

# **BENEFITS SUMMARY**

- **Resident & Fellow Trainees**

# University of Wisconsin Hospital and Clinics Authority (UWHC)

Human Resources Benefits Office  
635 Science Drive, Suite 300  
Madison Wisconsin 53711  
M-F 8:00 AM – 5:00 PM

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UWHC – 600 Highland Ave.  
E5/718  
Mondays 8 – 4:30

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If you have questions about your benefits, contact UWHC Human Resources via e-mail at [HRServiceCenter@uwhealth.org](mailto:HRServiceCenter@uwhealth.org) (preferred) or by calling (608) 265-5400.

When you have specific questions about benefit coverage or services, contact the insurance provider directly. Phone numbers for insurance providers can be found in the brochures and booklets available for each specific program.

**NOTE:** ALL applications and forms must be submitted to the Human Resource Service Center.

**Exception: Resident and Fellows should submit all applications to the Graduate Medical Education Office.**

*The UWHC Human Resources does not discriminate on the basis of disability in the provision of programs, services, or employment. If you need this printed material in a different form, or if you need assistance in using this service, please call (608) 263-6500.*

**Policy Disclaimer:** While every effort is made to ensure the information in this fact sheet is accurate, any conflicts in interpretation or omission of information will be overruled by UWHC policies and procedures, regulations, statutes, and contracts.

## Introduction

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A variety of benefits are available to UWHC Resident and Fellows. This fact sheet briefly describes those benefits and provides information on:

- **when to enroll**
- **how to enroll**
- **when coverage is effective**
- **how much it will cost you to participate in each benefit plan.**

### Who is Eligible for the Staff Benefits Described in This Fact Sheet?

- Trainees
  - Research Associates
  - Post-Doctoral Fellows
  - Post-Doctoral Trainees
  - Postgraduate Trainees 1 through 7
  - Interns Non-Physician
    - Nurse
    - Pharmacy
    - Dietetic
  - Research Interns
  - Graduate Interns/Trainees holding a one-third time (33%) or greater appointment of at least 6 month duration.
- Fellows or Trainees receiving monthly stipend payments at or above the one-third time level.

### Impact of Employment or Family Status Events on Your Benefits

Employment events (e.g., termination, transfer, change in appointment percentage or duration, etc.) or Family Status events (e.g., marriage, divorce, birth of a child, etc.) may significantly impact your benefits. If you experience or anticipate experiencing one of these events, contact the Benefits Department immediately for information and instructions.

# State Group Health Insurance

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## Application Required

### Enrollment at a Glance

Submit Application	For Coverage Effective
No later than 30 calendar days from the begin date of your first eligible appointment.	1st day of the month on or following the date your application is received, no earlier than the official date of hire.

**About the Program** The State Group Health Insurance program offers several comprehensive health care plans to eligible appointees. You may select Standard Plan (often called the Preferred Provider Plan, or one several Health Maintenance Organizations (HMOs). You also have the choice of single or family coverage.

If you select the Standard Plan, you can seek medical care from any qualified health care provider anywhere in the world. If you select an HMO, you are only covered for medical treatment you receive from the health care professionals and hospitals affiliated with that HMO. However, all HMOs provide emergency care coverage when you travel outside their service area.

For detailed information about the State Group Health Insurance program and available HMO's, please review the *It's Your Choice* booklet for "University of Wisconsin Graduate Assistants, Employees-in-Training, Short-Term Authority Employees, Fellows, Scholars" which is available from the Department of Human Resources. If you have specific questions about the coverage and services of a particular plan, you should contact the HMO directly.

**When Should I Enroll For Health Insurance?**

To enroll, your completed application must be received by the Department of Human Resources (or HOUSE STAFF OFFICE) **no later than 30 calendar days** from the begin date of your first eligible appointment. If this is not your first eligible appointment, you may still be eligible for the "initial" 30-day enrollment period if you had a 30-day employment break between appointments.

**When is Health Coverage Effective?**

Your health insurance will be effective on the first day of the month on or following the date your application is received by the Human Resources office, but no earlier than the first of the month following your official date of hire. Coverage is always effective on the first day of a month and can never be effective before the date your application is received.

**If you want health coverage to begin as soon as possible, your application must be received on or before the first day of the month following your appointment begin date.** For example, if your first eligible appointment begins on June 29, your completed health application must be received on or before July 1 for coverage to be effective as of July 1. If your application is not received by July 1, the earliest your health coverage can be effective is August 1.

