

# BENEFITS+

*Designed Exclusively for State of Wisconsin Employees*

## **Easy and Affordable...**

As a new State of Wisconsin employee, you're eligible for automatic acceptance in an exciting supplemental benefit plan from EPIC. This plan combines valuable benefit types all rolled into one package – benefit enhancement to your base insurance made simple. And, our competitive rates mean it's affordable, too!

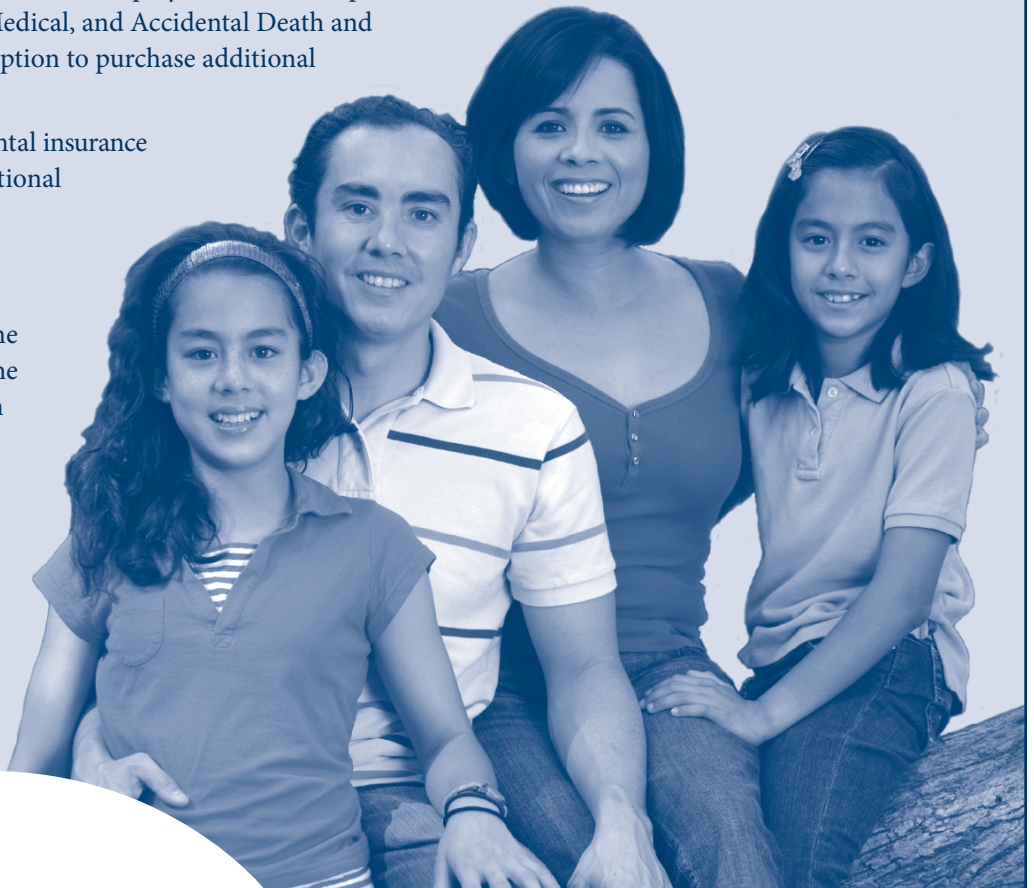
## **What is Supplemental Insurance and Why Would I Want It?**

Supplemental insurance is an additional benefit that enhances your base insurance plan(s). The plan offered to State of Wisconsin employees from EPIC provides you with additional Dental, Excess Medical, and Accidental Death and Dismemberment coverage with the option to purchase additional vision coverage.

Plain and simple, carrying supplemental insurance can save you money by providing additional benefits for costs you'd otherwise be responsible for.

If you enroll now and continue your coverage through the date you become an eligible annuitant, you may take the supplemental benefits with you when you retire – and continue to pay group rates.

If you terminate your employment prior to achieving annuitant status, you may continue the coverage under the law and requirements of COBRA.



