



# 2027 Insurance Benefits Decision Guide

Local Deductible Plan Insurance  
for Employees, Retirees,  
and COBRA Continuant

ET-2158 (8/27/2026)  
PO4, PO14



# About This Guide

This guide provides an overview of benefits available to you for 2027; open enrollment is **October 5-30, 2026**. Visit **[etf.wi.gov/insurance](https://etf.wi.gov/insurance)** for complete information.

## Your Enrollment Checklist

### I'm happy with my benefits

#### ☐ Review changes for next year

Each year there are changes to your benefits. Review benefits you are enrolled in. Make sure that your plan is still available in your area.

- You do not need to reenroll in health, dental, or vision insurance each year if you want to keep the same coverage you have now. Double check that your providers are still available.
- Every year, you may need to reenroll for other options, such as an FSA, if offered by your employer.

#### ☐ Make sure your doctors are still covered

Go to our website to see the provider directory for your health, dental, and/or vision plan.

If you are not changing health coverage, no action is needed.

Questions?



Employees: Contact your payroll/benefits office.

Retirees: Contact ETF at 1-877-533-5020.

### I'd like to make a change or I'm new

#### ☐ Follow the steps in this guide

There are steps and guidance throughout. Review benefits you are enrolled in and visit **[etf.wi.gov/insurance](https://etf.wi.gov/insurance)** for complete benefits information, videos to help you review your options, and virtual vendor forums hosted by health plans and other vendors.

**Are you an employee? Are you a retiree without Medicare and all members on your health insurance do not have Medicare?**

Pick a health plan for participants without Medicare. All members will have the same health plan.

**Are you a retiree with Medicare and non-Medicare members on your health insurance?**

Pick a Medicare health plan.

- If Medicare Advantage or Medicare Plus is selected, then pick a second plan for your non-Medicare members.
- If Health Plan Medicare is selected, your non-Medicare members will have the same health plan, just the non-Medicare version.

**Are you a retiree with Medicare and all members on your health insurance are enrolled in Medicare Parts A and B?**

Pick a Medicare health plan. All members will have the same health plan.

#### ☐ Enroll or make changes

Employees: Visit My Benefits at **[etf.wi.gov/my-benefits](https://etf.wi.gov/my-benefits)** to make changes or enroll.

Retirees: Complete a *Health Insurance Application/Change for Retirees* (ET-2331) and/or a *Supplemental Insurance Application/Change* (ET-2339), available online or from ETF.

# What's Changing in 2027

## Health Plans

Changes can happen each year. Use the health plan search on our website to find health plans and covered providers where you receive care.

### Health Plan Name Changes

- Robin with HealthPartners will become HealthPartners Northeast.
- IYC Health Plan will become Choice Health Plan.

## Benefit Changes

### Non-Medicare Medical Benefit Changes

The Group Insurance Board approved the following medical benefit changes effective January 1, 2027:

- 50 total visits allowed each year for physical, occupational, and speech therapy combined. Additional visits may be covered if medically necessary, up to a maximum of 50 additional visits combined for all therapies.
- Up to three daytime garments for each affected body part every six months and two nighttime garments every two years covered for lymphedema compression garments.
- Laser hair removal to treat hidradenitis suppurativa is now covered.
- Specialized contact lenses covered to treat degenerative eye diseases for members ages 18 and younger.

### Non-Medicare Pharmacy Benefit Changes

- Level 1 copays are increasing to a maximum of \$10.
- Level 2 copays are increasing to 25% with a \$60 maximum.
- Level 3 copays are increasing to 45% with a \$175 maximum.
- Level 4 copays are increasing to \$60.

Starting January 1, 2027, there will be a new level on the pharmacy formulary for anti-obesity medications (AOMs) only, with a copay of \$200.

The new out-of-pocket limit for all pharmacy levels will be \$1,325 for an individual; \$2,650 for a family.

See page 5 for more information.

## State Maintenance Plan

The State Maintenance Plan (SMP) is a health plan that offers Uniform Benefits. SMP is designed to provide a health plan option for members who live or work in areas without adequate access to in-network providers or hospitals. See the SMP web page at [etf.wi.gov](http://etf.wi.gov) for more information.

## Additional Preferred Mail-Order Pharmacy

University of Wisconsin (UW) Health Pharmacy will become a preferred mail-order pharmacy starting January 1, 2027. UW Health Pharmacy joins Costco Mail Order Pharmacy as a preferred mail-order pharmacy.

Members can fill most prescriptions through either pharmacy to receive a three-month supply for the cost of two copayments.

See page 5 for more information.

## Accident Plan Enrollment

### For All Current Securian Accident Plan Members

If you currently have a Securian Accident Plan that covers any dependents (spouse and/or children), you must reenroll your dependents in the Accident Plan during open enrollment to have coverage that continues past January 1, 2027. If you do not, your dependents will no longer have Accident Plan coverage, and your plan will change to individual coverage for only you as the subscriber.

## Attend an Insurance Benefits Forum

ETF will be hosting virtual forums during open enrollment for you to learn about the 2027 plan year. You'll have the opportunity to ask questions directly to health plans and vendors like TASC, MetLife, Delta Dental, Navitus, Securian Financial, and WebMD. Visit [etf.wi.gov/insurance](http://etf.wi.gov/insurance) to register.