## State Group Health Insurance

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<b>What if I Miss my Enrollment Period?</b>	<p>If your application is not received within your initial 30-day enrollment period, you are only eligible to enroll in the Standard plan. You and your covered dependents will be subject to a 180-day waiting period for pre-existing health conditions.</p> <p>If you have coverage in effect by October 1 of any year, you will be allowed to change to a different plan effective January 1 of the following year by submitting an application during the Dual-Choice enrollment period. See the <i>What if I Want to Change Plans</i> section in this fact sheet for more information about Dual-Choice.</p> <p>You have a limited 30-day enrollment from the date of marriage, birth, or adoption to submit an application to change from single to family coverage. Aside from this enrollment opportunity, you may be eligible to enroll (or add your spouse) after your initial enrollment period without restriction when coverage under another health plan is lost. For example, if you are covered under your parent's health plan and lose eligibility for that coverage because you are no longer their dependent, you may have a special opportunity to enroll in the State Group Health plan. Refer to the section, <i>Enrollment When Other Coverage is Lost</i> in your <i>It's Your Choice</i> booklet for more information.</p>
<b>Who is Eligible to be Covered Under Family Coverage?</b>	<p><u>Family coverage provides coverage for you, your spouse, and your unmarried dependent children, stepchildren, and legal wards (prior to age 19).</u> Your grandchildren may be covered if the parent is your dependent under age of 18. No other relatives (e.g., parents, grandparents, etc.) or domestic partners may be covered under a family contract. Refer to your <i>It's Your Choice</i> booklet for the definitions and restrictions regarding eligible dependents.</p>
<b>What if My Spouse is Also a UWHC/State Employee?</b>	<p>If your spouse is also a UWHC or State employee and eligible for State Group Health Insurance, you may each have a single contract or you may have one family contract. <b>You may not have one single contract and one family contract, or two family contracts.</b></p> <p>If you both select single health coverage, you can change to one family contract at any time. If you each have different plans, you must decide which plan to continue. Your new family coverage will be effective on the first day of the month after the Benefits Office receives the application. You (or your spouse) should not cancel your single coverage before the family coverage is effective.</p> <p><b>If you are expecting a baby</b>, and you both have single coverage, you must change to family coverage within 30 days of birth. Family coverage would be effective the date of birth.</p>
<b>How Much Does Health Coverage Cost?</b>	<p>For premium information refer to the enclosed price list.</p>
<b>How are Health Premiums Paid?</b>	<p>Your share of monthly health premiums will be automatically deducted from your payroll check. Your payroll-deducted health premiums will be taken on a <b>before-tax</b> basis. <b><u>Health premiums are deducted from your paycheck two months in advance of coverage.</u></b></p>

## State Group Health Insurance

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### What if I want to Change Plans?

Each fall, during the Dual-Choice Enrollment period, employees who participate in the Health Insurance plan can change from one health plan to another or from single to family coverage for the next calendar year. You will receive a new *It's Your Choice* booklet prior to the dual choice enrollment period, which provides information on all available plans and highlights any changes in coverage and premiums from the previous year. Even if you are happy with your current plan, **you should review any changes to the premium or coverage of your plan to assure it still meets your needs.**

The only other time you can change plans is if you move out of your health care service area (county) for more than three months. This relocation can be either permanent or temporary. You must submit an application for the new health plan to the Department of Human Resources **within 30 days** of your relocation.

### What About Continuation/Conversion of Health Insurance?

Federal law requires the UWHC to offer continuation/conversion of group health insurance coverage, also known as Cobra, to you and/or your dependents under certain situations. You are eligible to continue your health insurance if you lose eligibility for coverage due to a reduction in hours of employment or termination of employment. Paperwork will be sent to you within two weeks of eligibility.

Your covered spouse and/or dependent children are eligible for continuation of coverage if they lose coverage due to your termination of employment, your death, a divorce, or loss of dependent status.

### Pharmacy Benefits

You will receive a Pharmacy Insurance Card in addition to your Health Insurance card. The prescription drug coverage is a part of your health insurance; however it is administered through a Pharmacy Benefits Manager-Company called **Navitus**. Please refer to page D7 of the *It's Your Choice* booklet for details regarding the prescription coverage.

# EPIC Major Medical and Dental Insurance

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## Application Required

### Enrollment at a Glance

Submit Application	For Coverage Effective
No later than 31 calendar days from the begin date of your first eligible appointment.	1st day of the month on or following the date your application is received.

