



UNIVERSITY OF WISCONSIN SYSTEM

# **Annual Benefits Enrollment (ABE) Employer Training**

September 29, 2017

# Agenda

- Introduction
- Communications Overview
- ABE Toolkit
- Benefits Plans: Changes and Updates
- Domestic Partner Updates
- Individual & Family Group Life Annual Increase Option
- Wellness & Other Considerations
- ALEX Demo

# Communications Overview

*“Prepare  
Decide  
Act”*



# Introducing alex®

*{Drum roll please}*



- ALEX will be here to help employees make Annual Benefits Enrollment decisions
- ALEX will be available starting October 2<sup>nd</sup>
- Talk to ALEX at:  
<http://www.wisconsin.edu/ohrwd/benefits/alex>

# Communications

- The Communication Schedule is listed on the UW Service Center ABE Landing page:

<https://uwservice.wisconsin.edu/administration/abe#timeline-tab>

ABE for Administrators						UNIVERSITY OF WISCONSIN SYSTEM UW SERVICE CENTER	
Process Timeline	Calendar	2018 Changes	Resources	Communication Schedule	Communications		
E-mail	Targeted Population	Data as of	Template available	Responsible sender	Deadline		
ABE date announcement	All employees eligible for ABE	9/5/17	9/8/17	Institutions	9/13/17		

# ABE Toolkit

*“Prepare  
Decide  
Act”*



## Administrator Resources

- ABE Administration Page  
<https://uwservice.wisconsin.edu/administration/abe>
- **alex:** <https://www.wisconsin.edu/ohrwd/admin/alex-admin-resources/>



## Employee Resources

- ABE Website <https://www.wisconsin.edu/abe/>
- alex <http://www.wisconsin.edu/ohrwd/benefits/alex>
- ABE Poster, Brochure & Checklist
- ABE Video
- ABE Employee Presentation
- HDHP Survey  
[http://uwsystemadmin.qualtrics.com/jfe/form/SV\\_02OKSAyoAiiZpC5](http://uwsystemadmin.qualtrics.com/jfe/form/SV_02OKSAyoAiiZpC5)



# Benefit Plans: Changes & Updates

*“Prepare  
Decide  
Act”*



# **Domestic Partners**

The 2017 – 2019 Wisconsin Biennial Budget Act 59 was signed on September 21, 2017. It eliminates the Chapter 40 domestic partnership program on the effective date of the bill.

ETF will be advising on the impacts of this change. Communications will follow when received.

# Domestic Partners



- Domestic partners and dependent step-children who are currently enrolled in the following plans will lose coverage as of January 1, 2018.
  - State Group Health Insurance plan
  - State Group Life Insurance
  - Long Term Care Insurance
  - Supplemental Plans: Dental Wisconsin, EPIC Benefits+, VSP Vision Insurance

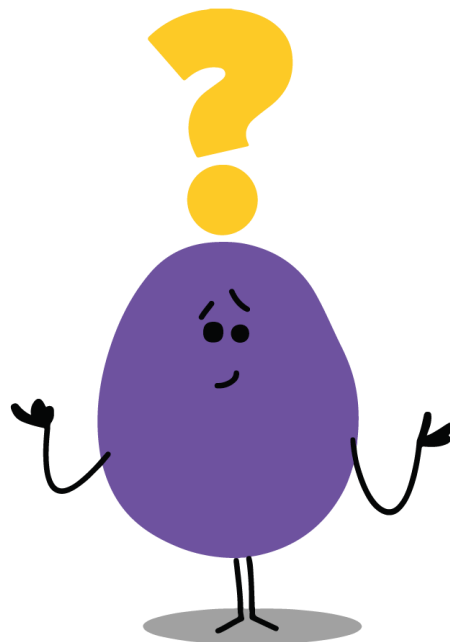
# **Domestic Partners**

- Domestic Partners and dependent step-children will be offered 36 month COBRA continuation (conversion coverage for State Group Life).
- Domestic Partners and dependent step-children will remain eligible for Individual & Family Life Insurance and Accidental Death & Dismemberments. These plans are administered by the UW Board of Regents.



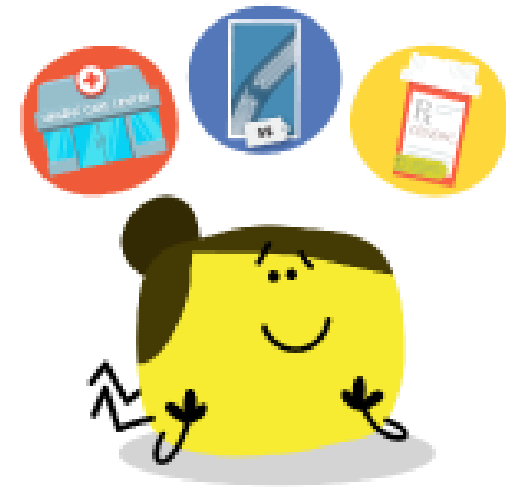
# Benefit Changes Allowed

Plan	Open Enrollment	Change Plans	Add Dependents	Remove Dependents	Cancel Coverage
State Group Health	Yes	Any health plan	Yes	Yes	Yes, may also Opt-Out
Health Savings Accounts (HSA)	Yes, with HDHP only	Must re-enroll annually	N/A	N/A	N/A
EPIC Benefits +	Yes	Add or remove vision	Yes	Yes	Yes
Dental Wisconsin	Yes	PPO ↔ Select	Yes	Yes	Yes
VSP Vision	Yes	N/A	Yes	Yes	Yes
Individual & Family	No	Increase coverage only	No	Anytime	Anytime
Flexible Spending Accounts (FSA)	Yes	Must re-enroll annually	N/A	N/A	N/A