**EPIC**  
LIFE INSURANCE

*We Take Care of You*

**Benefits+**

Dental | Excess Medical | AD&D | Vision Option

flexible benefit solutions | personalized service

# D E N T A L

## Protection for unpredictable, high-cost dental services

Dental expense benefit coverage lets you enjoy a wider range of dental protection by paying benefits for the following services once you've paid the annual deductible.

<b>Annual Deductible</b>	\$75 Per Member
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Extractions</li> <li>• Periodontics</li> <li>• Alveolectomy</li> <li>• Dental implants</li> <li>• Endodontics</li> <li>• Prosthetics including dentures and bridges and their repair</li> <li>• Orthodontic services and supplies, as defined in the policy*</li> </ul>	Deductible, then 50% of covered charges up to a calendar-year maximum of \$1,000 per member.
<ul style="list-style-type: none"> <li>• Therapeutic Injections</li> <li>• Anesthesia services, as defined in the policy</li> <li>• Restorations, as defined in the policy</li> <li>• Crowns, as defined in the policy</li> <li>• Inlays and onlays</li> </ul>	
Orthodontic Lifetime Maximum*	\$1,200 per member

\* For eligible children under 19. All appliances must be in place before the eligible child's 19th birthday. There is a 12-month waiting period from the member's effective date for benefits for orthodontic services and supplies.

*Note: We'll pay secondary after your primary dental plan.*

The EPIC plan features Delta Dental providers. Although you can see any dental provider you wish, you'll receive the best value when you choose a Delta Dental provider. Since Delta's extensive network includes 80% of Wisconsin's dentists, it's easy to locate one near you. However, if you choose to receive treatment from a provider not in the Delta network, you'll still be eligible for coverage, but any difference between Delta's allowable fee and what the provider charges will be your responsibility.

The plan's easy to use. After you visit your dentist, submit your dental claims to your primary plan for consideration. Then, submit all of your claims (including the portion paid by your primary coverage) to Delta Dental for consideration.

The bottom line? Your out-of-pocket costs for qualified dental procedures will be reduced by 50%, up to a maximum of \$1,000 per member per year, with insurance from EPIC. It's coverage you won't want to be without!

Not sure if your dentist is a Delta Dental provider? Call Delta Dental at **800-236-3712**, visit Delta Dental on the Web at [www.deltadentalwi.com](http://www.deltadentalwi.com), or contact your dentist directly.

## A C C I D E N T A L D E A T H & D I S M E M B E R M E N T ( A D & D )

### Help when the unexpected happens

AD&D coverage is designed to help offset some of the financial costs involved in coping emotionally and financially, with accidental death or specific life-altering injuries. AD&D pays a lump sum benefit as outlined in the table below.

In the event of the accidental loss of...	Coverage	Non-Annuitant	Annuitant
• Life • Both feet • Both hands	Employee	\$10,000	\$5,000
• One hand and one foot • Sight in both eyes	Spouse/Domestic Partner	\$5,000	\$2,500
• Sight in one eye and loss of one hand or foot	Child	\$2,000	\$1,000
• One foot	Employee	\$5,000	\$2,500
• One hand	Spouse/Domestic Partner	\$2,500	\$1,250
• Sight in one eye	Child	\$1,000	\$500

Loss must occur within 90 days of injury to qualify.

# EXCESS MEDICAL

## An umbrella of protection over your base medical coverage

It's no secret medical care is expensive, and getting more so every year. Excess medical coverage from EPIC may help ease the financial burden brought on by extensive medical treatment.

Excess medical coverage “fills the gap” in your primary health care plan by rounding out the benefits offered if you're hospitalized for at least 24 hours, or you have outpatient surgery performed in a hospital setting or licensed surgical center. Procedures falling under Wisconsin State Mandates, noted in the following benefit grid, are considered for coverage without meeting the outpatient surgery or inpatient requirements.

First, your primary coverage will process your medical claim(s). Then, the following EPIC benefits and related services take effect after you meet your annual deductible. For EPIC to process your claim, you will be required to provide a copy of the Explanation of Benefits (EOB) from your primary health plan.