For Participants without Medicare

# Step 1: Choose a Plan Design

A plan design determines:

- How much you pay per month
- Whether you can see providers locally or nationwide
- If you can see providers out-of-network

## Quick Comparison

Here is an overview of the available plan designs. See the next page for a breakdown of costs when you visit the doctor, have labs drawn, or fill a prescription.

No matter which plan design option or health plan you choose, the same in-network services are covered (Uniform Benefits). The main differences are premiums, if you can see providers locally or nationwide, and out-of-network benefits.

|                                  | Local Deductible Health Plan | Local Deductible Access Plan |
|----------------------------------|------------------------------|------------------------------|
| Monthly Cost (Premium)           | \$\$\$\$                     | \$\$\$\$                     |
| Cost Per Visit                   | \$\$\$\$                     | \$\$\$\$                     |
| In-Network Provider Availability | Local                        | Nationwide*                  |
| Nationwide Pharmacies            | ✓                            | ✓                            |
| Out-of-Network Benefits          | Emergency and urgent care    | ✓                            |
| Available Health Plan(s)         | Many plans;<br>see page 9    | Dean Health Plan by Medica   |

\*The Local Deductible Access Plan offers worldwide out-of-network benefits.

# Breakdown of Your Medical Costs

The table below lists how much you will pay for common services received in-network.

 The Local Deductible Access Plan offers out-of-network benefits. To learn about the out-of-network benefits, visit our website.

|                                                                                                                                                                                                               | Local Deductible Health Plan                                                                                                           |  Local Deductible Access Plan |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Annual Medical Deductible</b><br>Individual / Family<br><br>Amount you pay for services before your health plan starts to pay. Counts toward out-of-pocket limit (OOPL)                                    | \$500 / \$1,000<br><br>Prescription drugs do not count toward your deductible                                                          |                                                                                                                  |
| <b>Annual Medical Out-of-Pocket Limit (OOPL)</b><br>Individual / Family<br><br>The most you will pay in a year for covered medical services                                                                   | \$12,000 / \$24,000<br><br>Only applies to durable medical equipment and emergency room copays                                         |                                                                                                                  |
| <b>Medical Coinsurance</b><br><br>Percentage of costs of a covered service you pay, beyond the office visit copay such as X-rays and lab work                                                                 | 100% until deductible met<br><br>After deductible: \$0 except for durable medical equipment, adult hearing aids, and cochlear implants |                                                                                                                  |
| <b>Preventive Services</b><br><br>Routine health care like checkups to prevent illness and disease. See <a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a> | \$0                                                                                                                                    |                                                                                                                  |
| <b>Telemedicine Services</b>                                                                                                                                                                                  | Varies by service type, see <a href="https://etf.wi.gov/telemedicine">etf.wi.gov/telemedicine</a>                                      |                                                                                                                  |
| <b>Primary Care Office Visit</b>                                                                                                                                                                              | 100% until deductible met. After deductible: \$0                                                                                       |                                                                                                                  |
| <b>Specialty Provider Office Visit</b>                                                                                                                                                                        | 100% until deductible met. After deductible: \$0                                                                                       |                                                                                                                  |
| <b>Urgent Care</b>                                                                                                                                                                                            | 100% until deductible met. After deductible: \$0                                                                                       |                                                                                                                  |
| <b>Emergency Room</b><br><br>Copay waived if admitted to inpatient directly from emergency room or for observation for 24 hours or longer                                                                     | \$60 copay<br><br>Deductible and coinsurance applies to services beyond the copay                                                      |                                                                                                                  |
| <b>Durable Medical Equipment and Supplies</b>                                                                                                                                                                 | 20% up to \$500 per person                                                                                                             |                                                                                                                  |
| <b>Hearing Aids for Adults</b><br>Per ear, every 3 years                                                                                                                                                      | 20% until plan pays \$1,000, then 100% of the costs                                                                                    |                                                                                                                  |
| <b>Hearing Aids for Children Under Age 18</b><br>Per ear, every 3 years                                                                                                                                       | 100% until deductible met<br>After deductible: \$0                                                                                     |                                                                                                                  |

# Breakdown of Your Pharmacy Costs

You must use an in-network pharmacy. Visit **etf.benefits.navitus.com** to find an in-network pharmacy near you. In-network pharmacies are available nationwide. Both plan designs have the same pharmacy benefits.

|                                           |                              |
|-------------------------------------------|------------------------------|
| <b>Prescription Deductible</b>            | None                         |
| <b>Prescription Copay / Coinsurance</b>   |                              |
| <b>Level 1</b>                            | \$10 or less                 |
| <b>Level 2</b>                            | 25% (\$60 max)               |
| <b>Level 3</b>                            | 45% (\$175 max) <sup>1</sup> |
| <b>Level 4</b>                            | \$60 copay <sup>2</sup>      |
| <b>Anti-Obesity Medication</b>            | \$200 copay                  |
| <b>Preventive</b> (As federally required) | \$0 - Plan pays 100%         |
| <b>Prescription Out-Of-Pocket Limit</b>   |                              |
| <b>All levels</b> (Individual / Family)   | \$1,325 / \$2,650            |

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

<sup>2</sup>Must fill at Lumicera Health Services specialty pharmacy or UW Health Specialty Pharmacy.



