

Department of Health Services

2025 Employee Benefit Summary

Benefits offered to State of Wisconsin employees is a valuable part of an individual's compensation package. The benefits summary below may vary somewhat between employee groups based on percentage of full-time employment, and "exempt" or "non-exempt" status under the Federal Labor Standards Act. This 2025 summary relates to permanent classified and unclassified employees.

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Every effort has been made to ensure the information in this benefit summary is true and accurate. If there is any discrepancy between this summary and the official plan documents, the language in the official documents shall be considered accurate. To enroll and participate in the benefit plans outlined in this document, you must meet all eligibility requirements as defined by the Wisconsin Retirement System and Wisconsin State Statutes.

Note: If enrolling in state insurance coverage, you are required to present documentation which establishes the relationship of all dependents covered by the plan (marriage certificate, birth certificate or other legal document). Failure to present these documents within 30 days of hire may result in delay or loss of coverage for the dependent(s).



WISCONSIN DEPARTMENT
of HEALTH SERVICES

P-02873 (11/2024)

ANNUAL PAID LEAVE

Leave Benefits for Permanent Employees* are summarized below for full-time employees. Amounts are adjusted based on date of hire for new employees or transfer.

Note: All leave types are prorated for employees who work less than 100%. (*Not applicable to Craftworker and Weekend Nurses / Weekend RCTs).

Vacation, personal holiday, legal holiday hours are granted on January 1st of each year, or upon hire date.

Type of Leave	Hours Earned for full-time employee				Carryover/Expiration
Vacation	Yrs. Of Service	FLSA Non-exempt	Yrs. Of Service	FLSA Exempt	For new employees (without prior service), all hours earned in a calendar year may carryover to June 30 th * of the next calendar year. Hours are lost if not used or banked (if eligible) by end of the carryover period. * Vacation is earned from the first day of employment, but cannot be used until the employee has completed their first six months of classified employment.
	0 - 5 Yrs	104	0 - 5 Yrs	120	
	5+ - 10 Yrs	144	5+ - 10 Yrs	160	
	10+ - 15 Yrs	160	10+ - 15 Yrs	176	
	15+ - 20 Yrs	184	15+ - 20 Yrs	200	
	20+ - 25 Yrs	200	20+ - 25 Yrs	216	
	25+ Yrs	216	25+ Yrs	216	
Vacation accrual are adjusted with use of leave without pay.					
Personal Holiday	36 hours (4.5 days) per year				Hours must be used in the calendar year granted or they are lost
Sick Leave	5 hours per paycheck, 130 hours (16.25 days) per year				Hours accumulate without limit from year to year
Bereavement Leave	Sick leave may be used upon the death of an immediate family member.				See Sick Leave above
Legal Holiday	72 hours (9 days) per year				Hours must be used in the calendar year granted or they are lost
Military Leave	Up to 30 paid leave days per calendar year for duty or training lasting 3 days or more				Hours will be granted upon qualified request per calendar year
Jury/Witness Leave	Paid leave when summoned as a witness for the employer or impaneled as a jurist				Hours will be granted upon qualified request
Bone Marrow Donor	Up to 5 work days				Hours will be granted upon qualified request
Human Organ Donor	Up to 30 work days				Hours will be granted upon qualified request

HEALTH INSURANCE

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All employees covered by the Wisconsin Retirement System (WRS) are eligible for all health insurance plans.</p> <p>Must apply within 30 days of hire date</p> <p>Employees have the option of starting coverage 1st of month on/after initial WRS eligibility or when the employer contribution begins (after completion of two months of service).</p> <p>Opt out Stipend – if you do not wish to enroll in health insurance, you may be eligible to receive an Opt-Out Stipend of up to \$2,000 per year (after completion of two months of service).</p>	<p>In-network uniform preventative and medical benefits are offered in all plans. Employees can choose a health plan with or without dental (routine and preventative dental), and the It's Your Choice Health Plan or the It's Your Choice High Deductible Health Plan.</p> <p>Single or family coverage is available.</p> <p>See page 2 for highlights of the two major plan design options of our health plan – It's Your Choice and It's Your Choice High Deductible. The main differences are deductibles, copays, and premiums.</p>	<p>For all plans, the employee has the option to start their coverage immediately and pay the total premium until employer contribution begins. Or the employee can wait to start coverage when the employer contribution starts.</p>	<p>For all plans, the employer contribution will begin 1st of the month after two full months of State WRS service from the employee's hire date.</p>

