefits - Schedule of Events

- Benefits Presentation
  - Please allow team members to distribute benefits checklists
  - Review the checklist for accuracy; Sign the blue copy and place checklists in pile at front of table
- Following Benefits Presentation
  - Ready to turn in forms and no questions?
    - Head to back table
  - Have questions?
    - Benefits team members will rotate through room answer general questions
    - If you need more detailed information, and questions about the enrollment forms, please contact the HR Service Center

# Your Action Items

- Checklist
  - Verify Demographics – cross out if incorrect
  - Sign Blue form; place at front of table now (confirms attendance)
- Return completed enrollment applications
  - Required 3 forms 
    - If enrolling in HDHP, need HSA enrollment form (4 forms total)
  - Any other benefits you wish to enroll in
  - Do not return other apps for benefits you wish to waive
- Complete Tax and Direct Deposit online through Oracle Cloud
- Please hold questions until the end
  - Staff available to collect completed forms
  - Staff will rotate amongst tables for questions

# Making Changes

- Have 30 calendar days from your qualifying event date, including new hire date, to make benefit elections.

## 2020 Calendar

### February

Su	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

### March

Su	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Start Date  
2/3/2020

Elections need  
to be made by  
3/3/2020

# Future Opportunities for Changes

- Open Enrollment 2021
  - Changes effective January 1
- Qualifying Event
  - Completed required applications within 30 days of a Qualifying Event or Life Change Event.
  - Examples:
    - Marriage / Divorce / End of a Domestic Partnership
    - Birth / Adoption of a child
    - Loss / Gain of Coverage from another health or dental plan
    - Spouse or dependent child death
    - FTE Change (newly eligible)
- 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.
- More Info?
  - Visit U-Connect > Life Change Events
  - Contact HR Service Center

# Eligible Dependents

- Pay attention to each benefit and who you intend to cover
- Domestic Partners recognized by UW Health for:
  - Requesting time off for bereavement purposes
  - Leave purposes (any changes to WFMLA may be updated based on future communications and decisions from the State of WI)
  - Must complete DP Affidavit and provide documentation
- For health insurance, if enrolling in family coverage must enroll all eligible dependents



# Retirement Savings



# Wisconsin Retirement System (WRS)

- Administered by the Department of Employee Trust Funds (ETF)
- Provides a benefit to you if you:
  - Terminate/retire employment (if vested)
  - Become totally disabled (as long as you meet the minimum service requirements)
  - Die
- Enrollment is automatic – no paperwork needed!
- Does not accept rollovers
- Beneficiary form – mail directly to ETF





# Employee & Employer Contributions

- Required Employee and Employer contributions
  - 6.75% employee share
  - 6.75% employer share
- UWHC contributes an additional 1.2% for the accumulated sick leave conversion program
  - More info [http://www.etf.wi.gov/videos/acc\\_sick\\_leave.htm](http://www.etf.wi.gov/videos/acc_sick_leave.htm)
- Contribution rates are established by ETF each year
- New and Mid-Career Employee Orientation on Retirement Benefits
  - [www.etf.wi.gov/videos/retirement\\_benefits.htm](http://www.etf.wi.gov/videos/retirement_benefits.htm)

# Vesting and Payments

- Vesting
  - Immediately vested in your contributions
  - Must have 5 years of WRS creditable service (if no prior WRS service) before vested in employer contributions
  - Calendar Year (January 1<sup>st</sup> – December 31<sup>st</sup>)
    - 1 year of Creditable Service = minimum of 1,904 hours
    - Can have partial year of service
      - Number eligible hours in a year divided by 1904

# Additional Contributions to WRS

- Can make voluntary additional contributions to WRS account
- **After-tax** contributions
  - Still have to pay taxes on interest (not Roth)
- No employer match
- Not included in retirement annuity calculation
- May elect 100% of total gross compensation or \$57,000 (2020 limit), whichever is less

# Additional Retirement Options

	WDC/457(b)	TSA/403(b)
Payroll Option	Flat \$ Amount or Percentage	Flat \$ Amount or Percentage
Pre-Tax	Yes	
Post-Tax (Roth Option)	Yes	No
Vendor Options	One	Multiple
Annual Limit	\$19,500 under age 50 (each Plan)	
Catch-Up Contributions	\$6,500 if age 50+ by December 31 (Total \$26,000)	
Enrollment Opportunity	Enroll/Make Changes At Any Time	
Early Withdrawal Penalty if not age 59 1/2	No	Yes
Accepts Rollovers	Yes	
Enrollment Info	Quick Enroll App on U-Connect or contact WDC	Contact Vendor

# Summary of Retirement Options

- WRS – Mandatory – Automatic Enrollment
- Tax-Sheltered Annuity (TSA)/403(b) – optional
- Wisconsin Deferred Compensation (WDC)/457(b) – optional



May contribute  
up to the IRS  
maximum in  
each plan

# Retirement Planning Resources

- U-Connect
  - Depts/Programs > Human Resources > HR Calendar
    - Wisconsin Deferred Compensation
      - [www.wdc457.org](http://www.wdc457.org)
  - Fidelity
    - Contact them at 800.343.0860
    - Offers Retirement Planner assistance to all UW Health employees
    - Schedule a free 1:1 appointment 800.642.7131 or register online:  
[www.fidelity.com/atwork/reservations](http://www.fidelity.com/atwork/reservations)

## On-site and Phone-based Retirement Planning for UW Health Employees



### Meet your dedicated and local Retirement Planners – Bob Intoccia and Sasha Owens

Retirement Planners are skilled at helping you through a consultative, needs-based approach.

#### Your UW Health Retirement Planners:

- Help with your overall financial well-being, including savings habits, asset allocation, income planning, and complex planning discussions, as well as with decisions at retirement or a job change.
- Offer a comprehensive approach to retirement planning that's fully integrated with online tools.
- Are backed by industry-leading research and analysis, with the skills to help address your needs and to plan holistically across your financial resources.
- Are available for in-person, one-on-one consultations at UW Health locations.
- Can also be reached by phone for added flexibility and convenience.

#### Schedule a Complimentary One-on-One Appointment

Please consider bringing relevant account statements and any paperwork to help address your questions and needs during your consultation. Spouses or partners are also invited to attend, and registration is required.