- About the Program** The EPIC Major Medical and Dental insurance is an “employee pay all” program which provides supplemental health and dental coverage to you and your dependents. You may select single, 2 person, or family coverage.
- Benefits are payable only for services not covered by any other health or dental plan. However, if you are not covered by a State Group Health insurance plan, the amounts which would have been payable under the Standard Plan will be used to determine the deductible.
- EPIC Major Medical and Dental coverage is intended to supplement, not replace your primary health coverage.** For additional information about this plan, refer to the brochure, *EPIC Major Medical and Dental Insurance* available from the UWHC Benefits Office. If you have questions regarding the specifics of EPIC Major Medical and Dental Insurance, contact EPIC at 608/223-2100.
- When Should I Enroll?** To enroll, your completed application must be received by the Department of Human Resources **no later than 31 calendar days** from the begin date of your first eligible appointment.
- When is Coverage Effective?** Your coverage will be effective the first day of the month on or following the date your application is received.
- What if I Miss my Enrollment Period?** If you fail to apply for coverage during your initial enrollment period, you may obtain coverage by applying during a subsequent open enrollment period. **There is no guarantee that an open enrollment period will occur on an annual basis.**
- How Much Does EPIC Major Medical and Dental Coverage Cost?** You pay the full monthly premium. The UWHC makes no contribution towards the cost of this plan. Refer to the brochure, *EPIC Major Medical and Dental Insurance* or the Premium Rate Sheet for monthly premiums.

## **EPIC Major Medical and Dental Insurance**

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<b>How are Premiums Paid?</b>	EPIC Major Medical and Dental Insurance premiums are automatically deducted from your payroll check one month in advance of coverage. Your payroll-deducted premiums will be taken on a <b>before-tax</b> basis. Your earnings statement will reflect the EPIC Major Medical and Dental insurance premium deduction.
<b>Are There any Options for Continuing Coverage?</b>	You have the option of continuing major medical coverage upon termination or retirement. Your spouse and/or dependents have the option of continuing coverage upon your death or loss of dependency status. Generally, applications must be submitted within 30 days of termination, retirement, death, or loss of dependency status. Refer to the brochure, <i>EPIC Major Medical and Dental Insurance</i> for more information.
<b>Cancellation of Coverage</b>	To cancel your coverage, you can submit a letter stating that you want to cancel coverage. Include the name of the insurance plan, your Social Security number, along with your signature and date. A group enrollment form can also be used to cancel coverage. Your cancellation letter should be submitted to the Department of Human Resources.

# Delta Dental Insurance

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## Application Required

### Enrollment at a Glance

Submit Application	For Coverage Effective
No later than 30 calendar days from the begin date of your first eligible appointment.	1st day of the month following 30 days of employment.

**About the Program** Delta Dental is an “employee pay all” dental plan that provides 100% routine, preventative and diagnostic care coverage to you and your dependents. Other types of dental services, including but not limited to, fillings, crowns, extractions, prosthodontics, and orthodontics are covered on a co-payment basis. This is a freedom of choice dental plan – dentist of your choice – with no waiting periods or pre-existing condition clauses.

Before making your decision about participating in a dental plan please be aware that most of the Health Maintenance Organizations (HMO’s) provide basic dental care as part of their health care packages.

**When Should I Enroll?**

To enroll, your completed application must be received by the Department of Human Resources **no later than 30 calendar days** from the begin date of your first eligible appointment.

**When is Coverage Effective?**

Your coverage will be effective on the first day of the month after 30 days of employment is completed.

**What if I Miss my Enrollment Period?**

If you fail to apply for coverage during your initial enrollment period, you can apply at any time **however there is a 12 month wait for late enrollees:** for simple extractions, fillings, sealants, emergency treatment to relieve pain, root canal & gum disease treatment, oral surgery, crowns, inlays & onlays, complete & partial dentures, fixed bridges, repairs & adjustments.

**How much does Delta Dental Cost?**

Please see the Delta Dental literature for costs. You pay the full monthly premium. The UWHC does not contribute towards the cost.

**How are Premiums Paid**

Dental insurance premiums are automatically deducted from your payroll check for the same month of coverage. Dental insurance premiums will be deducted each month.

**Are there any options for continuing coverage?**

You are eligible to continue dental coverage upon termination. An application to continue will be submitted to the Benefits Office, and forwarded to Delta Dental. Delta Dental will bill you directly for continued coverage.

# Supplemental Life Insurance

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## Application Required

### Enrollment at a Glance

Submit Application	For Coverage Effective
No later than 30 calendar days from the begin date of your first eligible appointment.	1st day of the month following the date your application is received.