# *Questions*

# **2018 Health Insurance**

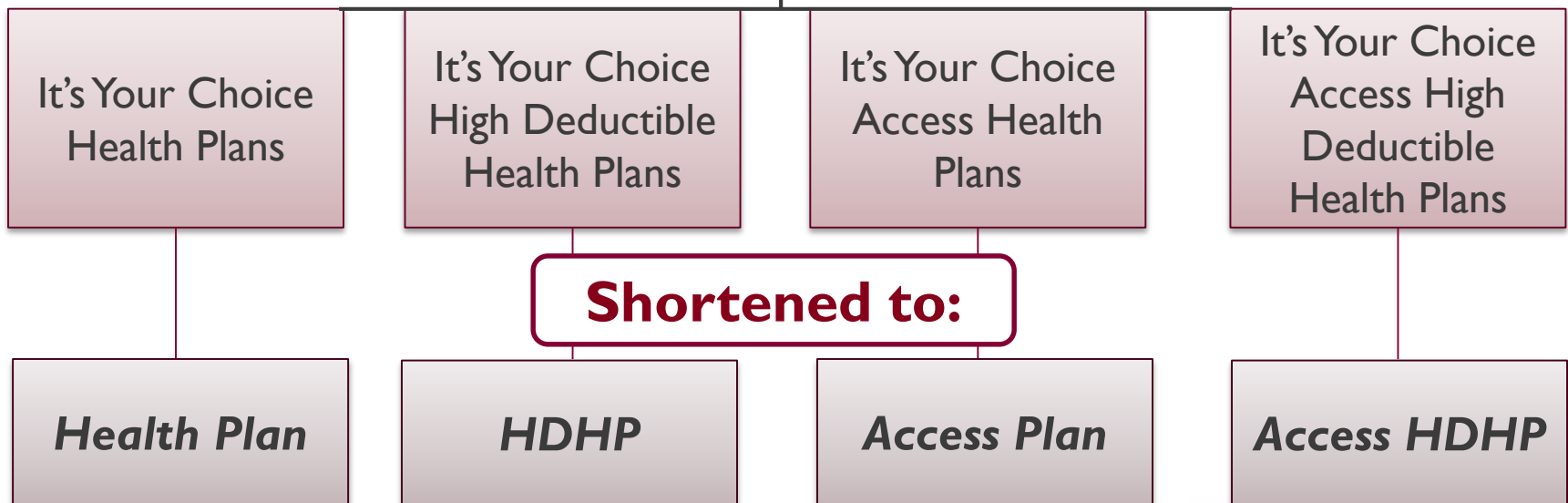


## ***Changes & Updates***



# State Group Health Insurance Vocabulary References

## Health Plan Design



# State Group Health Insurance Options

## State Group Health actions during ABE:

- Enroll in Health Insurance *with* or *without* Uniform Dental coverage
- Change Health Plans
- Add or remove Uniform Dental from current plan
- Add or remove eligible dependents
- Enroll in Health Insurance Opt-Out Incentive
- Cancel coverage for 2018

# State Group Health Insurance Benefit Changes

## Plans no longer being offered

- Anthem Blue Preferred Northeast
- Arise Health Plan
- Health Tradition
- Humana Eastern
- Humana Western
- UnitedHealthcare

### **ACTION REQUIRED**

*Employees will need  
to select a new plan  
to have 2018  
coverage*

# State Group Health Insurance Benefit Changes



## ■ Mergers & Name Changes

- Network Health Northeast & Network Health Southeast will become **Network Health**
- Gundersen and Unity Community will combine to become **Quartz-Community**
- Unity-UW Health will become **Quartz-UW Health**
- Physician's Plus will be offered under either **Quartz-Community** or **Quartz-UW Health**, based on the subscriber's Primary Care Provider location

**Action,  
maybe?**  
Employees  
may want  
to choose a  
new health  
plan

# State Group Health Insurance

## Benefit Changes

### Carrier Changes

The Access Plan / Access Plan HDHP will be administered by **WEA Trust**

### SMP Changes for 2018

SMP no longer available in

*Bayfield, Buffalo, Forest, Iron, Marquette, Menominee  
and Pepin Counties*

SMP will only be offered in Florence County  
*(yes, only one county)*

# **State Group Health Insurance**

## Uniform Benefits Changes - Health:

- Access Plan will no longer have different benefits from the other health plans. All offered health plans will provide Uniform Benefits.