## Preferred Mail-Order Pharmacies: Save Time & Money

Beginning January 1, 2027 two preferred mail-order pharmacies will be available. Members can fill most prescriptions through either pharmacy to receive a three-month supply for the cost of only two copayments:

### **Costco Mail Order Pharmacy**

1-800-607-6861  
rx.costco.com

### **UW Health Pharmacy**

608-263-1292  
www.uwhealth.org/pharmacy-services



For Retirees with Medicare

# Step 1: Choose a Plan Design

A plan design determines:

- How much you pay per month
- How much you pay when you visit a provider
- Whether you can see providers locally or nationwide
- If your health plan will help pay for services not covered by Medicare

## Quick Comparison

Here is an overview of the available plan designs. See the next page for a breakdown of costs when you visit the doctor, have labs drawn, or fill a prescription. Complete information is available on the ETF website.

|                                                                   | Medicare Advantage                                                                                 | Medicare Plus                                                                              | Health Plan Deductible Medicare                                                                    |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Monthly Cost (Premium)                                            | \$\$\$                                                                                             | \$\$\$                                                                                     | \$\$\$                                                                                             |
| Provider Availability<br>(Provider must accept Medicare payments) | Nationwide                                                                                         | Worldwide                                                                                  | Local                                                                                              |
| Nationwide Pharmacies                                             | ✓                                                                                                  | ✓                                                                                          | ✓                                                                                                  |
| Administered by                                                   | UnitedHealthcare                                                                                   | UnitedHealthcare                                                                           | Many plans; see page 9                                                                             |
| Helps Pay for Services Not Covered by Medicare                    | ✓<br>Also helps pay for: hearing aids, routine hearing and vision exams, durable medical equipment | None                                                                                       | ✓<br>Also helps pay for: hearing aids, routine hearing and vision exams, durable medical equipment |
| Covered Length of Stay at a Skilled Nursing Facility              | 120 days at any facility                                                                           | 120 days at a Medicare-approved facility<br>30 days at a facility not approved by Medicare | 120 days at any facility                                                                           |

# Breakdown of Your Medical Costs

|                                                                                                                                                     | Medicare Advantage<br>& Health Plan Deductible Medicare                                                                                                                                                                                  | Medicare Plus                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Annual Medical Deductible</b>                                                                                                                    | \$500 Individual / \$1,000 Family                                                                                                                                                                                                        | \$0                                                                                                                                                                                                                                      |
| <b>Annual Medical Coinsurance</b>                                                                                                                   | After deductible: \$0*                                                                                                                                                                                                                   | \$0*                                                                                                                                                                                                                                     |
| <b>Annual Medical Out-of-Pocket Limit (OOPL)</b>                                                                                                    | None*                                                                                                                                                                                                                                    | None*                                                                                                                                                                                                                                    |
| <b>Outpatient Illness/Injury-Related Services</b>                                                                                                   | After deductible: \$0                                                                                                                                                                                                                    | \$0                                                                                                                                                                                                                                      |
| <b>Emergency Room Copay</b>                                                                                                                         | \$60 copay<br>(Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer)                                                                                                            | \$0                                                                                                                                                                                                                                      |
| <b>Licensed Skilled Nursing Facility</b> (Medicare-covered services in a Medicare-approved facility)                                                | After deductible:<br>\$0 for the first 120 days,<br>100% after 120 days<br><b>Requires a 3-day hospital stay</b> for Health Plan Medicare (Not required for Medicare Advantage)                                                          | \$0 for the first 120 days,<br>100% after 120 days<br><b>Requires a 3-day hospital stay</b>                                                                                                                                              |
| <b>Licensed Skilled Nursing Facility</b> (Non-Medicare approved facility)<br>If admitted within 24 hours following a hospital stay                  | After deductible:<br>\$0 for the first 120 days,<br>100% after 120 days                                                                                                                                                                  | \$0 for eligible expenses for the first 30 days, 100% after 30 days                                                                                                                                                                      |
| <b>Hospital</b><br>Semiprivate room and board, and miscellaneous hospital services and supplies such as drugs, X-rays, lab tests and operating room | After deductible: \$0<br>Must be medically necessary and in-network unless emergency                                                                                                                                                     | \$0 for first 90 days and up to 150 days with “lifetime reserve”<br>“Lifetime reserve” days are a one-time additional 60 days of hospital coverage paid by Medicare<br>Once “lifetime reserve” is exhausted, you pay 100% after 120 days |
| <b>Medical Supplies</b><br>Durable medical equipment, durable diabetic equipment and related supplies                                               | <b>Medicare-approved supplies:</b><br>After deductible:<br>20% up to \$500 OOPL per individual, after OOPL: \$0<br><b>Supplies NOT covered by Medicare:</b><br>After deductible:<br>20% up to \$500 OOPL per individual, after OOPL: \$0 | <b>Medicare-approved supplies: \$0</b><br><b>Supplies NOT covered by Medicare: 100%</b>                                                                                                                                                  |
| <b>Routine Hearing Exam</b>                                                                                                                         | After deductible: \$0                                                                                                                                                                                                                    | You pay 100%                                                                                                                                                                                                                             |
| <b>Hearing Exam for Illness or Disease</b>                                                                                                          | After deductible: \$0                                                                                                                                                                                                                    | \$0                                                                                                                                                                                                                                      |