Bob Intoccia  
Director, Retirement Planner  
[bob.intoccia@fmr.com](mailto:bob.intoccia@fmr.com)

Sasha Owens  
Retirement Planner  
[sasha.owens@fmr.com](mailto:sasha.owens@fmr.com)

You can also visit [getguidance.fidelity.com](http://getguidance.fidelity.com) or call 800-642-7131, Monday through Friday from 7 a.m. to 11 p.m. Central time.




#### Other Ways to Connect With Fidelity

 Call: 800-343-0860 Monday through Friday from 7 a.m. to 11 p.m. Central time to talk with a [Retirement Benefits Representative](#)


 Call: 800-248-4213 Monday through Friday from 7 a.m. to 11 p.m. Central time to consult with a [Retirement Planner](#)

 Click: [www.netbenefits.com/uwmfprp](http://www.netbenefits.com/uwmfprp)

 Visit: A local [Investor Center](#) by visiting [www.fidelity.com/branchlocator](http://www.fidelity.com/branchlocator)

 Download: Fidelity NetBenefits® mobile app from the App Store®, or Google Play™ store

 Watch: A [webcast](#) by visiting [www.fidelity.com/webcasts](http://www.fidelity.com/webcasts)

 Try: Fidelity's [Planning & Guidance Center](#) by visiting [www.fidelity.com/planningcenter](http://www.fidelity.com/planningcenter)

Investing involves risk, including risk of loss.

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# Health Insurance



# Health Insurance



- Sponsored by WRS
- Regular and temporary employees must have (before UWHC contributes to premiums):
  - 2 full months of WRS service
  - With work duration of 12 months or more
  - Temporary employees – premiums are post-tax
- Coverage with employer contribution is 1<sup>st</sup> of month following 2 full months of WRS Service
  - If you had prior WRS service, see your checklist for effective date
- Required application to return indicating enrollment election (enroll; Opt Out; Waive)



# Health Insurance – EARLY Coverage

- May enroll in early coverage 1<sup>st</sup> of month on or following start date
  - Responsible for entire premium for first 2 months
    - Early coverage average single cost \$800
    - Early coverage average family cost \$2,000
  - May enroll in early single, then add family when UWHC contributes to premiums

**New hires or employees returning from leave (lapsed coverage) only: Choose your coverage to be effective: REQUIRED**

- ☐ When my employer contributes to my premium
- ☐ As soon as possible (you will pay the entire monthly premium until you are eligible for your employer contribution)
- ☐ I choose to decline/waive coverage *(to decline health insurance and elect the opt-out incentive, go to section 12)*
- ☐ I choose to decline/waive coverage *because I have other health insurance coverage (go to section 13 and sign)*

# Decision Point: Opt-Out Incentive or Enroll in Health Coverage

## \$2,000 Opt-Out Incentive

Provided to new hires who –  
**INSTEAD** of enrolling in health –  
submit a timely application to...

Opt out of  
State  
Group  
Health  
Insurance

**Incentive**  
**(\$2,000 prorated\***  
**based on**  
**eligibility for the**  
**employer**  
**contribution)**

Must submit application to elect Opt-out; Enrollment must be submitted each year during Open Enrollment  
Considered taxable income  
Is not a lump-sum; Paid out on bi-weekly paychecks  
Further info available ETF Opt-Out FAQ <http://etf.wi.gov/members/IYC2018/et-2107faq.asp#optout>



# Opt-Out Incentive – Are You Eligible?

*Are you eligible for the \$2,000?*

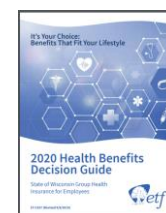
- Must be part of the WI Retirement System (WRS) and eligible for employer contributions toward State Health
- Must elect Opt-Out timely
- Cannot have State Health through a spouse or parent
- A State employee who, as of 12/31/15, was (1) under the WRS but (2) not enrolled in State Health is not eligible
- Must submit timely each year during Open Enrollment

# 2020 Health Insurance Premiums

Eligible Full and Part-Time (50%+) Regular and Temporary Employees:

Insurance Type	Coverage Type	Monthly Premium		Per Pay Period Deduction**	
		 With Dental	Without Dental	 With Dental	Without Dental
It's Your Choice (IYC) Health Plan	Single	\$93	\$89	\$46.50	\$44.50
	Family	\$231	\$222	\$115.50	\$111
IYC Access Health Plan	Single	\$273	\$269	\$136.50	\$134.50
	Family	\$679	\$670	\$339.50	\$335
IYC HDHP	Single	\$35	\$31	\$17.50	\$15.50
	Family	\$87	\$78	\$43.50	\$39
IYC Access HDHP	Single	\$215	\$211	\$107.50	\$105.50
	Family	\$535	\$526	\$267.50	\$263

For more details, see page 4 of the  
It's Your Choice 2020 Decision Guide




# Step 1: 2020 Uniform Dental Benefits

- Cost
  - Single - \$4/month
  - Family - \$9/month
- Must enroll in State Group Health to elect Uniform Dental
- Covers Diagnostic & Preventive Only
- Elect on same application as health – not a separate application
- No waiting periods

	Uniform Dental & Preventive Plan
In-Network providers (No out-of-network coverage)	Delta Dental PPO & Premier providers
Annual deductible	None
Annual benefit max	\$1,000 / person
Waiting period	None
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests	100%
Fillings	100%
Anesthesia (general and IV sedation)	80%
Emergency pain relief	80%
Periodontal maintenance	100%
Crowns, bridges, dentures, implants	No coverage
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage
Non-surgical extractions (above gumline)	90%
Orthodontics coverage	50% (Under age 19)
Orthodontics lifetime maximum	\$1,500

# Step 2: HMO or Access?

## WHERE do you need to have coverage?

	HMO		Access/PPO	
2020 	IYC Health Plan	IYC HDHP	IYC Access Health Plan	IYC Access HDHP
Premium Cost	Middle	Lowest	Highest	Mid-High
Rates	\$89/\$222	\$31/\$78	\$269/\$670	\$211/\$526
Coverage Options	Single or Family			
Network Area	Select Health Plan Provider (ex. Quartz UW, Quartz Community, Dean, GHC, etc)		Nationwide – Freedom of choice on doctors and hospitals across the country (Access Network)	
Out-of-Network Coverage	No (urgent/emergent only)		Yes Reduced coverage levels	
Dental	Uniform Dental Coverage (preventive & diagnostic)			
Vision	1 Preventative Visit	Deductible must be met	1 Preventative Visit	Deductible must be met
Health Saving Account	No	Must Enroll in HSA; UWHC Contributions	No	Must Enroll in HSA; UWHC Contributions
Flexible Spending Account	Yes	No	Yes	No