## Uniform Benefits Changes-Dental:

- Reduction of bitewing x-rays
- Enhanced sealant benefit



# State Group Health Insurance

## No Change to Employee Premiums



2018 Premium Tier		Employees Covered by the Health Plans		Employees Covered by the <u>HDHP</u> Health Plan	
		Single	Family	Single	Family
Tier 1	With Dental	\$88.00	\$219.00	\$33.00	\$82.00
	Without Dental	\$85.00	\$211.00	\$30.00	\$74.00
Tier 3 – Access Plan	With Dental	\$266.00	\$664.00	\$211.00	\$519.00
	Without Dental	\$263.00	\$646.00	\$208.00	\$519.00



# State Group Health Insurance

Tier 2 premiums only apply if you are *required* to work outside of Wisconsin and elect the Access Plan.

2018 Premium		Employees Covered by the Health Plans		Employees Covered by the <u>HDHP</u> Health Plan	
		Single	Family	Single	Family
Tier 2	With Dental	\$138	\$347	\$83	\$210
	Without Dental	\$135	\$339	\$80	\$202



# State Group Health Insurance Employee Premiums

## Graduate Assistant/Short Term Academic Staff

2018 Premium Tier	With Dental		Without Dental	
	Single	Family	Single	Family
Tier 1	\$45.50	\$113.50	\$42.50	\$105.50
Tier 2 (Access Plan –out of state)	\$70.50	\$177.50	\$67.50	\$169.50
Tier 3 (Access Plan)	\$134.50	\$336.00	\$131.50	\$328.00

# State Group Health Insurance Employee Premiums

- Employee premiums may change for Crafts Workers and Less Than Half-Time rates
- See a full listing of State Group Health Insurance Employee Premiums, go to:  
<http://etf.wi.gov/members/IYC2018/et-2107prta.asp>

# 2018 Health Insurance



## *Review & Reminders*

# Terminology

- **Copayment (Copay)** – *A fixed amount you pay for a covered health care service*
- **Deductible** – The amount you owe for health care services **BEFORE** your plan begins to pay
- **Coinsurance** – *A share of the costs you pay for a covered health care service, calculated as a percentage*
- **Annual Out-of-Pocket Limit (OOPL)**
- **Annual Maximum Out-of-Pocket (MOOP)**

# Copayments

Paid each visit until annual Out-of-Pocket Limit (**OOPL**) has been met

- **\$15.00** for Primary Care Physician, Chiropractic and Therapy Services
- **\$25.00** for Specialty Services (example: Podiatrist) and Urgent Care Services
- **\$75.00** for Emergency Room (waived if admitted to the hospital during the visit)

# Deductibles

2018	Health Plan / Access Plan*		HDHP / Access Plan HDHP*	
	Single	Family	Single	Family
Deductible	\$250	\$500 <sup>1</sup>	\$1,500	\$3,000 <sup>2</sup>

\* Access deductibles reduced for 2018 (In-Network)

<sup>1</sup> After an individual within a family plan meets the \$250 deductible, medical services will be covered for that individual

<sup>2</sup> The full family deductible must be met before any medical services are covered



# Coinsurance

- All plans require that the *deductible* be met before *coinsurance* applies
- Same as previous years, and is applied towards the annual OOPL
  - **10%** for Health Plans, HDHP and In-Network Access Plan and Access HDHP
  - **20%** applies to covered *durable and disposable medical equipment*, certain hearing aids and cochlear implants
  - **30%** for Out-of-Network Access Plan and Access HDHP

# Out-of-Pocket Limits (OOPL)

2018	Health Plan / Access Plan		HDHP / Access Plan HDHP	
	Single	Family	Single	Family
OOPL	\$1,250	\$2,500 <sup>1</sup>	\$2,500	\$5,000 <sup>2</sup>

Once the OOPL is met, coinsurance and copayments no longer apply for health care

<sup>1</sup> After an individual within a family plan meets the single OOPL, medical services will be covered at 100%

<sup>2</sup> The full family OOPL must be met before medical services will be covered at 100%

# Maximum Out-of-Pocket Limits (MOOP)

## Federal Maximum Out-of-Pocket Limits

MOOP limits for ACA-compliant plans (**non-HDHP**)