\*Different for medical supplies and hearing aids

|                                                                                                                                                                                                                                             | Medicare Advantage<br>& Health Plan Deductible Medicare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Medicare Plus                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hearing Aid</b><br>Per ear, every 3 years                                                                                                                                                                                                | After deductible: 20% until plan pays \$1,000, then 100% of the costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | You pay 100%                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Home Health Care Visits</b><br>If receiving care under a doctor for part-time skilled nursing care, part-time home health aide care, physical therapy, occupational therapy, speech-language pathology services, medical social services | <p><b>Medicare pays:</b> 100% for visits considered medically necessary by Medicare, generally fewer than 7 days a week, less than 8 hours a day and 28 or fewer hours per week for up to 21 days</p> <p><b>Plan pays:</b> After deductible, any amounts after Medicare pays for 50 visits per year, plan may approve an additional 50 visits</p> <p><b>Medicare Advantage</b> has no visit limits</p> <p><b>You pay:</b> After deductible: Full costs of visits not covered by Medicare and the plan beyond the 50 (or if approved, 100) visits per year</p> | <p><b>Medicare pays:</b> 100% for visits considered medically necessary by Medicare, generally fewer than 7 days a week, less than 8 hours a day and 28 or fewer hours per week for up to 21 days</p> <p><b>Plan pays:</b> After deductible, any amounts after Medicare pays for up to 365 visits per year</p> <p><b>You pay:</b> Full costs of visits beyond 365 visits per year</p> |

## Breakdown of Your Pharmacy Costs

Visit [members.navitus.com](https://members.navitus.com) to find an in-network pharmacy near you. In-network pharmacies are available nationwide. All Medicare plan designs have the same pharmacy benefits. All prescription copays/coinsurances will apply to the 2027 Medicare Part D out-of-pocket limit of \$2,400.

|                                          |                 |
|------------------------------------------|-----------------|
| <b>Prescription Deductible</b>           | None            |
| <b>Prescription Copay / Coinsurance</b>  |                 |
| <b>Level 1</b>                           | Up to \$5       |
| <b>Level 2</b>                           | 20% (\$50 max)  |
| <b>Level 3</b>                           | 40% (\$150 max) |
| <b>Level 4</b>                           | \$50*           |
| <b>Prescription Out-Of-Pocket Limit</b>  |                 |
| <b>Levels 1 &amp; 2</b> (Per individual) | \$600           |
| <b>Level 3</b> (Per individual)          | \$2,400         |
| <b>Level 4</b> (Per individual)          | \$1,200         |

\*Price if you fill at Lumicera Health Services specialty pharmacy or UW Health Specialty Pharmacies. If you do not fill at one of these pharmacies, you will pay 40% (\$200 max).



For all participants

## Step 2: Choose a Health Plan

Complete this step if you selected the Local Health Plan or Health Plan Medicare. Skip the map and turn to pages 13-15 for rates if you selected:

- the Local Access Plan (available worldwide),
- Medicare Advantage (available nationwide), or
- Medicare Plus (available worldwide).

A health plan determines:

- Where you can receive care
- What providers you can see

Provider directories can be found on our website. Some plans let you see providers in nearby states.

## Health Plans by County

**Medicare Advantage** is available nationwide. The **Access Plan** and **Medicare Plus** are available worldwide.

\* limited provider availability



### Adams

- Dean Health Plan by Medica
- GHC of Eau Claire Greater WI
- Quartz Central
- State Maintenance Plan (SMP)

### Ashland

- GHC of Eau Claire Greater WI
- State Maintenance Plan (SMP)

### Barron

- GHC of Eau Claire River Region
- Medica West and Mayo Clinic Health System
- Security Health Plan
- State Maintenance Plan (SMP)

### Bayfield

- GHC of Eau Claire Greater WI
- State Maintenance Plan (SMP)

### Brown

- CareSource
- Network Health
- Prevea360 East
- HealthPartners Northeast

## Buffalo

- GHC of Eau Claire Greater WI
- Medica West and Mayo Clinic Health System\*
- Quartz West
- State Maintenance Plan (SMP)

## Burnett

- GHC of Eau Claire Greater WI
- HealthPartners West
- State Maintenance Plan (SMP)

## Calumet

- Network Health
- Prevea360 East
- HealthPartners Northeast

## Chippewa

- GHC of Eau Claire River Region
- Medica West and Mayo Clinic Health System
- Quartz West
- Security Health Plan
- State Maintenance Plan (SMP)

## Clark

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Quartz West\*
- Security Health Plan
- State Maintenance Plan (SMP)

## Columbia

- Dean Health Plan by Medica
- GHC-SCW Neighbors
- Quartz Central
- State Maintenance Plan (SMP)

## Crawford

- Dean Health Plan by Medica
- GHC of Eau Claire Greater WI
- Medica West and Mayo Clinic Health System
- Medical Associates Health Plans
- Quartz West
- State Maintenance Plan (SMP)

## Dane

- Dean Health Plan by Medica
- GHC-SCW Dane Choice
- Quartz UW Health

## Dodge

- Dean Health Plan by Medica
- Network Health
- Quartz Central

## Door

- Network Health
- Prevea360 East

## Douglas

- GHC of Eau Claire Greater WI
- HealthPartners West
- State Maintenance Plan (SMP)

## Dunn

- GHC of Eau Claire River Region
- Medica West and Mayo Clinic Health System
- State Maintenance Plan (SMP)

## Eau Claire

- GHC of Eau Claire River Region
- Medica West and Mayo Clinic Health System
- Quartz West
- Security Health Plan
- State Maintenance Plan (SMP)

## Florence

- Aspirus Health Plan
- GHC of Eau Claire Greater WI\*
- State Maintenance Plan (SMP)

## Fond du Lac

- CareSource
- Dean Health Plan by Medica
- Network Health
- Quartz Central

## Forest

- Aspirus Health Plan
- State Maintenance Plan (SMP)