<b>Annual Deductible</b>	\$250 Individual / \$500 Family
<b>Individual Lifetime Maximum</b>	Non-Annuitant \$250,000 / Annuitant \$100,000
<b>Professional Services</b> <ul style="list-style-type: none"> <li>• Surgical Services • Anesthesia • Medical</li> <li>• Maternity • Diagnostic Radiology and Laboratory</li> </ul>	Deductible, then 100% of covered charges
<b>Hospital Services</b> <ul style="list-style-type: none"> <li>• Room and board charges including nursing services and private room (up to primary room rate)</li> <li>• Room and board in an Intensive Care Unit</li> <li>• Miscellaneous hospital expenses</li> </ul>	Deductible, then 100% of covered charges
<b>Other Treatments, Services, and Supplies</b> <ul style="list-style-type: none"> <li>• Outpatient physical therapy • Blood and blood plasma</li> <li>• Prescription legend drugs • Initial artificial limbs and eyes</li> <li>• Casts, splints, strapping, orthopedic braces, and crutches</li> <li>• Oxygen and respiratory therapy equipment, subject to our approval</li> <li>• Nursing services, as defined in the policy • Professional licensed ambulance service</li> <li>• Dental repair to natural teeth within 180 days of the injury</li> <li>• Rental or purchase of durable medical equipment, subject to our approval</li> </ul>	Deductible, then 100% of covered charges
<b>Cochlear Implants and Hearing Aids</b> <ul style="list-style-type: none"> <li>• For dependents under the age of 18</li> </ul>	Deductible, then 100% of covered charges
<b>Treatment of Autism</b> <ul style="list-style-type: none"> <li>• 4 years of intensive-level services to \$50,000 per calendar year and non-intensive-level services to \$25,000 per calendar year, subject to specific limitations in the policy</li> </ul>	100% of maximum is a combination of benefits paid by your primary health plan and the EPIC plan
<b>Kidney Disease, as defined in the policy (Wisconsin State Mandate)</b>	Deductible, then 100% to a \$30,000 maximum per member per calendar year
<b>Transplants</b> <ul style="list-style-type: none"> <li>• Heart • Lung • Liver • Pancreas</li> <li>• Heart/Lung • Bone Marrow</li> </ul>	Deductible, then up to 50% of the covered charges to a \$30,000 lifetime maximum per member for the listed transplants
<b>Skilled Nursing Care (Wisconsin State Mandate)</b> <ul style="list-style-type: none"> <li>• Up to 30 days per confinement in a licensed skilled nursing facility at a daily rate set by the State of Wisconsin</li> </ul>	Deductible, then 100% of covered charges
<b>Home Care Services (Wisconsin State Mandate)</b> <ul style="list-style-type: none"> <li>• Up to 40 visits per member per calendar year under an approved home care plan</li> </ul>	Deductible, then 100% of covered charges
<b>Additional Wisconsin State Mandates</b> <ul style="list-style-type: none"> <li>• Mammography screening • Immunizations • Blood lead tests to age five</li> <li>• Breast reconstruction following a covered mastectomy</li> <li>• Temporomandibular Joint Disorder (TMJ), as defined in the policy</li> <li>• Diabetes treatment, including one pump per calendar year, insulin, and self-management education programs</li> </ul>	Deductible, then 100% of covered charges

## VISION DISCOUNT PROGRAM

If you do not choose to enroll with the Vision Benefit Extension, your Benefits+ plan will offer added savings through the Davis Vision Discount Program. To receive your discount, simply use your member ID card when you visit one of Davis Vision's participating providers. To find a vision care provider in your area, call Davis Vision toll-free at 1-888-825-8390 or visit Davis Vision's Web site at [www.davisvision.com](http://www.davisvision.com), click on “members,” enter client code 7748, and click on “Find a Provider.”

# VISION BENEFIT EXTENSION

Additional vision benefits are available to State of Wisconsin employees and their dependents, if enrolling in the Benefits+ plan (formerly the EPIC Dental, Excess Medical, and AD&D plan).

Not choosing this vision benefit still entitles you to the Davis Vision Discount. See Web ([www.epiclifecom.com](http://www.epiclifecom.com)).

With routine vision exams included in most health plans, the EPIC Vision plan completes your vision care benefits by not duplicating the exam benefit, but providing coverage for vision materials.