# Step 3: Plan Design – Traditional or HDHP?

2020	Traditional		HDHP	
	It's Your Choice (IYC) Health Plan	IYC Access Health Plan	It's Your Choice (IYC) HDHP	Access HDHP
2020 Rates	\$89/\$222	\$269/\$670	\$31/\$78	\$211/\$526
Annual Medical Deductible	\$250 Individual \$500 Family		\$1,500 Individual* \$3,000 Family* <small>*For family coverage, full family deductible must be met</small> <small>*In-network deductibles</small>	
Preventive Services	100% coverage		100% coverage	
Primary Office Visit Co-Pay	\$15 per visit		After deductible, \$15 per visit	
Speciality Office Visit Co-Pay	\$25 per visit		After deductible, \$25 per visit	
Emergency Room Co-Pay (waived if admitted)	\$75		After deductible, \$75	
Annual Medical Coinsurance	10% after deductible (up to OOP)		10% after deductible (up to OOP)	
Annual Medical Out-of-Pocket Limit	\$1,250 Individual \$2,500 Family		\$2,500 Individual \$5,000 Family	

# IYC Health Plan vs. IYC HDHP – Prescription 2020

Prescription Level	It's Your Choice (IYC) Health Plan	Access Health Plan	High Deductible Health Plan (HDHP)	Access HDHP
Administrator	Navitus			
Prescription Deductible	None		Included in medical deductible \$1,500 Individual / \$3,000 Family Must be met before coverage begins	
Level 1 (generic)	\$5			
Level 2 (brand name)	20% (\$50 Max)			
Level 3*	40% (\$150 max) * Level 3 if you don't take generic and no FDA MedWatch, 40%+diff btwn cost of alt drug and DAW drug			
Level 4 (Preferred)	\$50 (if obtained from Pref Specialty Pharmacy) or 40% copay (\$200 max)			
Prescription Out-Of-Pocket-Limit Individual / Family	Levels 1 & 2     \$600/\$1,200 Level 3*         \$6,850 / \$13,700 Level 4**         \$1,200 / \$2,400 ** Level 4 must be filled at Lumicera or UW Speciality Pharmacy		Included in medical OOPL \$2,500 individual \$5,000 family (combined medical and Rx)	



# Ideal Candidates for HDHP Enrollment



- Savvy about healthcare
- Interested & engaged in healthcare decisions
- Want more control over healthcare dollars
- Understand their financial exposure and are able to plan for it

# Who is Eligible for the HDHP/HSA?

You are eligible to apply for the High Deductible Health Plan with HSA if you:

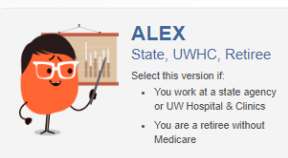
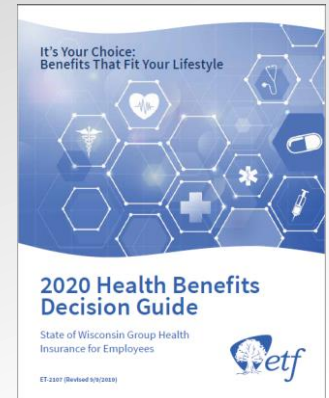
- Are not claimed as a dependent on another's taxes; *and*
- Do not have other health coverage (subscriber)\*

\*This includes

- Medicare (including Part A)
- A spouse's or partner's non-HDHP health insurance
- A spouse's or parent's Health FSA
- Tricare (& possibly recent use of VA benefits)

# Step 4: Selecting a Health Plan

- [2020 IYC Decision Guide](#)
- Access/PPO Plan
  - Will be “Access Network”
- Traditional HMO
  - Must select specific Health Plan  
Examples: Quartz UW, Quartz Community, Dean, GHC of SCW, WEA Trust-East, MercyCare, etc
  - Reference
    - IYC Decision Guide <https://etf.wi.gov/its-your-choice/2020/20et-2107/direct>
    - Health Plan Search Page <https://etf.wi.gov/its-your-choice/2020/health-plan-search/state>
    - Meet ALEX! <https://www.myalex.com/etf/2020#intro>





There are certain times through which you can enroll in health insurance. Visit [etf.wi.gov/benefits-by-employer](http://etf.wi.gov/benefits-by-employer) on how to enroll. Return this form to your employer.

Your health insurance deduction will be made by your employer to make this change. **Conversion Waiver/Revocation**

# 1. Applicant Information

Check here if your name, phone number, or address has changed since your last enrollment: ☐ Yes ☐ No

Name First  M.I.

Former/Maiden (if applicable)

Mailing address (Street)

Birth date

Check your marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Please check which applies to you: ☐ Employee ☐ Graduate ☐ Former

# 2. Spouse Information (if applicable)

Name First  M.I.

Birth date

Check here if your spouse's name, phone number, or address has changed since your last enrollment: ☐ Yes ☐ No

# 3. Dependent Information

Name  You may attach additional information if more space is needed.

First  M.I.  Last

State employees: If you are eligible for an HDHP, Local Wisconsin Public Employees dental. Check with your employer.

Is any dependent listed here? ☐ Yes ☐ No

If yes, name of parent:

Name:

4. Are you eligible to enroll, your initial enrollment period, or a special enrollment period?

- Reason for Application
- ☐ Health benefits of previous employer
  - ☐ New hire (when d)
  - ☐ Eligible life event
  - ☐ Eligible move to a new residence

New hires or employee

- ☐ When my employ
- ☐ As soon as possi
- ☐ I choose to declin
- ☐ I choose to declin

Eligible life event change your initial hire period, is

Select one reason to add coverage/dependents

- ☐ Marriage
- ☐ Transfer to a new employer
- ☐ Former agency hire
- ☐ Birth or adoption
- ☐ LTE new hire (st
- ☐ GOBRA (Contin
- ☐ National Medical
- ☐ Spouse-to-spous
- ☐ Loss of employer
- ☐ State retiree re-e
- ☐ Paternity acknow
- ☐ Legal ward/guar
- ☐ Disabled, age 26
- ☐ Dependent not o
- ☐ Other:

5. Choose an It's Your network benefits availability descriptions of each plan

Select one: ☐ NYC hel ☐ Access

Make your plan design

Individual or family coverage

With or without dental

State employees: If you are eligible for an HDHP, Local Wisconsin Public Employees dental. Check with your employer.