## Grant

- Dean Health Plan by Medica
- GHC of Eau Claire Greater WI
- Medical Associates Health Plans
- Quartz Central
- State Maintenance Plan (SMP)

## Green

- Dean Health Plan by Medica
- GHC of Eau Claire Greater WI
- MercyCare Health Plan
- Quartz Central
- State Maintenance Plan (SMP)

## Green Lake

- CareSource
- Dean Health Plan by Medica\*
- Network Health
- Quartz Central

## Iowa

- Dean Health Plan by Medica
- GHC of Eau Claire Greater WI
- Medical Associates Health Plans
- Quartz Central
- State Maintenance Plan (SMP)

## Iron

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- State Maintenance Plan (SMP)

## Jackson

- GHC of Eau Claire Greater WI
- Medica West and Mayo Clinic Health System
- Quartz West
- State Maintenance Plan (SMP)

## Jefferson

- Dean Health Plan by Medica
- MercyCare Health Plan
- Quartz Central
- State Maintenance Plan (SMP)

## Juneau

- Dean Health Plan by Medica
- GHC-SCW Neighbors
- Quartz Central
- State Maintenance Plan (SMP)

## Kenosha

- Network Health

## Kewaunee

- CareSource
- Network Health
- Prevea360 East
- HealthPartners Northeast

## La Crosse

- GHC of Eau Claire Greater WI
- Medica West and Mayo Clinic Health System
- Quartz West
- State Maintenance Plan (SMP)

## Lafayette

- Dean Health Plan by Medica
- GHC of Eau Claire Greater WI
- Medical Associates Health Plans
- Quartz Central
- State Maintenance Plan (SMP)

## Langlade

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- State Maintenance Plan (SMP)

## Lincoln

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Security Health Plan
- State Maintenance Plan (SMP)

## Manitowoc

- CareSource
- Network Health
- Prevea360 East
- HealthPartners Northeast

## Marathon

- Aspirus Health Plan
- Security Health Plan
- State Maintenance Plan (SMP)

## Marinette

- CareSource
- Network Health
- Prevea360 East\*
- HealthPartners Northeast

## Marquette

- Dean Health Plan by Medica\*
- Network Health\*
- Quartz Central
- HealthPartners Northeast\*
- State Maintenance Plan (SMP)

## Menominee

- Network Health
- Prevea360 East
- HealthPartners Northeast

## Milwaukee

- CareSource
- HealthPartners Southeast
- Network Health

## Monroe

- GHC of Eau Claire Greater WI
- Medica West and Mayo Clinic Health System
- Quartz West
- State Maintenance Plan (SMP)

## Oconto

- Network Health
- Prevea360 East
- HealthPartners Northeast

## Oneida

- Aspirus Health Plan
- Security Health Plan
- State Maintenance Plan (SMP)

## Outagamie

- CareSource
- Network Health
- Prevea360 East
- HealthPartners Northeast

## Ozaukee

- CareSource
- HealthPartners Southeast
- Network Health

## Pepin

- Medica West and Mayo Clinic Health System
- Quartz West
- State Maintenance Plan (SMP)

## Pierce

- GHC of Eau Claire Greater WI
- HealthPartners West
- Medica West and Mayo Clinic Health System
- State Maintenance Plan (SMP)

## Polk

- GHC of Eau Claire of Greater WI
- HealthPartners West
- State Maintenance Plan (SMP)

## Portage

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Security Health Plan
- State Maintenance Plan (SMP)

## Price

- Aspirus Health Plan
- Security Health Plan
- State Maintenance Plan (SMP)

## Racine

- Network Health

## Richland

- Dean Health Plan by Medica
- GHC of Eau Claire Greater WI
- Quartz Central
- State Maintenance Plan (SMP)

## Rock

- Dean Health Plan by Medica
- MercyCare Health Plan
- Quartz Central
- State Maintenance Plan (SMP)

## Rusk

- GHC of Eau Claire River Region
- Security Health Plan
- State Maintenance Plan (SMP)

\* limited provider availability

**Medicare Advantage** is available nationwide. The **Access Plan** and **Medicare Plus** are available worldwide.

### Sauk

- Dean Health Plan by Medica
- GHC-SCW Neighbors
- Quartz Central
- State Maintenance Plan (SMP)

### Sawyer

- GHC of Eau Claire Greater WI
- State Maintenance Plan (SMP)

### Shawano

- Aspirus Health Plan
- CareSource
- Network Health
- Prevea360 East\*
- HealthPartners Northeast

### Sheboygan

- CareSource
- HealthPartners Southeast
- Network Health
- Prevea360 East

### St. Croix

- GHC of Eau Claire Greater WI
- HealthPartners West
- Medica West and Mayo Clinic Health System
- State Maintenance Plan (SMP)

### Taylor

- Aspirus Health Plan
- Security Health Plan\*
- State Maintenance Plan (SMP)

### Trempealeau

- Medica West and Mayo Clinic Health System
- Quartz West
- State Maintenance Plan (SMP)

### Vernon

- Dean Health Plan by Medica
- GHC of Eau Claire Greater WI
- Medica West and Mayo Clinic Health System
- Quartz West
- State Maintenance Plan (SMP)

### Vilas

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Security Health Plan
- State Maintenance Plan (SMP)

### Walworth

- Dean Health Plan by Medica
- MercyCare Health Plan
- Quartz Central
- State Maintenance Plan (SMP)