- About the Program** Supplemental Life Insurance is an “employee pay all” plan which provides group term life insurance without evidence of insurability if an application is received during the **30-day enrollment period**. You also may insure your spouse and/or children under age of 25.
- When Should I Enroll?** Your completed application must be received by the UWHC Benefits Department **no later than 30 calendar days** from the begin date of your first eligible appointment.  
If you do not have a spouse or children when you initially enroll, you may add spouse coverage within 30 days after your marriage or cover your children within 30 days after your first child is born or placed with you for adoption.
- When is Coverage Effective?** Coverage will be effective on the first day of the month after your application is received by the UWHC Benefits Department.
- What if I Miss my Enrollment Period or Wish to Increase Coverage?** If you fail to apply for coverage during your first 30 days of employment or if you initially wish to apply for more than \$20,000 for yourself or more than \$10,000 for your spouse, you may obtain coverage if you provide medical evidence of insurability satisfactory to the company. The maximum coverage available to you is \$200,000 and \$100,000 for your spouse. Evidence of insurability applications may be obtained from the Human Resources Department.
- How is the Amount of Coverage Determined?** You may choose to purchase \$5,000, \$10,000, or \$20,000 for yourself; \$5,000 or \$10,000 for your spouse (provided the amount does not exceed your level of coverage); and \$2,500, \$5,000, \$7,500 or \$10,000 for your children under age 25.
- How Much Does Supplemental Life Insurance Cost?** Refer to the *Supplemental Life* insurance brochure for premium rates. You pay the full monthly premiums. The UWHC makes no contribution towards the cost of this plan. Premiums are updated on each April payroll and are based on the amount of coverage selected and your “insurance age,” which is the age you attain in that calendar year. The premium for your spouse’s coverage will be based on your “insurance age.”
- How are Premiums Paid?** The monthly premiums for Supplemental Life insurance are automatically deducted from your payroll check one month in advance of coverage.
- What Happens if I Become Disabled?** If you become totally disabled before age 65 and remain totally disabled for 6 months or more, the Human Resources Department Benefits Office can request that your premiums be waived. Premiums for spouse and children coverage may also be waived during your disability.
- How are Death Benefits Paid?** If you do not designate a beneficiary or if your designated beneficiaries are not living at the time of your death, benefits will be paid according to the standard sequence.

# University of Wisconsin Employees, Inc. Group Life Insurance Mutual Service Life Insurance Company

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## Application Required

### Enrollment at a Glance

Submit Application	For Coverage Effective
No later than 30 calendar days from the begin date of your first eligible appointment.	The 1st day of the month following the date your application is received

- About the Program** UW Employees, Inc. Group Life Insurance is an “employee pay all” plan, which provides group term life insurance without evidence of insurability if you apply during your enrollment period.
- Refer to the *University of Wisconsin Employees, Inc.* brochure for more information about this program.
- When Should I Enroll?** Your completed application must be received by the Human Resources Department-Benefits Office **no later than 30 days from the begin date** of your appointment.
- When is Coverage Effective?** Coverage will be effective on the first day of the month following the receipt of your application.
- What if I Miss my Initial Enrollment Period?** If you fail to apply for coverage during your first 6 months of employment, you may obtain coverage if you provide medical evidence of insurability satisfactory to the insurance company.
- How Much Does UW Employees, Inc. Group Life Insurance Coverage Cost?** Refer to the *University of Wisconsin Employees, Inc.* brochure for premium rates and coverage amounts. You pay the full monthly premium. The UWHC makes no contribution towards the cost of this plan. Premiums are based on your attained age in the current calendar year.
- How are Premiums Paid?** The monthly premiums for UW Employees, Inc. Group Life Insurance are automatically deducted from your payroll check one month in advance of coverage. Your earnings statement will reflect your premium deduction.

# Accidental Death and Dismemberment Insurance Zurich-American Insurance Company

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## Application Required

### Enrollment at a Glance

Submit Application	For Coverage Effective
Anytime before age 70.	The date your application is received.

**About the Program** Accidental Death and Dismemberment (AD&D) insurance is an “employee pay all” plan available to employees’ eligible for State Group Health Insurance (under age 70) at any time without providing medical evidence of insurability. You may elect to cover yourself, your spouse, and your eligible dependent children. AD&D pays benefits for loss of life, sight, or limb as a result of accident. AD&D will also pay in the event you are wholly and continuously disabled as a result of an accident. In addition, there is an Education and Training Benefit for your dependents if you carry family plan coverage.