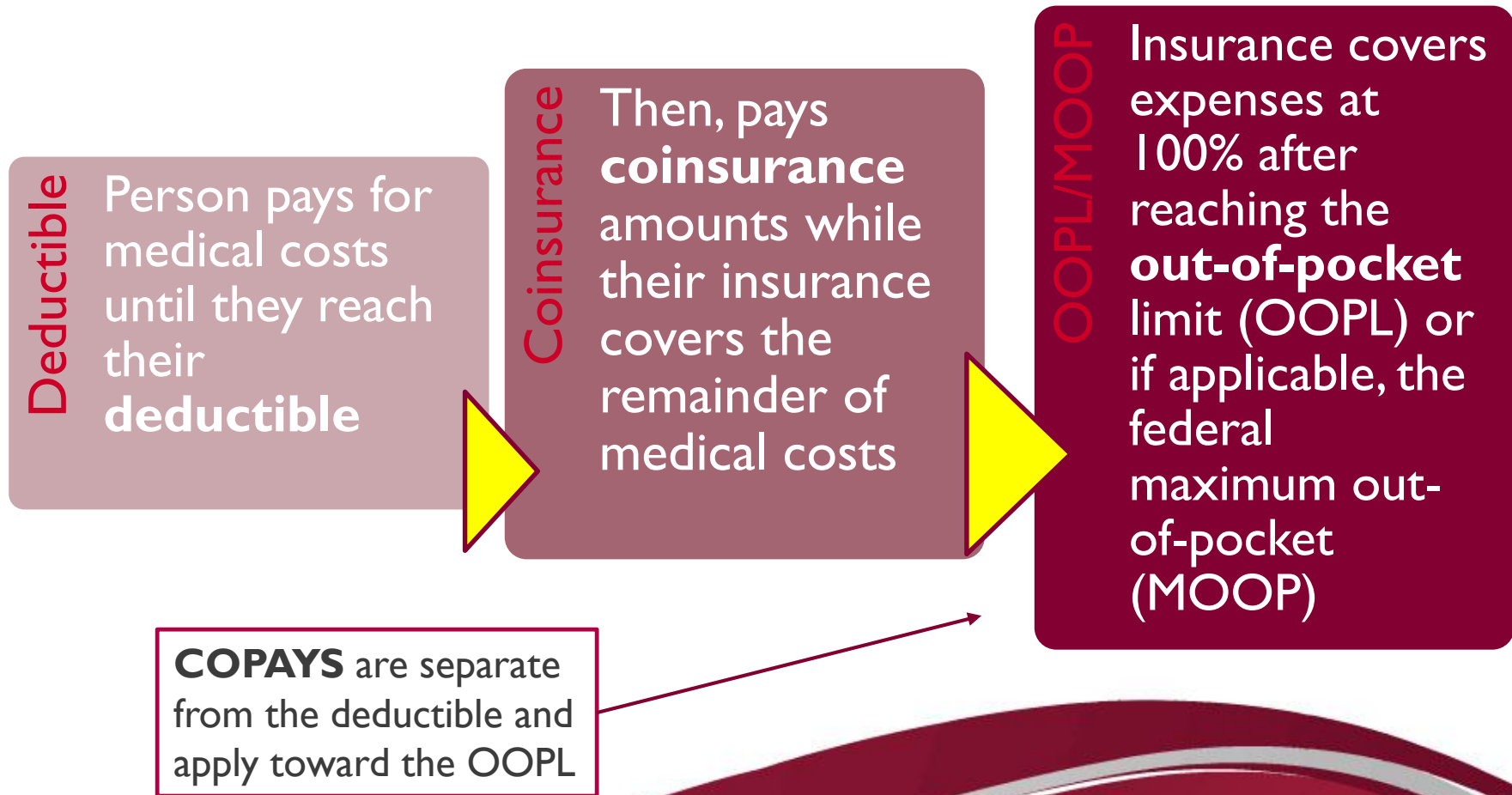
Single: \$6,850  
Family: \$13,700

MOOP limits for HSA-qualified **HDHPs**

Single: \$6,550  
Family: \$13,100

There is no change to the MOOP for 2018

# Member Medical Costs Overview



# Cost Sharing

Health Insurance Deductible, OOPL and HSA Contribution 2018	Single	Family
Health Plan / Access Plan Deductible	\$250	\$500
Health Plan / Access Plan Out-of-Pocket Limit	\$1,250	\$2,500
HDHP / Access Plan HDHP Deductible	\$1,500	\$3,000
HDHP / Access Plan HDHP Out-of-Pocket Limit (Medical and Rx)	\$2,500	\$5,000
HSA Employer Contribution (HDHP only)	\$750	\$1,500

Copay and Coinsurance	
Primary Care Physician Office Visits	\$15 Copay and 10% Coinsurance
Specialist Office Visits	\$25 Copay and 10% Coinsurance

# Access Plan and Access HDHP

## Cost Sharing Changes

Cost-Sharing Changes for 2018		Single		Family	
In Network:	2017	2018	2017	2018	
Access Plan Prescription OOPL	\$1,000	\$600	\$2,000	\$1,200	
Access Plan Durable Medical Equipment (after deductible, up to the OOPL)	10% coinsurance	20% coinsurance	10% coinsurance	20% coinsurance	
Access HDHP Medical Deductible	\$1,700	\$1,500	\$3,400	\$3,000	
Access HDHP Out-of-Pocket Limit (Medical and Rx)	\$3,500	\$2,500	\$6,550	\$5,000	
Access HDHP Durable Medical Equipment (after deductible, up to the OOPL)	10% coinsurance	20% coinsurance	10% coinsurance	20% coinsurance	



# **Mid-Year Changes**

## **HDHP & Non-HDHP Limits**

### **What happens to the limits?**

- If employee changes carriers, OOPPL balance and deductible resets to \$0
- If employee remains with the same carrier, the OOPPL balances and deductible do not reset



# Uniform Dental Benefits

- Elect or waive with State Group Health insurance
- Dental expenses are separate from medical benefits, and are not subject to a deductible and DO NOT count towards the OOPL
- Uniform Dental is administered by Delta Dental
- Separate I.D. cards are provided
- Changes for 2018
  - Reduction of bitewing x-rays from 2 to 1 per year
  - Enhanced sealant benefits

# Required Notices

## Affordable Care Act (ACA) Non- Discrimination Notice

- The UW System and the Department of Employee Trust Funds (ETF) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.
- Use the UW System HR website for all health insurance related communications.