6. Choose a Health Plan. See health plan page online.

Enter the complete health plan name and number

\*\*Full Health plan name and number, see health plan page online.

GHC, Access Health Plan

Name:

7. Complete if you or an dependent are currently enrolled in Medicare, including yourself, if applicable.

Name (first, m.i., last)

8. Remove a Spouse or dependent

Name of person(s) you are removing

9. Complete if you are currently enrolled in health insurance

If your employee monthly premium information on IRC Section 125

My employee required monthly premium is:

- ☐ Pre-tax and my empl
- ☐ Pre-tax eligible life event
- ☐ Pre-tax change to ind
- ☐ Post-tax (midyear change)

10. Cancel Health Insurance

Only complete this section if you are currently enrolled in health insurance

My premiums are deducted from my paycheck

Choose one reason for cancellation

11. Do you Have Other Health Insurance?

Do you or any of your dependent have a balance available as of the date of enrollment?

Name of health insurance company

Policy number:

Name(s) of insured:

Name:  ETF ID:

12. State Employees Only: Decline Health Insurance & Elect the Opt-Out Incentive

Are you electing to receive the opt-out incentive for 2020? ☐ Yes ☐ No  
If yes, you certify you are eligible for the opt-out stipend and are not currently, nor under the State of Wisconsin Group Health Insurance Program, and that you did not

Opt Out – yes or no

13. Signature Required

By signing this application, I apply for the insurance under the indicated health insurance contract made available to me through the State of Wisconsin and I have read and agreed to the Terms and Conditions (see page 5). A copy of this application is considered as valid as the original. In addition, to the best of my knowledge, all statements and answers in this application are complete and true. Providing false information is punishable under Wis. Stat. § 943.395. Additional documentation may be required by the State of Wisconsin.

Signature

Date

\*\*A real, handwritten signature if required on this application. An electronic signature cannot be accepted.

Return this completed form to your employer.

UWHC NOTES:

Please ensure your application is filled out thoroughly and completely. Submitting incomplete information delays our ability to process your application, and may result in a delay in enrollment.

If enrolling in family coverage, State Statute requires that all family members be listed (including spouse and all dependents under the age of 19) - you cannot choose to leave someone off the family plan unless you provide proof of other coverage.

If you have questions about benefits, or your enrollment application, please contact:  
UW Health HR Service Center  
phone: 608-263-6500  
fax: 608-263-5778

Opt-Out  
If requesting the Opt-Out for 2020, complete sections 1, 12 and 13

If enrolling:  
Section 1 - Must list a specific PCP name or clinic location  
Section 2 - If you have a spouse, complete section, even if you are enrolling in single coverage  
Section 3 - Answer every question for each dependent listed  
Section 5 - Answer each of the questions

Employer Completes: Coding instructions are in the Employer Health Insurance Administration Manual.

EIN 0001-183	Employer name UWHC Authority	Payroll representative email hr@uwhc.org
Group number 83532	Employee type <input type="checkbox"/> Individual <input type="checkbox"/> Family	Health plan name/suffix
Business Unit (if applicable) N/A	Employment status of applicant <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> LTE	Employee deductions <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
Hire date or date WRS-eligible employment or graduate appointment began	Employer received date	Event date
Prospective coverage date		
Are you a WRS-participating employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous service check completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Source of previous service check? <input type="checkbox"/> Online Network for Employers (ONE) <input type="checkbox"/> ETF		
Did employee participate in the WRS prior to being hired by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Payroll representative signature	Phone number (608) 263-6500	Date signed



# Pre-Tax Savings Opportunities



# Pre-Tax Savings Opportunities

Enrolled in non-HDHP plan through UWHC or Other

- Flexible Spending Account (FSA) – Healthcare

All

- Flexible Spending Account (FSA) – Dependent Daycare

Enrolled in HDHP through UWHC:

- Health Savings Account (HSA)
- Limited Purpose Flexible Spending Account (LPFSA)

# Flexible Spending Account (FSA)

## *What is an FSA?*

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.



For example (assuming a 25% tax bracket):

### **Without Pretax Account**

\$100 earned  
- \$25 tax withheld  
**\$75** to spend on anything

### **With Pretax Account**

\$100 earned and sent to CYC  
- \$0 (not taxable)  
**\$100** to spend on qualifying items

# Flexible Spending Account (FSA) - Healthcare

- Paired with a non-HDHP plan
  - Can enroll even if not enrolled in Health coverage through UWHC
- No changes to amount during year, unless you have a Qualifying Event
- Debit Card (ConnectYourCare)
  - Entire election amount loaded onto card
- Must reenroll in benefit each year

Year	Annual Max	Rollover (into next plan year if not spent)	Expenses Must be Incurred By
2020	\$2,700	\$500	12/31/2020



# FSA - Eligible Expenses

## Healthcare/Medical Account - \$2,700 max

- Rx Co-pays
- Deductibles & Co-Insurance
- Dental costs & Orthodontics
- Glasses / Contacts / Lasik
- Mileage to/from appointments
- OTC Medical Items
  - Band-Aids, Contact lens solution, Pregnancy tests, Thermometers
- OTC Medication – if Rx provided
  - Cough syrup, Diaper rash ointment, Fever reducers, Pain relievers, etc.

\*Not an exhaustive list; See [www.irs.gov](http://www.irs.gov) publication 502 for more!

## Dependent Daycare Account – \$5,000 max per household

- Daycare
- Nanny / *Au pair* / Sitter
- Before & After- school programs
- Certain summer day camps

Must be for care provided to child under age 13 (or qualified dependent mentally/physically incapable of self care) during employee's work hours.

Summer day camps must be primarily providers of childcare (vs. educational or athletic training).

\*Not an exhaustive list; See [www.irs.gov](http://www.irs.gov) publication 502 for more!

Funds must be used by December 31, of plan year,  
there is no carryover into following plan year

# Health Savings Account Contributions – Required if enrolling in HDHP

- If enrolled in HDHP through UWHC required to open HSA account
  - You do not have to make employee contributions
  - Can change contribution amount mid-year
- Pre-tax contributions deducted from check
- Access through ConnectYourCare card
- Funds rollover from year-to-year
  - Can save for future medical expenses into retirement
- Eligible Expenses
  - See [www.irs.gov](http://www.irs.gov) publication 502 for more!