Vision benefits are not just about the eyewear, they are about providing vision wellness to employees – a critical component of overall health.

## EPIC Vision Plan (Davis Vision Network)

Complete an EPIC enrollment application to elect the EPIC Vision Plan for a complete benefit package.

Plan	In-Network Benefits (member pays copayment)	Non-Network Benefits
<b>Copays</b>		
Routine Eye Exam	Not applicable	Not applicable
Lenses (spectacle or contact)	\$25	Not applicable
<b>Frame Collection</b>		
Fashion Copay	\$0	EPIC pays \$30 allowance
Designer Copay	\$20	EPIC pays \$30 allowance
Premier Copay	\$40	EPIC pays \$30 allowance
Non-Collection Allowance	EPIC pays \$100 & member receives 20% <sup>1</sup> discount on charges over \$100	EPIC pays \$30 allowance
<b>Lens Allowance</b>		
Single, Bifocal, Trifocal, Lenticular	Plastic lenses included	EPIC pays \$25-\$60
<b>Contact Lenses in Lieu of Eyeglasses</b>		
Materials	EPIC pays \$100 & member receives 15% <sup>1</sup> discount on charges over \$100	EPIC pays \$75 allowance
Standard Fitting & Follow-up	Included at no cost	EPIC pays \$75 allowance
Medically Necessary	Materials, evaluation, fitting, and follow-up included at no cost	EPIC pays \$225 allowance
<b>Lens Upgrade</b>		
Glass, Oversize, Scratch Resistant Coating, Polycarbonate Lenses (children & special)	Included at no cost	
Fashion Tinting Plastic Lens, Gradient Tinting Plastic Lens, Ultraviolet Coating	\$15 copay	
Blended Lenses (invisible), Photochromic Glass Lenses	\$20 copay	
Polycarbonate Lenses (all other)	\$35 copay	
Standard Anti-reflective Coating	\$40 copay	
Premium Anti-reflective Coating	\$55 copay	
Ultra Anti-reflective Coating	\$69 copay	
Standard Progressive Lenses	\$65 copay	
Premium Progressive Lenses	\$105 copay	
Intermediate Vision Lenses	\$30 copay	
High Index Lenses	\$60 copay	
Polarized Lenses	\$75 copay	
Photosensitive Plastic Lenses	\$70 copay	
Scratch Protection		
Single Vision	\$20 copay	
Multifocal	\$40 copay	
<b>Benefit Frequency</b>		
Lenses	12 months	12 months
Frames	24 months	24 months

<sup>1</sup> Members receive full allowance towards Walmart's everyday low prices. Additional discounts do not apply.

# HOW TO ENROLL

Take advantage of the EPIC plan by enrolling now. There's no guarantee of a future open enrollment period. Members enrolled within 30 days of their eligibility date are automatically accepted. Members who enroll and drop the EPIC Dental/Excess Medical Plan with or without vision will be denied re-enrollment. Consult your payroll office for enrollment requirements.

*Note: You must be eligible under a group health plan offered to state employees through the Group Insurance Board to be eligible for this coverage. EPIC reserves the right to review these rates annually. For current rate information, contact your payroll office.*

Monthly Rates	Non-Annuitant without Vision	Non-Annuitant* with Vision
Single	\$16.70	\$20.70
Insured/Spouse or Domestic Partner	\$33.40	\$40.47
Insured/Child	\$33.40	\$40.47
Family	\$50.10	\$60.49

Monthly Rates	Annuitant without Vision	Annuitant* with Vision
Single	\$20.87	\$25.18
Insured/Spouse or Domestic Partner	\$41.64	\$49.41
Insured/Child	\$48.25	\$55.59
Family	\$57.43	\$68.65

\*An annuitant is a member who retires and is eligible to continue coverage.