# Pharmacy Benefits



## *Changes, Updates & Reminders*

# Prescription/Pharmacy

## 2018 Overview



### Important Changes:

- CVS (including all Target) and certain other pharmacies are no longer In-Network, *go to Navitus for the full list*
- New Mail Order Pharmacy – **Serve You** (replaces WellDyneRx)
- Certain Over-the-Counter medications are no longer covered such as Flonase and Prilosec
- New Mandatory Specialty Pharmacies:
  - **Lumicera**
  - **UW Specialty Pharmacy**

# Prescription/Pharmacy

## 2018 Overview



### Reminder:

- **Prescription** costs are based on formulary levels
- A “fill” is a 30-day supply
- New Navitus website available during ABE to view the formulary and determine levels



# Pharmacy Benefits



## No changes to the Pharmacy Benefits or Payment Structure

### 2018 Prescription Copays, Coinsurance and Out-of-Pocket Limits

Prescription Drug Level	Member Costs	Annual Rx OOPL
<b>Level 1</b>	\$5 per fill	\$600 individual / \$1,200 family
<b>Level 2</b>	20% (\$50 maximum per fill)	\$600 individual / \$1,200 family
<b>Level 3</b>	40% (\$150 maximum per fill)	Does not apply to Rx OOPL. Only applies to Federal MOOP: \$6,850 individual / \$13,700 family
<b>Level 4 Preferred Specialty Drug</b> <ul style="list-style-type: none"><li>Filled at a Preferred Specialty Pharmacy</li></ul>	\$50 per fill	\$1,200 individual / \$2,400 family



# Pharmacy Benefit with HDHPs

- HDHPs combine both the Pharmacy & Medical costs to obtain the full deductible
  - Employee pays full cost until deductible is met for:
    - Medical Services
    - Pharmaceuticals
  - Level 3 Drugs count towards the OOPL for HDHPs
  - Level 4 non-preferred only count towards the MOOP, not the OOPL



# Health Insurance Opt-Out

## Incentive Plan

- \$2,000 Incentive is available in 2018
- Now available through **Self Service** (eBenefits)
- If Opt-Out Incentive Plan was elected in 2017, must reapply for 2018 incentive
  - *If an employee does not opt out and does not elect coverage, they will not have coverage or the incentive*
- Incentive is paid monthly throughout the year
- Incentive is considered taxable

# Take a Break



# **High Deductible Health Plans (HDHP) & Health Savings Accounts (HSA)**



## *Changes, Updates & Reminders*

# **HDHP/HSA Eligibility Refresher**

- The HDHP and HSA have different eligibility requirements.
- The employee must be eligible for BOTH in order to enroll in the HDHP or Access HDHP plan designs.

# HDHP/HSA Eligibility

## – HDHP Eligibility:

- Must be covered under the Wisconsin Retirement System

## – HSA Eligibility:

- Must be enrolled in an HDHP
- Cannot be enrolled in Medicare or TRICARE, or another health plan that is not considered an HDHP.
- Cannot be enrolled in, or be a covered dependent under a health care FSA (such as spouse's)
- Cannot be a dependent of another person for tax purposes

# Health Savings Account (HSA) Limits



## HSA Limits when Health Rate is Full Employer Share:

Coverage	Total Contribution Limit = (Employee + Employer)	Employee Limit	Employer Contribution
Single	\$3,450.00*	\$2,700.00	\$750.00
Family	\$6,900.00*	\$5,400.00	\$1,500.00

### Reminders:

- If not HSA-eligible for all 12 months of the calendar year, may not be able to contribute full amount listed here
- Employees may make changes to their HSA contributions at any time. No qualifying event needed

\*Additional \$1,000 “catch-up” if you will be 55+ years of age during plan year





# Health Savings Account (HSA) Limits



## HSA Limits when Health Rate is Less Than Half Time:

Coverage	Total Contribution Limit = (Employee + Employer)	Employee Limit	Employer Contribution
Single	\$3,450.00	\$3,075.00	\$375.00
Family	\$6,900.00	\$6,150.00	\$750.00

## HSA Limits for Crafts Workers:

Coverage	Total Contribution Limit = (Employee + Employer)	Employee Limit	Employer Contribution
Single	\$3,450.00	\$3,450.00	\$0.00
Family	\$6,900.00	\$6,900.00	\$0.00



# **Health Savings Account (HSA)**

- Crafts Workers must enroll in the HSA if electing an HDHP, but will not receive an employer contribution to their HSA
- Grad/Short-Term Academic Staff participants are not eligible for an HDHP
- University Staff Temporary Employees' HSA contributions will be made on a post-tax basis

# HDHP/HSA - J-1 Visas

- Employees with J-1 visas should NOT elect the HDHP/Access HDHP plan designs.
  - HDHP/Access HDHP plan designs do not meet J-1 visa requirement
  - J-1 visa requirement: insurance policy cannot have deductible that exceeds \$500.