Refer to the *Accidental Death and Dismemberment* insurance brochure available from the Department of Human Resources for more information.

**When Do I Enroll?** If you are under age 70, you may **enroll anytime** during your employment by submitting an application to the Human Resources Office.

**When is Coverage Effective?** Coverage will be effective on the date your application is received by the Human Resources Office.

**How is the Amount of Coverage Determined?** You may purchase AD&D coverage of \$50,000 to \$500,000 in increments of \$50,000. You may not elect coverage in excess of \$250,000 unless it is ten times your annual salary. You may increase or decrease coverage at any time, however your coverage will begin to reduce after you reach age 70. Refer to the *Accidental Death and Dismemberment Insurance* brochure for Spouse Dependent coverage amounts.

**How Much Does AD&D Coverage Cost?** Refer to the *Accidental Death and Dismemberment* brochure or the Premium Rate Sheet for premium rates. You pay the full monthly premium. The UWHC does not contribute towards the cost of this program. The monthly premium is based on your selected principal sum and whether you select single or family coverage.

**How are AD&D Premiums Paid?** The monthly AD&D premiums are automatically deducted from your payroll check one month in advance of coverage.

# Employee Reimbursement Accounts

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## Application Required

### Enrollment at a Glance

For Coverage	Submit Application	To Be Effective
For the remainder of the current calendar year	No Later than 30 calendar days from the begin date of your first eligible appointment	Date of your first paycheck with ERA deductions taken
For the following calendar year	During the annual fall open enrollment period	January 1 of the following year

#### Who is Eligible for the ERA Program?

If you hold one of the following appointments, you are eligible to participate in the ERA program: Undergraduate Intern, Undergraduate Assistant, Post Graduate Trainee (Residents and Fellows), Non-Medical & Pharmacy Intern, Project/Program Assistant, Research Associate, or Research Intern.

If you have questions about your eligibility to participate in this program, contact the Human Resources Office.

#### About the Program

The Employee Reimbursement Account (ERA) program, which is authorized by Section 125 of the Internal Revenue Code, allows eligible appointees to pay for certain expenses from pre-tax rather than after-tax income. Your participation in the ERA program will increase your spendable income because less federal and state income taxes and social security contributions are withheld from your paychecks.

A Pre-Tax Reimbursement Account allows you to deposit money into a medical expense or dependent day care reimbursement account through pre-tax payroll deductions. You submit receipts for services to get reimbursed from your account.

**IMPORTANT:** Due to strict IRS requirements, any balance remaining in either reimbursement account at the end of the calendar year will be forfeited.

For detailed information about the Employee Reimbursement Account program, consult the *ERA booklet*, which is available from the Human Resources-Benefits Office.

You may enroll in one or both accounts: **Medical Expense or Dependent Day Care**. Your enrollment application must be received by the Human Resources - Benefits Office no later than 30 days from the begin date of your first eligible appointment to participate for the remainder of the current calendar year.

Each fall there is an annual open enrollment period when you can enroll for the next calendar year. **You must re-enroll each year to continue participation in the reimbursement accounts and you will receive information prior to open enrollment.**

## **Employee Reimbursement Accounts**

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<b>When is Coverage Effective?</b>	<p><b>If you enroll in the Medical Expense and/or the Dependent Day Care Reimbursement account for the remainder of the current calendar year, your coverage will be effective first of the month after your application is received in Human Resources. No services obtained prior to that date are reimbursable.</b></p> <p>If you enroll (or re-enroll) into ERA during the fall open enrollment, your coverage will be effective on January 1 of the following calendar year.</p> <p>The coverage effective date for reimbursement accounts is very important. Only the eligible expenses you incur after that date and before March 15 of the following year are reimbursable.</p>
<b>What if I Miss my Enrollment Period?</b>	<p>If you miss your initial enrollment period or the annual open enrollment period, you will not be able to enroll in either account until the next fall open enrollment period, <b>unless you experience an approved family status change.</b> An approved family status change may allow you to start a reimbursement account election, or to start or stop a premium waiver. See your <i>ERA booklet</i> for more information.</p>
<b>How Much Does it Cost to Participate in the ERA Program?</b>	<p>Participation in the ERA program is free for eligible employees</p>
<b>How are Contributions to the Medical Expense or Dependent Day Care Reimbursement Accounts Paid?</b>	<p>The amount that is deducted from your paycheck will depend on your annual election amount and the number of paychecks you expect to receive during the calendar year. For example, if your annual election to the Medical Expense Reimbursement account is \$900 and you expect to receive 10 paychecks for the remainder of the calendar year, your paycheck reduction would be \$90.</p> <p>A full calendar year has 26 pay periods. If you have questions about the number of paychecks you should use on your ERA enrollment application, contact the Human Resources Office.</p>
<b>Are There any options for Continuing ERA Coverage?</b>	<p>If you terminate employment or go on an unpaid leave of absence, there are options for continuing your participation in either of the reimbursement accounts. Please contact the Human Resources Office for further information.</p>
<b>What if I Still Have Questions?</b>	<p>The State of Wisconsin has hired the Fringe Benefits Management Company to administer the ERA program. If you have questions, call the ERA hotline, (800) 342-8017- Monday through Friday from 8:00 a.m. to 8:00 p.m. Locally call 829-0435.</p>