## **Medical Expenses**

- Chiropractic adjustments
- Deductible and copayments
- Doctor office visits
- Diagnostic labs; X-rays
- Hearing aids and batteries

## **Dental Expenses**

- Braces and orthodontia
- Cleanings
- Crowns
- Fillings
- Dentures
- Copayments and deductibles

## **Vision Expenses**

- Eye exams
- Prescription eyeglasses
- Prescription contact lenses
- Contact lens solution
- Laser eye surgery / LASIK
- Copayments and deductibles

# 2020 HSA Contributions

- *Will my employer contribute to my HSA with ConnectYourCare?*
  - Yes\*
- *Must I contribute money into my HSA with ConnectYourCare?*
  - No. But you must open the bank account.
- *Is there a maximum contribution limit?*
  - Yes
- Employer Contributions are pro-rated if enrolling mid-year
- Must have available HSA funds to use them

Contributions - 2020	Single	Family
UWHC contributions	\$750	\$1,500
Annual Maximum Contribution (employee + employer)	\$3,550	\$7,100
HSA Catch-up Contributions (Age 55 and older)	Additional \$1,000 per year	

\*Halve if paying Less Than Half Time Rates

# Limited Purpose Health Care Flexible Spending Account

- Paired with a HDHP plan
  - Can enroll even if not enrolled in Health coverage through UWHC
- May only use for non-medical expenses (ex. vision and dental) until deductible is met
- Once deductible met can use for all eligible IRS expenses
- Debit Card (ConnectYourCare)
  - Entire election amount loaded onto card
- Must reenroll in benefit each year
  - Eligible expenses see [www.irs.gov](http://www.irs.gov) publication 502 for more!

Year	Annual Max	Rollover (into next plan year if not spent)	Expenses Must be Incurred By
2020	\$2,700	\$500	12/31/2020

# How do I use my Health or LPFSA?

- ConnectYourCare card
- Paper Claim Form
  - Required for Dependent Daycare
- Online claim Mobile App



You have access to your full annual Health or Limited Purpose FSA election as of your plan effective date.

*Keep All Your Receipts!*

# Supplemental Plans



# Supplemental Delta Dental (UWHC)

- Coverage effective 1<sup>st</sup> of the month on or following your date of hire
- Coverage for major services
  - 100% diagnostic and preventive
  - 80% basic (fillings, emergency treatment, sealants)
  - 50% major services (crowns, bridges, implants or dentures)
- Annual \$1,000 benefit maximum, per person
- Orthodontics 50% to age 19 (lifetime max \$1,250)
- Annual network deductible applies

Coverage Type	Monthly Premium
Single	\$20.92
Employee + 1	\$40.86
Family	\$64.54

# 2020 Select & Select Plus Delta Dental

	Select	Select Plus
Employee only	\$9.28 (Employee Only) \$12.52 (Employee + Children) \$18.56 (Employee + Spouse) \$22.28 (Family)	\$16.82 (Employee Only) \$31.12 (Employee + Children) \$33.64 (Employee + Spouse) \$51.30 (Family)
In-Network Providers	Delta Dental PPO providers	Delta Dental PPO or Premier
Annual Deductible	\$100 / person	\$25 / person
Annual Benefit Max	\$1,000 / person	\$2,500 / person
Diagnostic & Preventive Services	No Coverage	No Coverage
Basic Services		
Anesthesia	50%	80%
Fillings, Emergency Pain Relief, Periodontal Maintenance	No Coverage	No Coverage
Major/Restorative		
Crowns, bridges, dentures, implants	50%	60%
Surgical extraction, root canal, oral surgery	50%	80%
Orthodontics		
Coverage/Lifetime Max	No coverage	50% regardless of age; \$1,500 Lifetime Max



# Preventive Delta Dental

- Cost
  - Single - \$30.20/month
  - Family - \$75.50/month
- May NOT be enrolled in State Group Health Insurance
- Covers Diagnostic & Preventive Only
- Coverage is identical to what is offered through Uniform Dental
- No waiting periods

	Uniform Dental & Preventive Plan
In-Network providers (No out-of-network coverage)	Delta Dental PPO & Premier providers
Annual deductible	None
Annual benefit max	\$1,000 / person
Waiting period	None
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests	100%
Fillings	100%
Anesthesia (general and IV sedation)	80%
Emergency pain relief	80%
Periodontal maintenance	100%
Crowns, bridges, dentures, implants	No coverage
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage
Non-surgical extractions (above gumline)	90%
Orthodontics coverage	50% (Under age 19)
Orthodontics lifetime maximum	\$1,500