### Washburn

- GHC of Eau Claire Greater WI
- HealthPartners West
- State Maintenance Plan (SMP)

### Washington

- CareSource
- HealthPartners Southeast
- Network Health

### Waukesha

- CareSource
- Dean Health Plan by Medica
- HealthPartners Southeast
- Network Health
- Quartz Central

### Waupaca

- CareSource
- Network Health
- HealthPartners Northeast

### Waushara

- Aspirus Health Plan
- CareSource
- Network Health
- Quartz Central
- HealthPartners Northeast

### Winnebago

- CareSource
- Network Health
- HealthPartners Northeast

### Wood

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Quartz Central
- Security Health Plan
- State Maintenance Plan (SMP)

\* limited provider availability

**Medicare Advantage** is available nationwide. The **Access Plan** and **Medicare Plus** are available worldwide.



## Health Plan Quality

Each year, participating health plans are evaluated on key care delivery areas such as wellness, prevention, disease management, customer satisfaction, and efficient use of resources. Participating health plans report health care quality outcomes to leading national organizations such as the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). Visit [etf.wi.gov/insurance/2027/health-plan-quality](https://etf.wi.gov/insurance/2027/health-plan-quality) for more information about health plan quality. You can use these quality resources to help make an informed decision about which health plan is right for you.

# Monthly Premiums - Participants without Medicare

Total monthly premiums are shown without Uniform Dental. Uniform Dental premiums are added to your medical premiums if you choose coverage.

See page 16 for dental information.

|                                           | Local Deductible Health Plan |            |
|-------------------------------------------|------------------------------|------------|
|                                           | Individual                   | Family     |
| Aspirus Health Plan                       | \$1,465.98                   | \$3,617.56 |
| CareSource                                | \$1,319.94                   | \$3,252.46 |
| Dean Health Plan by Medica                | \$1,335.30                   | \$3,290.86 |
| GHC of Eau Claire Greater WI              | \$1,624.10                   | \$4,012.86 |
| GHC of Eau Claire River Region            | \$1,798.90                   | \$4,449.86 |
| GHC - SCW Dane Choice                     | \$1,005.74                   | \$2,466.96 |
| GHC - SCW Neighbors                       | \$1,346.70                   | \$3,319.36 |
| HealthPartners Northeast                  | \$1,449.88                   | \$3,577.30 |
| HealthPartners Southeast                  | \$1,508.98                   | \$3,725.06 |
| HealthPartners West                       | \$1,506.88                   | \$3,719.80 |
| Medica West and Mayo Clinic Health System | \$1,706.86                   | \$4,219.76 |
| Medical Associates Health Plans           | \$1,110.86                   | \$2,729.76 |
| MercyCare Health Plans                    | \$1,113.60                   | \$2,736.60 |
| Network Health                            | \$1,109.02                   | \$2,725.16 |
| Prevea360 East                            | \$1,068.26                   | \$2,623.26 |
| Quartz Central                            | \$1,522.04                   | \$3,757.70 |
| Quartz UW Health                          | \$1,046.08                   | \$2,567.80 |
| Quartz West                               | \$1,299.98                   | \$3,202.56 |
| Security Health Plan                      | \$1,348.34                   | \$3,323.46 |
| State Maintenance Plan (SMP) <sup>1</sup> | \$1,360.16                   | \$3,353.06 |
|                                           | Local Deductible Access Plan |            |
|                                           | Individual                   | Family     |
| Access Plan                               | \$1,607.56                   | \$3,971.54 |

<sup>1</sup>Members with the Access Plan or SMP coverage who enroll in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Access Plan or SMP.

# Monthly Premiums - Retirees with Medicare

There are three types of Medicare-coordinated coverage:

- **Individual:** Individual coverage for a member enrolled in Medicare Parts A, B, and D.
- **Medicare Some:** Family coverage with at least one insured family member enrolled in Medicare Parts A, B, and D. See the next page for rates.
- **Medicare All:** Family coverage where all insured members are enrolled in Medicare Parts A, B, and D.

Total monthly premiums are shown without Uniform Dental. Dental premiums are added to your medical premiums if you choose coverage. See page 16 for dental information.

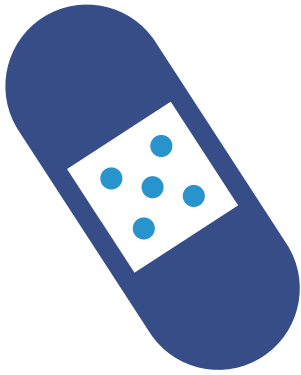
|                                           | Individual | Medicare All |
|-------------------------------------------|------------|--------------|
| Aspirus Health Plan                       | \$880.48   | \$1,729.36   |
| CareSource                                | \$807.46   | \$1,583.32   |
| Dean Health Plan by Medica                | \$801.74   | \$1,571.88   |
| GHC of Eau Claire Greater WI              | \$959.52   | \$1,887.44   |
| GHC of Eau Claire River Region            | \$1,046.92 | \$2,062.24   |
| GHC - SCW Dane Choice                     | \$650.36   | \$1,269.12   |
| GHC - SCW Neighbors                       | \$820.84   | \$1,610.08   |
| HealthPartners Northeast                  | \$810.82   | \$1,590.04   |
| HealthPartners Southeast                  | \$837.42   | \$1,643.24   |
| HealthPartners West                       | \$837.48   | \$1,643.36   |
| Medica West and Mayo Clinic Health System | \$983.06   | \$1,934.52   |
| Medical Associates Health Plans           | \$549.38   | \$1,067.16   |
| Medicare Advantage by UnitedHealthcare    | \$425.80   | \$820.00     |
| Medicare Plus by UnitedHealthcare         | \$555.12   | \$1,078.64   |
| MercyCare Health Plans                    | \$668.46   | \$1,305.32   |
| Network Health                            | \$702.00   | \$1,372.40   |
| Prevea360 East                            | \$671.44   | \$1,311.28   |
| Quartz Central                            | \$791.36   | \$1,551.12   |
| Quartz UW Health                          | \$596.20   | \$1,160.80   |
| Quartz West                               | \$700.40   | \$1,369.20   |
| Security Health Plan                      | \$821.60   | \$1,611.60   |