## Tax-Sheltered Annuity/Deferred Compensation

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### Application Required

#### Who Is Eligible for the Tax-Sheltered Annuity(TSA)/Deferred Compensation Programs?

If you hold one of the following appointments, you are eligible to participate in the TSA/Wisconsin Deferred Compensation programs: Undergraduate Intern, Undergraduate Assistant, Graduate Assistant, Post Graduate Trainee (Resident and Fellow), Non-Medical & Pharmacy Intern, Project/Program Assistant, Research Associate, or Research Intern.

If you have questions about your eligibility to participate in this program, contact the Human Resources Office.

#### About the Programs

As an employee of a teaching hospital, you have the option of participating in the Tax-Sheltered Annuity (TSA) program as authorized under Section 403(b) of the Internal Revenue Code. In addition, you also have the option of participating in the Wisconsin Deferred Compensation program, which is authorized under IRS section 457. Both programs allow you to shelter a portion of your UWHC income, subject to federal and state income taxes, to purchase supplemental retirement benefits. The amount of income you elect to defer along with accumulated interest and dividends is not subject to federal or state income taxes until it is withdrawn (usually at retirement).

There are rigid restrictions and/or penalties on early withdrawals (prior to age 59 1/2). These programs are designed to supplement retirement benefits, NOT to satisfy short-term savings objectives.

#### How do I Participate in the TSA or Deferred Compensation Program?

If you wish to participate in either (or both) the TSA or Wisconsin Deferred Compensation program, you need to do the following:

1. Decide how much you would like to contribute to the program(s) from each paycheck. You can either designate a flat dollar amount or a contribution level expressed as a percentage of income for the TSA program.
2. Decide how and where you want to have your contributions invested. There are several UWHC approved vendor companies available with investment options ranging from conservative fixed interest funds to more aggressive stock funds.
3. **To participate in a TSA contact the vendor(s) of choice and request an application to establish an account. The completed application and “salary reduction agreement” should be returned to the Human Resources Office for deferrals to begin.**
4. **To enroll in Wisconsin Deferred Compensation, call 1-877-457-9327 for an enrollment packet.**

## Spectera Vision Care Benefits



### Application Required

### Enrollment at a Glance

Submit Application	For Coverage Effective
No later than 30 calendar days from the begin date of your first eligible appointment.	1 <sup>st</sup> day of the month following 30 days of employment.

**About the Program** Spectera Vision Program provides coverage for eye examinations, lenses, frames, contacts, and a percentage of Refractive Eye Surgery. It is an employee pay all plan that is payroll deducted on a pre-tax basis.

**When should I enroll?** To enroll your completed application must be received by the Human Resources Benefits Office no later than 30 calendar days from the begin date of your first eligible appointment.

**When is Coverage Effective** Your coverage will be effective on the first day of the month after 30 days of employment is completed.

**Open Enrollment** If you fail to enroll during your initial enrollment period, you can apply during open enrollment, which occurs each fall.

Refer to the Spectera brochure for more information regarding “**Network Benefits**” and “**Out of Network Benefits.**”

**Providers** A provider locator number is provided for enrollees to locate a Spectera provider for services. The number is 1-800-839-3242. Follow the prompts.

**Program Summary** Program offers:

Exam	once every 12 Months	\$10.00 exam co-pay
Lenses	once every 12 Months	
Frames	once every 24 Months	
Contacts	*once every 12 Months (in lieu of lenses & frame)	\$25.00 materials co-pay

Please see the complete brochure for details regarding the program and benefits. Cost of coverage can be single, employee + children, employee + spouse, or employee + family. See application for monthly premiums (taken pre-tax).