## OTHER INFORMATION

### Automatic Deduction

Premiums will be deducted from your paycheck on a pre-tax basis automatically when you enroll in these benefits. If you prefer to have your insurance premiums deducted post-tax, you must file an *Automatic Premium Conversion Waiver (ET-2340)* before your benefits begin or prior to the next plan year. If you have your premiums deducted on a pre-tax basis, you must continue the coverage for the entire year, unless you experience a valid change in status event that allows you to change or cancel coverage. Once you file a waiver, it will remain in effect until you revoke it. *NOTE: If you have coverage that includes a domestic partner or non-tax dependent, your premiums will be deducted post-tax from your paycheck.*

*The State of Wisconsin requires each employee to identify any family members that are not "tax dependents." A "tax dependent" is a person that qualifies as your dependent on your income tax for Internal Revenue Code purposes. Your family members, including adult children do not need to be a "tax dependent" to be eligible for coverage. However, if non-tax dependents are enrolled in your policy, your premiums will be deducted post-tax from your paycheck.*

**Please Note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.** This insurance plan has been authorized by the Group Insurance Board for the purpose of permitting premium collection through payroll deductions under authority granted by § 40.03 (6) (b) and pursuant to § 20.921 (1) (a) 3. State Statute. The criteria the Board uses involves meeting several requirements which include, but are not limited to: documentation of financial stability, demonstration of a reasonable ratio of claims paid to the premium level, authority to conduct business in the State of Wisconsin, agreeing to conditions for the rate-making process and other administrative conditions. Employee Trust Funds (ETF) staff and the Board's actuary review proposals for participation prior to Board approval. However, the Board does not require competitive bids nor a benefit comparison with similar products from other vendors. **Authorization for payroll deduction should not be construed as an endorsement of this plan by either the Group Insurance Board or the Department of Employee Trust Funds.**

**Excess Medical Exclusions** - This group health plan does not cover:

Any treatments, services, or supplies: paid or payable by a Basic Plan; that would have been payable by the Standard Plan, or were denied by a Basic Plan for alcoholism, drug abuse, or nervous or mental disorders due to lack of referral, authorization, or certification; denied by a Basic Plan due to lack of referral, authorization, or certification, or any other reason unless specifically stated as covered in the policy; cosmetic surgery; medical exams, including eye and hearing exams, health assessments, procedures and associated services requested by a third party; educational/recreational therapy services; physical/exercise programs; preparation, fitting, or purchase of eyeglasses, contact lenses, or hearing aids; custodial or rest care; medical supplies and durable medical equipment for comfort, personal hygiene, or convenience; professional services not provided by a physician; housekeeping, shopping, or meal-preparation services; outpatient food, food supplements, or vitamins; room, board, services, and supplies furnished by a hospital if the member is admitted on a Friday or Saturday, unless admission is medically necessary or on an emergency basis; motor vehicles and certain lifts; amounts that exceed our determination of a charge; amounts in excess of the coordinated state mandate on nervous and mental care; reconstructive surgery; Retin-A, Minoxidil, Rogaine, or their equivalent in topical form, unless medically necessary.

Any treatments, services, or supplies connected with: obesity, weight reduction, or dietetic control, except for morbid obesity and disease etiology; any illness or injury caused by engaging in an illegal occupation or commission of, or attempt to commit, a felony.

Any treatments, services, or supplies: for any injury covered by Workers' Compensation or similar laws; furnished by the U.S. Veterans Administration, except when we're the primary payor; furnished by any federal, state, or local subdivision unless coverage is required by law; covered by Medicare; for any illness or injury caused by atomic or thermonuclear explosion or resulting radiation, or any type of military action; we determine as not medically necessary or appropriate; provided by immediate family members or by anyone else who lives with the member; in connection with alcoholism, substance abuse, and nervous or mental disorders; provided to or received by a member as a collateral in connection with any treatment of any person not covered under this policy; experimental or investigative in nature; not specifically covered under the policy; resulting or arising from complication of, or incidental to, any treatment, service, or supply not covered under the policy; for routine foot care, such as the removal of corns or calluses, and the non-operative partial removal of toenails; provided before the effective date of coverage, after coverage ends, or during any waiting periods; for health education, marriage counseling, holistic medicine, or other programs for complete personal fulfillment; used in educational or vocational training; for which proof of claims isn't provided to us; not related to an illness or injury, unless stated in the policy.