# Monthly Premiums - Medicare Some

When you select Medicare Advantage or Medicare Plus to coordinate with Medicare coverage, you can select a different health plan for your non-Medicare members. If you select Health Plan Medicare, the non-Medicare members will have the same health plan, just the non-Medicare version. The rates below include the Health Plan design for non-Medicare members. Uniform Dental premiums are added to your medical premiums if you choose coverage. See page 16 for dental information.

|                                           | Health Plan Medicare | Medicare Advantage | Medicare Plus |
|-------------------------------------------|----------------------|--------------------|---------------|
| Access Plan by Dean Health Plan           | Not available        | \$2,001.76         | \$2,131.08    |
| Aspirus Health Plan                       | \$2,314.86           | \$1,860.18         | \$1,989.50    |
| CareSource                                | \$2,095.80           | \$1,714.14         | \$1,843.46    |
| Dean Health Plan by Medica                | \$2,105.44           | \$1,729.50         | \$1,858.82    |
| GHC of Eau Claire Greater WI              | \$2,552.02           | \$2,018.30         | \$2,147.62    |
| GHC of Eau Claire River Region            | \$2,814.22           | \$2,193.10         | \$2,322.42    |
| GHC - SCW Dane Choice                     | \$1,624.50           | \$1,399.94         | \$1,529.26    |
| GHC - SCW Neighbors                       | \$2,135.94           | \$1,740.90         | \$1,870.22    |
| HealthPartners Northeast                  | \$2,229.10           | \$1,844.08         | \$1,973.40    |
| HealthPartners Southeast                  | \$2,314.80           | \$1,903.18         | \$2,032.50    |
| HealthPartners West                       | \$2,312.76           | \$1,901.08         | \$2,030.40    |
| Medica West and Mayo Clinic Health System | \$2,658.32           | \$2,101.06         | \$2,230.38    |
| Medical Associates Health Plans           | \$1,628.64           | \$1,505.06         | \$1,634.38    |
| MercyCare Health Plans                    | \$1,750.46           | \$1,507.80         | \$1,637.12    |
| Network Health                            | \$1,779.42           | \$1,503.22         | \$1,632.54    |
| Prevea360 East                            | \$1,708.10           | \$1,462.46         | \$1,591.78    |
| Quartz Central                            | \$2,281.80           | \$1,916.24         | \$2,045.56    |
| Quartz UW Health                          | \$1,610.68           | \$1,440.28         | \$1,569.60    |
| Quartz West                               | \$1,968.78           | \$1,694.18         | \$1,823.50    |
| Security Health Plan                      | \$2,138.34           | \$1,742.54         | \$1,871.86    |
| State Maintenance Plan (SMP)              | Not available        | \$1,754.36         | \$1,883.68    |

Since pages 16-20 do not apply to City employees, they have been removed.



# Get vaccinated for **free** at an in-network pharmacy

## Available Vaccines:

- Influenza\*
- Pneumonia\*
- Tetanus
- Hepatitis
- Shingles
- Measles
- Mumps
- Human Papillomavirus (HPV)
- Pertussis
- Varicella
- Meningitis
- COVID-19\*
- Respiratory Syncytial Virus (RSV)

Find in-network pharmacies at **etf.benefits.navitus.com**

*\* Covered under Medicare Part B. Members should present their red, white, and blue Medicare card at the pharmacy for vaccine coverage.*

## Note for Retirees Nearing Medicare Eligibility



When you become eligible for Medicare, you must enroll in both Parts A and B as soon as possible. For most people, this is when you turn age 65. When this happens, your medical premium will be reduced and you will become eligible to change your health insurance plan due to gaining Medicare. Visit the ETF website for more information. Watch the New to Medicare video at **etf.wi.gov/video/new-medicare** for more on what Medicare means for your health benefits.

## Find Your Diabetes Support Network

Whether you're looking to prevent or manage type 2 diabetes, Well Wisconsin offers resources to meet you where you're at.

- **Diabetes Prevention Program:** A virtual, evidence-based program that helps you prevent diabetes. Work with a CDC-trained lifestyle coach and build healthier habits in a group support system.
- The **It's Your Health: Diabetes** program can help you manage diabetes with a dedicated coach and receive lower prescription drug copays in exchange. Call **1-800-821-6591** to enroll. *If you're already enrolled in Delta Dental's uniform dental benefit coverage, you may also receive additional dental benefits.*



Scan to watch a 1-minute video about these resources.



WebMD HealthServices



# Your Mental Health Matters

Mental health is a state of balance in our thoughts, emotions, and behaviors. Mental health affects our ability to relate to others, perform day-to-day tasks, handle stress, and make choices.