# HDHP Enrollment

- Employees who enroll in an HDHP must provide Coordination of Benefits (COB) information.
- ***If employee elects an HDHP and employee does not provide the required COB information during the enrollment period, the employee will be defaulted to a non-HDHP health plan.***

# Flexible Spending Accounts



## *Changes, Updates & Reminders*

# FSA Plan Descriptions

FSA Type	Eligible Expenses	Eligible Dependents	Annual Contribution Limits
<b>Health Care FSA</b>	Medical, dental, vision & prescription	You, your spouse, qualified dependent	Max: \$2,600
<b>Dependent Day Care FSA</b>	After school care, adult or child daycare, preschool	You, your spouse, qualified dependent	Max: \$5,000 dependent on tax filing status
<b>Limited Purpose FSA</b>	Dental, vision & post-deductible expenses	You, your spouse, qualified dependent	Max: \$2,600

# FSA Reminders

Employee must ***re-enroll each year*** if they want to continue the coverage!

- Health Care FSA
  - Dependent Day Care FSA
  - Limited Purpose FSA
- 
- Eligibility - all benefit-eligible employees except:
    - University Staff Temporary Employees
    - Fellows, Scholars, Graduate Intern/ Trainees, or Post-Doctoral Fellow/Trainees



# FSA Reminders

- Deduction taken before Federal, State, and FICA taxes
  - FA/AS/LI taken monthly (12 or 9)
  - Taken on A and B only for Bi-Weekly (24 times a year)
- Annual Carry-Over
  - Up to \$500 remaining in your Health Care or Limited Purpose FSA at the end of the plan year will carry over to the following plan year.
  - No carryover for Dependent Day Care
  - Unlimited carryover for Parking and Transit
- Parking and Transit
  - Enrollment will require a paper application.





# *Questions*

# Supplemental Dental & Vision



## *Updates & Reminders*

# Dental & Vision Insurance Options

- All health plans offer Uniform Dental benefits. May select health plan without Uniform Dental benefits.
- Uniform Benefits cover an annual eye examination
- Employees may elect one or more of the supplemental dental or vision plans.
- See Comparison charts

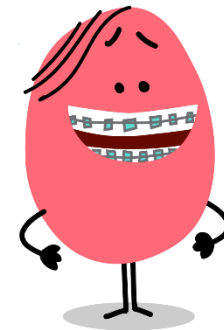
<https://www.wisconsin.edu/abe>

# Dental & Vision Insurance Options

- Offering an **enrollment** opportunity:
  - Dental Wisconsin PPO and Select (Special Enrollment)
  - VSP Vision
  - EPIC Benefits+ (Special Enrollment)
- You may take the following actions during ABE:
  - Enroll
  - Change plans (if applicable)
  - Add or remove eligible dependents
  - Cancel coverage for 2018

# Dental Wisconsin

- Employees may enroll or dis-enroll for supplemental dental coverage or change to or from Select or PPO
  - May add or remove dependents
- Must remain enrolled for the entire year



# Dental Wisconsin



- Graduated dental benefit for the first two years of enrollment:

Graduated Dental Benefits		
2018	2019	2020
\$600	\$800	\$1,250 (full benefit) <i>{increased for 2018}</i>

- Any dependents added for 2018 will be subject to the graduated dental benefit schedule
- 24 month waiting period for orthodontia services, up to age 19

# Dental WI Rates

## Dental Wisconsin Rates

Monthly Premiums for 2018	Employee	Employee + Spouse	Employee + Child(ren)	Family
Select	\$21.04	\$43.24	\$49.90	\$73.36
PPO	\$22.38	\$47.40	\$52.98	\$80.10

Dental Wisconsin – Select rates increasing 2.5%  
 Dental Wisconsin - PPO rates decreasing by 9%



# VSP

- Benefit Changes:
  - Frame Allowance up to \$150
  - Full Coverage for UV protection on glass lens
  - Contact lens exam co-pay reduced to \$40



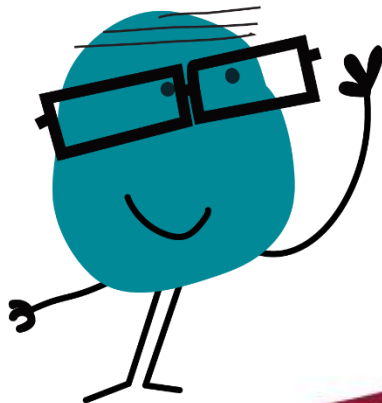
New Primary EyeCare Supplemental Coverage including a \$20 co-pay:

Treatment for eye pain or infection - Testing for sudden vision changes - Cataract monitoring exams – Retinal Screenings

# VSP Rates

## VSP Rates

Monthly Premiums for 2018	Employee	Employee + Spouse	Employee + Child(ren)	Family
VSP Vision	\$6.54	\$13.08	\$14.73	\$23.54



# EPIC Benefits+



## *Special Enrollment*

# EPIC Benefits +



EPIC Benefits+ is offering a special enrollment with a graduated dental benefit for the first two years of enrollment:

Graduated Dental Benefits		
2018	2019	2020
\$750	\$1,000	\$1,500 (full benefit)

- Any dependents added for 2018 will be subject to the graduated dental benefit schedule
- There is a 24 month waiting period for orthodontia services, up to age 19

# EPIC Benefits + Rates

## EPIC Benefits+ Rates

Monthly Premiums for 2018	Employee	Employee + Spouse	Employee + Child(ren)	Family
EPIC Benefits+ without Vision Insurance	\$21.38	\$42.78	\$42.76	\$64.14
EPIC Benefits+ with Vision Insurance	\$25.02	\$49.16	\$49.16	\$73.58

Rates are going down by .8%!