## 2020 UWHC Dental Benefits Plans Comparison

2020 Dental	State Uniform Dental (Combined with Safe Group Health Ins.)	Delta Dental Preventive Plan (Not Enrolled in State Health Insurance)	UWHC Supplemental Delta Dental			State Select Plan	State Select Plus Plan	
Network	Delta Dental PPO and Delta Dental Premier provider networks		Delta Dental PPO	Delta Dental Premier	Non-Contracted	Delta Dental PPO	Delta Dental PPO	Delta Dental Premier
2020 Premium Rates (monthly)	Optional for 2020*	Optional for 2020**						
Employee	\$4.00*	\$30.20**	\$20.92			\$9.28	\$16.82	
Employee + spouse	n/a	n/a	EE + 1 = \$40.86			\$18.56	\$33.64	
Employee + Child(ren)	n/a	n/a				\$12.52	\$31.12	
Family	\$9.00*	\$75.50**	EE + 2 or more = \$64.54			\$22.28	\$51.30	
Provider Network	In-Network ONLY		Delta Dental PPO	Delta Dental Premier	Non-Contracted	In-network ONLY	In-Network ONLY	
Deductible (must be met before benefits are covered)	\$0		\$50 Individual/\$100 Family			\$100/person	\$25/person	
Calendar Benefit Max	Per person		Per person			Per person	Per person	
Maximum amount the benefit will pay in a plan year	\$1,000		\$1,000			\$1,000	\$2,500	
Diagnostic & Preventive	100%		100%	100%	80%	Not covered	Not covered	
Routine Exams	2 per year		Once every 6 months			Not covered	Not covered	
Cleanings	2 per year		Once every 6 months			Not covered	Not covered	
Bitewing X-rays	1 set per year		Once every 6 months			Not covered	Not covered	
Panoramic X-rays	Once every 60 months		Once every 3 years			Not covered	Not covered	
Fluoride	2 per year up to age 19		2 per year up to age 19			Not covered	Not covered	
Basic	See specific services		See specific services			See specific services	See specific services	
Fillings	100%		100%	80%	50%	Not covered	Not covered	
Extractions (non-surgical)	90%		100%	80%	50%	Not covered	Not covered	
Local Anesthesia	80%		50%	50%	50%	50%	80%	
Emergency Palliative Care	80%		100%	80%	50%	Not covered	Not covered	
X-rays (limited)	100%		100%	100%	80%	Not covered	Not covered	
Oral Surgery	Not covered, but may be covered under medical plan		50%	50%	50%	50%	80%	
Major/Restorative	See specific services		See specific services			See specific services	See specific services	
Implants			50%	50%	Not covered	50%	60%	
Crowns			50%	50%	Not covered	50%	60%	
Bridges	Not covered		50%	50%	Not covered	50%	60%	
Dentures			50%	50%	Not covered	50%	60%	
Endodontic			50%	50%	50%	50%	80%	
Periodontic	100% Limited to Periodontal 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 Periodontal Maintenance which is covered under the Uniform benefit or Preventive Plan	
Dental Waiting Period	None		None	None	None	None	None	
Claim Filing Timeline	15 months		15 months			15 months	15 months	
Orthodontia	50% (under 19 only)		50% (under 19 only)	50% (under 19 only)	Not covered	Not covered	50% (Regardless of age)	
Ortho Lifetime Max	\$1,500		\$1,250	\$1,250	Not covered	Not covered	\$1,500 (in addition to Uniform Dental)	
Ortho Waiting Period	None		None	None	Not covered	Not covered	None	
Websites	<a href="http://deltadentalwi.com/state-of-wi">deltadentalwi.com/state-of-wi</a>		<a href="http://deltadentalwi.com">deltadentalwi.com</a>			<a href="http://deltadentalwi.com/state-of-wi">deltadentalwi.com/state-of-wi</a>	<a href="http://deltadentalwi.com/state-of-wi">deltadentalwi.com/state-of-wi</a>	

# Supplemental VSP Vision

- Coverage effective 1<sup>st</sup> of the month on or following your date of hire
- VSP network – [www.vsp.com/go/stateofwiemployees](http://www.vsp.com/go/stateofwiemployees)
  - Providers are generally smaller doctors office
- Coverage for:
  - Exams
  - Lenses or contacts every 12 months
  - Frames every 24 months - \$25 copay
  - Kids frames every 12 months
  - Discount for laser eye surgery

Coverage Level	2020 Monthly Premium
Employee Only	\$6.38
Employee + Spouse	\$12.76
Employee + Child(ren)	\$14.38
Family	\$22.98

# Sick Leave & Disability Insurance



# Sick Leave

- Full-time employees earn at the following rates (prorated for part-time):
  - Hourly
    - Earned at a rate of .04625 hour per hour paid, up to 80 hours in a pay period
    - 12 days per year (96 hours) based on 2080 hours
  - Salaried
    - Earn one day (8 hours) per month
    - 12 days per year (96 hours)
- Can use sick leave:
  - When you are ill
  - On an approved family / medical leave for one of following reasons
    - A family member requires care
    - A doctor's appointment cannot be scheduled outside of work shift
    - You are on a maternity/Paternity leave of absence
    - On a medical leave of absence
    - Bereavement
- Sick Leave Credit Conversion program
  - Use unused sick leave credits to pay post-retirement health ins.

# Income Continuation Insurance



## What is Income Continuation Insurance?

- ICI is a voluntary income replacement program
- It can cover employees for short-term and long-term disabilities

**12**  
months  
or less

**Short-term disability**  
(first twelve months)  
claimant must be unable  
to perform the duties of  
their job

**12+**  
months

**Long-term disability**  
Claimant must be  
unable to engage in any  
“substantially gainful activity” for  
which they are reasonably qualified

- ICI benefits will be reduced (offset) by income from other sources

Waiting period: 30-day waiting period and exhaustion of sick leave (up to 130 days)

# Income Continuation Insurance



## Benefit Amounts

- Benefit amount is 75% of the average monthly earnings

### Standard Coverage

Covers annual salaries  
up to \$64,000

*(maximum benefit of \$4,000/month)*

### Supplemental Coverage

Covers annual salaries  
between \$64,000 and  
\$120,000

*(maximum benefit of \$7,500/month)*

- Benefit ceases when members are no longer disabled or reach age 65, whichever comes first.  
(benefits may be paid for a longer period if the employee is age 62 or older at the time of disablement)



# Income Continuation Insurance



**Employee Monthly Standard ICI Premium Rates**  
effective 2/1/2020

Category		1	2	3	4	5	6
Minimum Sick Leave Hours		0	184	**80**	520	728	1040
Monthly Salary							
Up to	500.99	\$12.72	\$9.42	\$2.22	\$1.14	\$0.61	0.00
501.00 -	600.99	\$15.35	\$11.40	\$2.72	\$1.40	\$0.74	0.00
601.00 -	700.99	\$18.34	\$13.70	\$3.23	\$1.64	\$0.88	0.00
701.00 -	800.99	\$20.98	\$15.67	\$3.71	\$1.90	\$1.01	0.00
801.00 -	900.99	\$23.65	\$17.71	\$4.22	\$2.15	\$1.14	0.00
901.00 -	1,000.99	\$26.64	\$19.68	\$4.69	\$2.41	\$1.28	0.00
1,001.00 -	1,100.99	\$28.99	\$22.04	\$5.15	\$2.64	\$1.42	0.00
1,101.00 -	1,200.99	\$32.00	\$24.04	\$5.65	\$2.88	\$1.55	0.00
1,201.00 -	1,300.99	\$34.67	\$26.03	\$6.14	\$3.14	\$1.68	0.00
1,301.00 -	1,400.99	\$37.66	\$28.39	\$6.62	\$3.40	\$1.81	0.00
1,401.00 -	1,500.99	\$40.32	\$30.36	\$7.13	\$3.65	\$1.94	0.00
1,501.00 -	1,600.99	\$43.01	\$32.35	\$7.63	\$3.90	\$2.08	0.00
1,601.00 -	1,700.99	\$45.95	\$34.70	\$8.12	\$4.15	\$2.22	0.00
1,701.00 -	1,800.99	\$48.62	\$36.68	\$8.62	\$4.40	\$2.35	0.00
1,801.00 -	1,900.99	\$51.65	\$38.69	\$9.11	\$4.66	\$2.48	0.00
1,901.00 -	2,000.99	\$54.29	\$40.72	\$9.59	\$4.91	\$2.62	0.00
2,001.00 -	2,100.99	\$56.95	\$43.03	\$10.09	\$5.16	\$2.76	0.00