Everyone experiences changes in mental health from day to day. Even those who are never diagnosed with a mental health condition can struggle with challenges that impact their mental well-being.

Visit [dhs.wisconsin.gov/find-support](https://dhs.wisconsin.gov/find-support) to learn more about mental health resources and support.

NO JUDGMENT.  
JUST HELP.

TEXT, CALL, CHAT

988

No matter what you're experiencing, call, text, or chat the 988 Suicide & Crisis Lifeline. Trained counselors are standing by to help you 24/7. Visit [988Wisconsin.org](https://988Wisconsin.org) to learn more about this free service.

## Your Home Base for Better Health



**Use Well Wisconsin to set health goals, stay motivated and try new methods of well-being.**

We've got resources to help you manage weight, chronic conditions, mental health and much more. Well Wisconsin also rewards your well-being efforts with \$150\* each year. *NOTE: Retirees will see taxes removed from the total prepaid card amount.*



Scan to sign up  
or log in

### READY FOR REAL CHANGE?

- WebMD health coaches can help you better manage chronic conditions like diabetes, asthma, COPD, coronary artery disease and heart failure.
- For those eligible, the 12-month Positively Me coaching program can help you break through barriers to achieving your weight loss goals.
- Build emotional resilience with meQuilibrium or work with our certified mental health coaches to deal with challenges like grief, anxiety, depression, family conflict and more.

[webmdhealth.com/wellwisconsin](https://webmdhealth.com/wellwisconsin) | 1-800-821-6591



WebMD  
Health Services

\*All health and wellness incentives are considered taxable income to the subscriber and are reported to your employer, who will issue a W-2. The Wisconsin Retirement System acts as the employer for retirees and continuants. Personal health information is protected by federal law and will not be shared with ETF, the Group Insurance Board or your employer.



## Open Enrollment: October 5-30, 2026

Mailed application must be postmarked by October 30, 2026



etf.wi.gov

**My Insurance Benefits**  
etf.wi.gov/my-benefits



**PO Box 7931**  
**Madison, WI 53707-7931**



**1-877-533-5020**



**@wi\_etf**

## Health Plan and Vendor Contact Information

### **Aspirus Health Plan**

1-866-631-8583  
p1.aspirushealthplan.com/etf

### **CareSource**

1-833-742-0952  
group-health.com/members/state-of-wi-ghcec-caresource

### **Costco Mail Order Pharmacy**

1-800-607-6861  
rx.costco.com

### **Dean Health Plan by Medica (including Access Plan & SMP)**

1-800-279-1301  
deancare.com/wi-employees

### **Delta Dental**

1-844-337-8383  
deltadentalwi.com/state-of-wi

### **GHC of Eau Claire (Greater Wisconsin, River Region)**

1-888-203-7770, 715-552-4300  
group-health.com

### **GHC of South Central Wisconsin (Dane Choice, Neighbors)**

1-800-605-4327, 608-828-4853  
ghcscw.com

**HealthChoice** (long-term care insurance)  
1-800-833-5823

### **HealthPartners Health Plans (Northeast, Southeast, West)**

1-855-542-6922, 952-883-5000  
healthpartners.com/stateofwis

### **Medica West and Mayo Clinic Health System**

1-877-371-6762  
deancare.com/wi-employees

### **Medical Associates Health Plans**

1-866-421-3992  
mahealthcare.com

### **MercyCare Health Plans**

1-800-895-2421 option 5  
mercycahealthplans.com

### **MetLife**

1-866-498-9858  
metlife.pathfactory.com/state-of-wisconsin

### **Navitus Health Solutions**

1-844-268-9789  
navitus.com

### **Navitus MedicareRx**

(prescription drug coverage for  
Medicare-eligible retirees)  
1-866-270-3877  
medicarerx.navitus.com

### **Network Health**

1-844-625-2208, 920-720-1811  
networkhealth.com/employer/state

### **Prevea360 East**

1-877-371-6772  
prevea360.com/wi-employees

### **Quartz (Central, UW Health, West)**

1-844-644-3455  
ChooseQuartz.com

### **Securian Financial**

1-866-295-8690  
lifebenefits.com/plandesign/WIETF

### **Security Health Plan**

1-844-813-7286  
www.securityhealth.org/state

### **TASC**

1-888-276-3147  
www.etf-tasc.com

### **UnitedHealthcare**

1-844-876-6175  
UHCRetiree.com/etf

### **UW Health Mail Order Pharmacy**

608-263-1292  
www.uwhealth.org/pharmacy-services

### **WebMD**

1-800-821-6591  
webmdhealth.com/wellwisconsin

**Nondiscrimination and Language Access** ETF provides free language services to people whose primary language is not English, such as qualified interpreters. If you need these services, contact ETF at 1-877-533-5020.

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

Hmong – LUS CEEV: Yog tias koj xav tau kev pab txhais lus. Peb pab koj tau, peb pab koj dawb xwb, thov hu rau 1-877-533-5020 (TTY: 711).

For EEOC, COBRA, HIPAA, ACA marketplace and more federal and state notices, visit [etf.wi.gov](http://etf.wi.gov)

Every effort has been made to ensure information in this guide is accurate. In the event of conflicting information, federal law, state statute, state health contracts and/or policies and provisions established by the State of Wisconsin Group Insurance Board shall be followed. The most current information can be found at [etf.wi.gov](http://etf.wi.gov).