# Life Insurance



## *Updates & Reminders*

# Individual & Family Group Life

Employees covered by the Individual and Family Life insurance plan may increase coverage level by the following amounts:

- Employee: \$5,000; \$10,000; \$15,000 or \$20,000
- Spouse/Domestic Partner: \$5,000 or \$10,000
- Child(ren): \$2,500

## Maximum Coverage Levels:

- Employee: \$300,000
- Spouse/Domestic Partner: \$150,000
- Child(ren): \$25,000

**NOTE:** Spouse/Domestic Partner and/or child coverage cannot exceed employee coverage



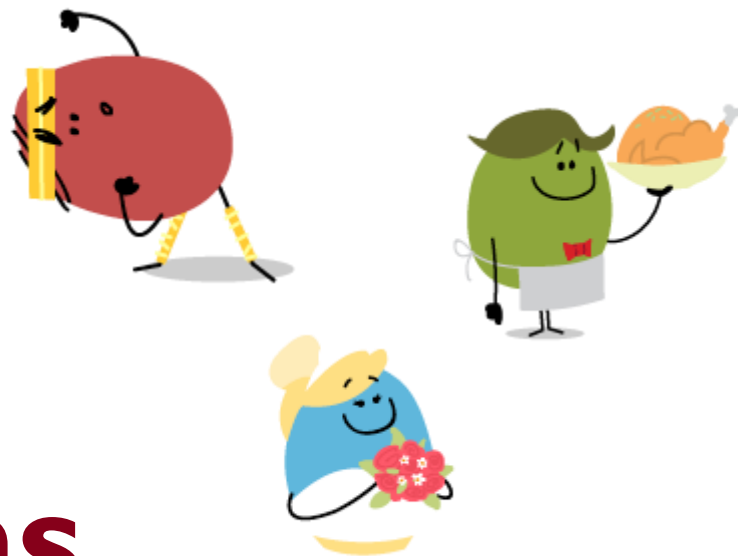
# Individual & Family Group Life

## Remember:

- Annual Increase Option should be completed in Self Service (eBenefits)
- The regular PAPER application is needed for (can be done at any time):
  1. **Reducing** the level of coverage
  2. **Removing** a dependent
  3. **Cancelling** coverage

*Coverage is effective the first of the following month*






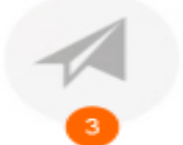


# Wellness & Other Considerations



## *Changes & Updates*

# StayWell Portal Offerings



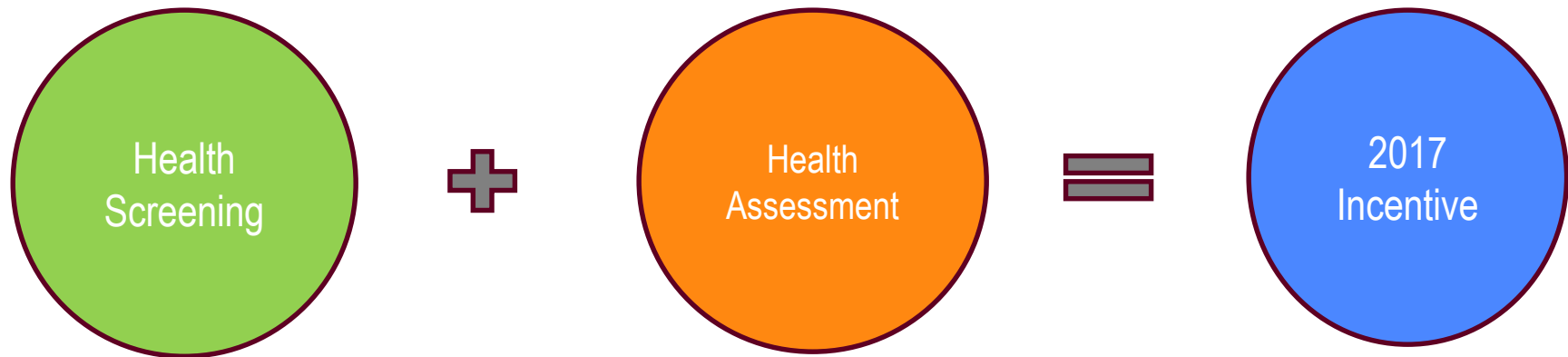
<b>WELL WISCONSIN</b>  <a href="#">LEARN MORE</a>	Welcome to the new StayWell wellness portal for the Well Wisconsin Program. Learn more about earning your \$150 incentive and don't forget the new deadline of October 20, 2017.	<b>ASSESSMENT</b>  100% COMPLETE	<b>MY NUMBERS</b>  <a href="#">LET'S GO!</a>
<b>MY PRIORITIES</b>  <a href="#">LET'S GO!</a>	Now that you've completed your Health Assessment, it's time to work on your top three priorities! Click "Let's Go" to get started today!	<b>DEVICE CONNECTION</b>  <a href="#">CONNECT NOW</a>	<b>MESSAGES</b>  NEW MESSAGE(S)
	<b>HEALTH COACHING</b> One-on-one support from a StayWell health coach can make all the difference in accomplishing your well-being goals. <a href="#">LET'S GO!</a>	<b>WEBINAR REGISTRATION</b>  <a href="#">LET'S GO!</a>	Get signed up to view webinars via your computer about the Well Wisconsin Program and other health topics.