**Example:**  
\$1,600 monthly salary  
New Hire  
Premium would be  
\$43.01 per month

\*Category 3 is a special rate category which permits employees to qualify for employer contribution by increasing their accumulated sick leave balance by at least 80 hours in the previous calendar year. Premium category 3 is also available to part-time employees on a prorated basis. For example, those employed on a half-time basis only have to add 40 hours (5 days) of sick leave in the prior year instead of the 80 hours (10 days) required for full-time employees. This proration applies only to Category 3.



# Life Insurance



# State Group Life Insurance



## 3. COVERAGE SELECTION

<input type="checkbox"/> <b>Basic Coverage (1x earnings)</b>	<input type="checkbox"/> <b>Supplemental Coverage (1x earnings)</b>	<b>Additional Coverage (check one)</b>
<b>Spouse &amp; Dependent Coverage (check one)</b>		<input type="checkbox"/> 1 Unit (1x earnings)
<input type="checkbox"/> 1 Unit (Spouse/Domestic Partner=\$10,000; Dependent=\$5,000)		<input type="checkbox"/> 2 Units (2x earnings)
<input type="checkbox"/> 2 Units (Spouse/Domestic Partner=\$20,000; Dependent=\$10,000)		<input type="checkbox"/> 3 Units (3x earnings)

### Employee Coverage:

Each unit = 1x highest State earnings

Monthly premium cost depends upon

- Number of units elected
- Highest earnings (and thus the value of each unit), and
- Age of employee

### Spouse/Dependent Coverage:

Monthly premium cost is

- \$2.26/month if 1 Unit
- \$4.52/month if 2 Units

# Supplemental Life Insurance

- Coverage effective 1<sup>st</sup> of month on or following 30 days from date of hire
- Employee coverage: \$5k, \$10k or \$20k
- Coverage for Spouse and Dependents
- Option to increase coverage each year with no underwriting
- Employee pays premium
  - See materials or U-Connect

Employee & Spouse Coverage		
Rates below are per \$1,000 of coverage.		
Premiums are deducted once per month on the 1 <sup>st</sup> check of the month (A check).		
Employee's Age	Employee Coverage	Spouse Coverage*
Under 28	0.027	0.040
28 – 30	0.030	0.044
31 – 33	0.038	0.056
34 – 36	0.045	0.066
37 – 39	0.054	0.080
40 – 42	0.082	0.120
43 – 45	0.130	0.190
46 – 48	0.157	0.230
49 – 51	0.218	0.320
52 – 54	0.279	0.410
55 – 57	0.388	0.570
58 – 60	0.483	0.690
61 – 63	0.666	0.860
64 – 66	0.959	1.200
67 – 69	1.340	1.670
70 – 72	2.067	2.590
73+	2.958	3.700

\*Spouse premiums are calculated using the employee's age

# UW Employees Inc. Life

- Coverage effective 1<sup>st</sup> of month on or following 30 days from date of hire
- Employee coverage only
- Decreasing Term Life policy
  - Coverage decreases and premiums increase as you get older
- Premiums

The level of Group Term Life insurance coverage you are eligible to elect, and your monthly cost, is determined by your current age. Refer to the chart below for the coverage available and the cost.

Age	Benefit Amount	Monthly Cost
Under 35	\$33,000	\$0.75
35-39	\$28,000	0.94
40-44	\$25,000	1.20
45-49	\$18,000	1.50
50-54	\$15,000	1.80
55-59	\$13,000	2.85
60-64	\$12,000	3.26
65 and over	\$7,000	2.25

All rates are subject to change.

Rates increase with age.

# UWHC Accidental Death & Dismemberment (AD&D)

- Coverage effective 1<sup>st</sup> of month on or following 30 days from date of hire
- Can elect Individual or Family Plan
- Includes programs such as:
  - Accident Insurance Protection
  - Dismemberment Protection
  - HIV Occupational Accident Benefits
  - Home Alteration and Vehicle Modification Benefit
  - Travel Assist Program
    - 100 miles or more from home
  - Identity Theft Protection through CyberScout

## Monthly Premiums

Employee Benefit Amount	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
Employee only	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20
Family Plan	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40

# Additional Benefit Information

# Vacation Time

- Allocated on calendar year basis, earned based on hours paid each pay period
- Prorated for part-time/FTE (.5 FTE eligibility)
- Accrues while in pay status
- Based on years of service
- New employees eligible to use vacation hours up to allocated hours available, with manager approval.

Years of Service	Accrual Level
0-5 years	128 hours or 16 days
6-10 years	156 hours or 19.5 days
11-15 years	172 hours or 21.5 days
16-20 years	196 hours or 24.5 days
21-25 years	212 hours or 26.5 days
26+ years	236 hours or 29.5 days

# Holiday

- UW Health recognizes 8 holidays
  - January 1: New Year's Day
  - 3<sup>rd</sup> Monday in January: Martin Luther King, Jr. Day (MLK)
  - Last Monday in May: Memorial Day
  - July 4: Independence Day
  - 1<sup>st</sup> Monday in September: Labor Day
  - 4<sup>th</sup> Thursday in November: Thanksgiving Day
  - December 24: Christmas Eve
  - December 25: Christmas Day
- Effective: Date of Hire (.5 FTE eligibility)
- Must be employed on the holiday
- Holidays falling on weekend will be banked to PTO Bank
- Hourly – if required to work a holiday, paid 1 ½ times for hours worked; Holiday hours are banked to PTO bank
- Salaried – if required to work a holiday, banked holiday hours equal 1½ times available holiday hours, based on FTE



# Paid Maternity/Paternity

- Eligible employees may receive up to one week paid time for the birth or adoption of child
  - Must have at least 1 year of service to be eligible

