

# DESIGNED EXCLUSIVELY FOR STATE OF WISCONSIN EMPLOYEES

## Easy and Affordable...

As a current State of Wisconsin employee, you're eligible for automatic acceptance, even if you previously waived or discontinued coverage, into our supplemental benefit plan during the 2009 Special Enrollment period, October 6 - November 14, 2008. The supplemental plan from EPIC combines three valuable benefit types all rolled into one package – benefit enhancement 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. It also includes EPIC's complimentary EyeMed vision discount program.

Plain and simple, carrying supplemental insurance can save you money by providing additional benefits for costs you'd otherwise be responsible for. You'll find information for each line of coverage in the grid on the next page.

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 low 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*

Dental | Excess Medical

AD&D | EyeMed

# 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>• Therapeutic injections</li> <li>• Periodontics</li> <li>• Anesthesia services, as defined in the policy</li> <li>• Endodontics</li> <li>• Restorations, as defined in the policy</li> <li>• Alveolectomy</li> <li>• Prosthetics including dentures and bridges and their repair</li> <li>• Crowns, as defined in the policy</li> <li>• Inlays and onlays</li> <li>• Dental implants</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 per member (see below)
<b>Dental Maximums</b> <ul style="list-style-type: none"> <li>• First year of coverage</li> <li>• Second year of coverage</li> <li>• Third year of coverage and beyond</li> </ul>	\$500** \$750** \$1,000**
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 **24-month\*\*** waiting period from the member's effective date for benefits for orthodontic services and supplies.

\*\* Maximums and waiting period differ from new-hire benefit plans.

*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.

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 to the right.

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

Loss must occur within 90 days of an 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 benefits grid, are considered for coverage without meeting the outpatient surgery or inpatient requirements.

First, your primary coverage processes your medical claims. Then, the following benefits and related services kick in after you meet your annual deductible.

<b>Annual Deductible</b>	\$250 Individual / \$500 Family
<b>Individual Lifetime Maximum</b>	Non-Annuitant \$250,000 / Annuitant \$100,000
<b>Professional Services:</b> • Surgical Services • Medical Services • Anesthesia Services • Maternity Services • Diagnostic Radiology and Laboratory Services <b>Hospital Services* Other Treatments, Services, and Supplies*</b>	Deductible, then 100% of covered charges
<b>Treatment of Alcoholism, Drug Abuse, and Mental or Nervous Disorders</b> (Wisconsin State Mandate)	100% to a maximum of \$7,000 per year, where the maximum is a combination of benefits paid by your primary health plan and the EPIC plan
<b>Kidney Disease, as described in the policy</b> (Wisconsin State Mandate)	Deductible, then 100% to a \$30,000 maximum per member per calendar year
<b>Transplants</b> – Heart • Lung • Heart/Lung • Pancreas • Liver • Bone Marrow	Deductible, then up to 50% of covered charges to a \$30,000 lifetime maximum per member for the listed transplants
<b>Skilled Nursing Care</b> (Wisconsin State Mandate)—Up to 30 days per confinement in a licensed skilled nursing facility at a daily rate set by the State of Wisconsin <b>Home Care Services</b> (Wisconsin State Mandate)—Up to 40 visits per member in any 12-month period under an approved home care plan <b>Additional Wisconsin State Mandates*</b>	Deductible, then 100% of covered charges

\* A detailed description of these and other benefits can be obtained by contacting one of our Customer Service Representatives at **800-520-5750**.

## HOW TO ENROLL

Take advantage of the EPIC plan by enrolling now. This is a special opportunity for all State employees (eligible to enroll in the State of Wisconsin group health insurance program) and their dependents to enroll in EPIC's Dental/Excess Medical Plan. There's no guarantee of a future Special Enrollment period and no opportunity for late entrants to join the program through our underwriting process. The 2009 Special Enrollment is available for employees who previously waived or discontinued EPIC's Dental/Excess Medical Plan. Applications must be submitted to your payroll office between October 6 - November 14, 2008. Consult your payroll office for enrollment requirements.

**Monthly rates offered in this Special Enrollment are the same low rates offered to new employees:**

<b>Single</b>	<b>\$16.70</b>
<b>Insured/Spouse</b>	<b>\$33.40</b>
<b>Insured/Child</b>	<b>\$33.40</b>
<b>Family</b>	<b>\$50.10</b>

And, the already-low rates outlined here qualify for the Employee Reimbursement Account (ERA) program. Your premiums are automatically deducted on a pretax basis, which reduces your taxable gross pay. Your payroll office can give you more details, but premium savings for the EPIC plan can be as much as 30%, depending on your individual tax situation.

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.

### No-hassle Premium Payment

Premiums are conveniently paid through payroll deduction for active employees. When you retire, you can continue coverage by using our convenient electronic funds transfer method or by sending your premium payment directly to EPIC.



## EYEMED VISION DISCOUNT PROGRAM

EyeMed offers substantial savings on eye care, eyewear, and laser vision correction procedures. To receive your discount, simply show your EPIC member ID card when you visit one of EyeMed's 16,000 participating providers.

To find a vision care provider in your area, call EyeMed toll-free at 1-866-559-5252, or visit the EyeMed Web site, [www.enrollwitheyemed.com/access](http://www.enrollwitheyemed.com/access).

# EyeMed

VISION CARE.®

**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.

**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.

**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.

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. 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.**

## Put your trust in EPIC to take care of you

The EPIC Life Insurance Company has been a choice provider of group ancillary benefits for over 25 years. Formed as a subsidiary of WPS Health Insurance, we have built a reputation for quality, strength, and stability.

At EPIC, we take care of your employees and their families by providing personalized service, flexible benefit solutions, and competitive rates.

 EPIC  
LIFE INSURANCE

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