*More on-line*

# Wellness Incentive for 2017

## Deadlines for 2017

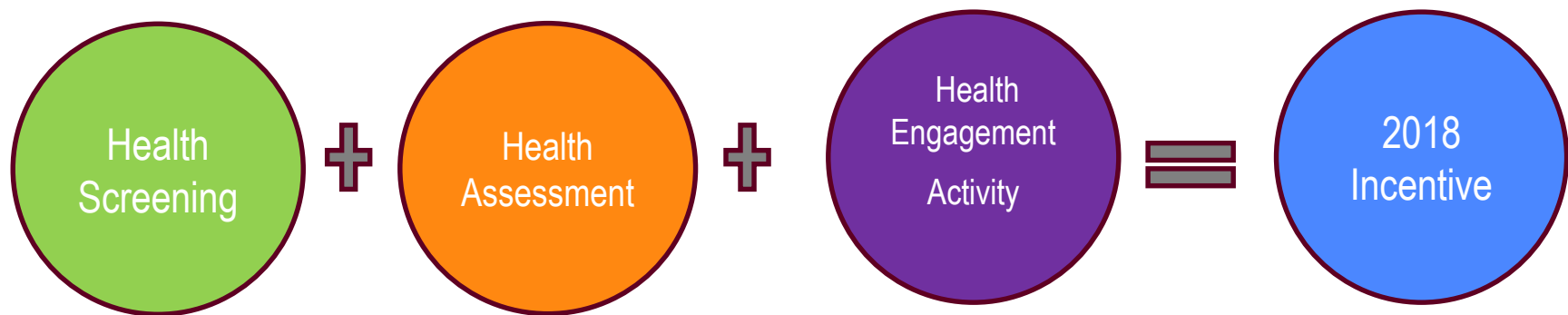
Participants will need to complete a health screening and the health assessment by **October 20, 2017** in order to be eligible for the incentive.



# Wellness Incentive for 2018

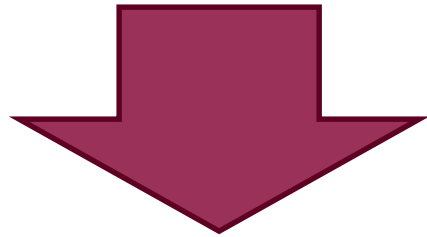
## New in 2018

Participation in 2018 plus a third health engagement activity will determine eligibility for a 2019 health premium reduction



# WRS Rate Changes 2018

- General, Executive, Protective and Teacher



0.10% to 6.70%





# *Questions*



# ABE Workshop Survey

- Please complete the workshop survey
- The link will be available on the ABE Administrator landing page → Resources tab or directly at

[https://uwsystemadmin.qualtrics.com/jfe/form/SV\\_3aPgDzXyrlphXCJ](https://uwsystemadmin.qualtrics.com/jfe/form/SV_3aPgDzXyrlphXCJ)

## Meet ALEX Your New Benefits Counselor!

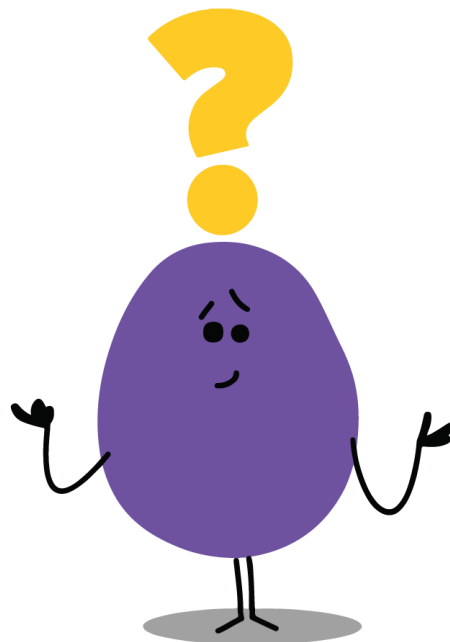
Point your employees to ALEX  
at:

<http://www.wisconsin.edu/ohrwd/benefits/alex>

*{Drum roll please}*

## A Demonstration of ALEX





# *Questions*

# ***Thank you for your participation***

For questions or concerns, contact

[uwshr@uwsa.edu](mailto:uwshr@uwsa.edu)