Treatments, services, or supplies for: or leading to, sex transformation surgery and sex hormones related to such treatment; reversal of sterilization; artificial insemination, or fertilization methods and related professional or diagnostic services and medicines, including in vivo fertilization, in vitro fertilization, embryo transfer, gamete intra fallopian transfer (GIFT), and similar procedures; abortion procedures, unless stated in the policy.

**AD&D Exclusions** - This plan doesn't cover, in addition to the general exclusions, any loss due to: injuries received in any aircraft, except as a passenger in a commercial aircraft on a regularly-scheduled flight; sickness or disease; bacterial infections, unless due to accidental food poisoning; injury sustained while intoxicated or under the influence of any controlled substance unless prescribed by a physician; an intentionally self-inflicted injury or sickness; suicide or attempted suicide; your participation in a riot or in the commission of a crime.

**Vision Exclusions** - The vision plan does not cover: • vision care services not recommended by a vision care provider • periodic vision examinations except as stated in the policy • eye examinations required by an employer as a condition of employment • vision care services provided in connection with special procedures such as orthoptics and visual training • lenses which do not provide vision correction • charges for the replacement of lost or stolen lenses or frames within 24 months of service • vision care services for any injury or illness arising out of, or in the course of, any activity for pay, profit or gain. This exclusion applies regardless of whether benefits under workers' compensation or similar laws have been claimed, paid, waived or compromised or whether you're covered under worker's compensation insurance (n/a in SD). • vision care services furnished by the U.S. Veterans Administration, except for such vision care services which under the policy we are the primary payor and the U.S. Veterans Administration is the secondary payor under applicable federal law (n/a in MO). • vision care services furnished by any federal or state agency or a local political subdivision when the member is not liable for the costs in the absence of insurance, unless coverage under the policy is required by any state or federal law • vision care services covered by Medicare, if a member has or is eligible for Medicare, to the extent benefits are or would be available from Medicare (n/a in MO) • vision care services for any injury or illness caused by: (a) atomic or thermonuclear explosion or resulting radiation; or (b) any type of military action, friendly or hostile (n/a in MO and WV) • vision care services in connection with any illness or injury caused by you: (a) engaging in an illegal occupation; or (b) commission of, or attempt to commit a felony; or (c) self-inflicted injury • medical treatment provided outside of the United States or Canada • vision care services provided by practitioners who do not meet the definition of vision care provider • vision care services provided when your coverage was not effective under the policy. This includes vision care services provided either prior to your effective date of coverage or after coverage terminated under the policy. • vision care services for which you have no legal obligation to pay • that portion of the amount billed for a vision care service covered under the policy that exceeds our determination of the charge for such vision care service • comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior notification was not sent to the Claim Administrator • medically necessary contact lenses prescribed for you for which prior notification was not approved by the Claim Administrator • eye refractive surgery, except as specifically stated in the policy.

**Dental Exclusions** - The plan doesn't cover the following services for dental and orthodontic services, in addition to all other exclusions: routine oral exams, prophylaxis (cleaning and polishing), topical fluoride treatment, X-rays, emergency care to relieve pain, space maintainers, sealants • dental services incurred: for denture replacement, regardless of cause, after we've considered charges for such dentures at least once; for relining dentures; for cosmetic dentistry; for the treatment of the temporomandibular joint • dental services that aren't necessary • orthodontic services administered as part of a treatment plan, unless the insertion of the initial appliance is prior to the dependent child attaining the age of 19.

**General Information** - This brochure is only a general outline of benefits, limitations, and exclusions. You can find a more detailed description of coverage in the applicable certificate of insurance. A certificate will be issued to each employee who becomes insured under the plan.

The words "charge" and "charges" as used in this brochure mean an amount we determine as reasonable, considering factors such as the amount providers charge for similar services and supplies provided in the same geographic area.

Coverage is subject to all terms and conditions of the policy, which is your contract of insurance. The policy consists of the group master policy, including the application and all policy riders and endorsements.



P.O. Box 8430 | Madison, WI 53708-8430

E-mail: [wseeligibility@epiclifecom](mailto:wseeligibility@epiclifecom)

[www.epiclifecom](http://www.epiclifecom)

1-800-520-5750