# Tuition Reimbursement

.5 FTE

- Administered in-house through Employee Self-Service (ESS) in Oracle Cloud
- Eligible programs include those that correlate to a role available at UW Health
- Must have completed 12 months of continuous employment prior to start of course

Education Program	Eligibility Criteria	Annual (Calendar Year) Benefit Amount
Technical Diploma Associate's Degree Bachelor's Degree	Includes all courses taken as part of an approved degree program, as well as prior learning assessment and tests used to document knowledge for the purpose of granting credit towards an approved degree (e.g. CLEP, ACE, DANTES)	Full-time: \$2000 Part-time: \$1000
Master's Degree Doctorate Degree	Includes all graduate level coursework taken as part of an approved graduate degree	Full-time: \$2000 Part-time: \$1000
Certificate Program	Courses taken as part of a Certificate program must have a measureable completion requirement beyond attendance and participation (e.g. grades)	Full-time: \$2000 Part-time: \$1000
Nursing Program	Includes all Technical Diploma, Associate, Bachelor, Master and Doctorate degrees for defined nursing fields of study.	Full-time: \$4000 Part-time: \$2000

# Employee Assistance Program

- Employee Assistance and Work-Life Program

- Services offered by LifeMatters

- 1-800-362-3902, ext. 1310

- Family, parenting or job concerns
    - Alcohol or drug abuse questions or problems
    - Emotional or stress-related issues
    - Child care referrals
    - Assistance with financial planning

# Other Benefit Programs

- U-Connect;
  - Hi-5 (Recognize a co-worker!)
  - Corporate Discounts
  - Care.com
  - Employee Referral Program
    - List of eligible positions posted on Uconnect
  - Cashless Convenience
    - Enroll through ESS
  - Wellness Programs
  - And more!

# Communications on Benefit Changes

- Wednesday – Weekly In-Brief email
  - Important to Read!
  - Information is organized by Action Required, Vital to Know, For Your Information
  - All benefit information, including Open Enrollment details, communicated weekly
  - Includes organizational changes, messages from leadership, policy updates and more
- U-Connect
  - Source for all information including benefits, organization news and more

# Payroll Reminders

- Access paycheck through Oracle Cloud
- Direct Deposit or Payroll Card required
  - Update tax and direct deposit online through Oracle Cloud > Me > Pay
    - Must be updated by last day of pay period
  - If no direct deposit setup by last day of pay period, payroll card will be issued and mailed to address on file
    - Employee will need to activate card to have access to funds
- Payroll Calendar
  - Available on U-Connect

# 2020 Payroll Schedule

## UW HEALTH

### 2020 BI-WEEKLY PAYROLL CALENDAR

"A" Payperiod - Payperiod that includes the 1st of the month.

"B" Payperiod - Payperiod following the "A" payperiod.

"C" Payperiod - Payperiod following the "B" payperiod if it doesn't include the 1st of the month.

	PAYPERIOD		CHECKS PROCESSED	HOLIDAYS	CHECKS PAYABLE	CHECKS REMAINING
01 - A	12/22/2019 -	01/04/2020	1	Christmas Eve Day/New Year	01/10/2020	25
01 - B	01/05/2020 -	01/18/2020	2		01/24/2020	24
02 - A	01/19/2020 -	02/01/2020	3	Martin Luther King Jr	02/07/2020	23
02 - B	02/02/2020 -	02/15/2020	4		02/21/2020	22
02 - C	02/16/2020 -	02/29/2020	5		03/06/2020	21
03 - A	03/01/2020 -	03/14/2020	6		03/20/2020	20
03 - B	03/15/2020 -	03/28/2020	7		04/03/2020	19
04 - A	03/29/2020 -	04/11/2020	8		04/17/2020	18
04 - B	04/12/2020 -	04/25/2020	9		05/01/2020	17
05 - A	04/26/2020 -	05/09/2020	10		05/15/2020	16
05 - B	05/10/2020 -	05/23/2020	11		05/29/2020	15
06 - A	05/24/2020 -	06/06/2020	12	Memorial Day	06/12/2020	14
06 - B	06/07/2020 -	06/20/2020	13		06/26/2020	13
**2020 Fiscal Year Ends**						
07 - A	06/21/2020 -	07/04/2020	14	4th of July	07/10/2020	12
07 - B	07/05/2020 -	07/18/2020	15		07/24/2020	11
08 - A	07/19/2020 -	08/01/2020	16		08/07/2020	10
08 - B	08/02/2020 -	08/15/2020	17		08/21/2020	9
08 - C	08/16/2020 -	08/29/2020	18		09/04/2020	8
09 - A	08/30/2020 -	09/12/2020	19	Labor Day	09/18/2020	7
09 - B	09/13/2020 -	09/26/2020	20		10/02/2020	6
10 - A	09/27/2020 -	10/10/2020	21		10/16/2020	5
10 - B	10/11/2020 -	10/24/2020	22		10/30/2020	4
11 - A	10/25/2020 -	11/07/2020	23		11/13/2020	3
11 - B	11/08/2020 -	11/21/2020	24		11/27/2020	2
12 - A	11/22/2020 -	12/05/2020	25	Thanksgiving	12/11/2020	1
12 - B	12/06/2020 -	12/19/2020	26		12/24/2020	0

# Feedback – Let Your Voice Be Heard

## Three options to access the survey

### Direct Link

<https://bit.ly/uwhnebo>

### SMS

Text  
**UWHNEBO**  
to  
**41411**

Standard text messaging rates  
may apply

### QR Code



If you do not have access to a mobile device, ask a NEO facilitator for other options.



# Actions Required

- Return completed enrollment forms within 30 days
- Must submit these forms even if waiving coverage
  1. Health Application
  2. State Group Life
  3. Income Continuation Insurance
- Enrollment forms for other benefits you wish to enroll in
- Complete Tax and Direct Deposit online – Oracle Cloud
- If not submitting applications today
  - Fax to 608-263-5778
  - Attach to HR Help Desk Request

# Before You Leave Today

- Ready to Turn in Forms & No Questions
  - Turn forms in at back table
- Have Questions or Need Additional Time
  - Please remain seated at your table
    - General quick questions
    - Benefits team staff will rotate through room until 4:30pm
  - Contact the HR Service Center
    - Staffed 7am-6pm
    - Call 608-263-6500
    - Fax 608-263-5778
    - HR Help Desk Request

# Questions