Health Insurance Premiums

<p>The state pays a portion of the premium starting first of the month following two full months of State WRS service.</p> <p>Employee Premium (with state share after two full months of service):</p> <p>Total Monthly Premium (no state share)</p> <p>Note: The IYC Access plan offers statewide/nationwide access.</p>	<p>2025 It's Your Choice (IYC) Health Plan WITH DENTAL</p> <p>Employee Monthly Premiums</p> <table border="1" data-bbox="730 933 1213 1068"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC Plan</td> <td>\$124</td> <td>\$307</td> </tr> <tr> <td>IYC Access</td> <td>\$296</td> <td>\$734</td> </tr> </tbody> </table> <p>2025 It's Your Choice Health Plan WITHOUT DENTAL</p> <p>Employee Monthly Premiums</p> <table border="1" data-bbox="730 1187 1213 1321"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>IYC Plan</td> <td>\$120</td> <td>\$297</td> </tr> <tr> <td>IYC Access</td> <td>\$292</td> <td>\$724</td> </tr> </tbody> </table>		<i>Single</i>	<i>Family</i>	IYC Plan	\$124	\$307	IYC Access	\$296	\$734		<i>Single</i>	<i>Family</i>	IYC Plan	\$120	\$297	IYC Access	\$292	\$724	<p>2025 High Deductible Health Plan WITH DENTAL</p> <p>Employee Monthly Premiums</p> <table border="1" data-bbox="1360 933 1906 1068"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>HDHP Plan</td> <td>\$46</td> <td>\$114</td> </tr> <tr> <td>HDHP Access</td> <td>\$218</td> <td>\$541</td> </tr> </tbody> </table> <p>2025 High Deductible Health Plan WITHOUT DENTAL</p> <p>Employee Monthly Premiums</p> <table border="1" data-bbox="1360 1187 1906 1321"> <thead> <tr> <th></th> <th><i>Single</i></th> <th><i>Family</i></th> </tr> </thead> <tbody> <tr> <td>HDHP Plan</td> <td>\$42</td> <td>\$104</td> </tr> <tr> <td>HDHP Access</td> <td>\$214</td> <td>\$531</td> </tr> </tbody> </table>		<i>Single</i>	<i>Family</i>	HDHP Plan	\$46	\$114	HDHP Access	\$218	\$541		<i>Single</i>	<i>Family</i>	HDHP Plan	\$42	\$104	HDHP Access	\$214	\$531
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Medical Coverages/Costs per Health Plan

(Table represents how much you may pay for common services received in-network)

	IYC Health Plan	Access Plan	High Deductible HP	Access High Deductible Health Plan
Annual Medical Deductible Individual/Family	\$250/\$500 Office visit copays, preventive services and prescription drugs do not count towards your deductible		\$1,650/\$3,300 Families: Must meet full family deductible	
Annual Medical Deductible Out-of-Pocket Limit (OOPL) Individual/Family	\$1,250/\$2,500		\$2,500/\$5,000 Families: Must meet full family OOPL before your plan pays 100%	
Medical Coinsurance	100% until deductible met After deductible: 10%		100% until deductible met After deductible: 10%	
Preventative Services: see healthcare.gov/preventive-care-benefits	\$0 Plan pays 100%		\$0 Plan pays 100%	
Telemedicine Services	Varies by service type		Varies by service type	
Primary Care Office Visit	\$15 copay Does not count toward deductible/Counts toward OOPL		100% until deductible met After deductible: \$15	
Specialty Provider Office Visit (Including an eye exam in an office setting)	\$25 copay Does not count toward deductible/Counts toward OOPL		100% until deductible met After deductible: \$25 up to OOPL	
Urgent Care	\$25 copay Does not count toward deductible/Counts toward OOPL		100% until deductible met After deductible: \$25 up to OOPL	
Emergency Room	\$75 copay Deductible and coinsurance applies to services beyond the copay		100% until deductible met After deductible: \$75 copay, up to OOPL coinsurance applies to services beyond the copay	
Health Savings Account (HSA) Eligibility and Enrollment	(Not eligible)		HSA Enrollment required: the employer will contribute biweekly to a HSA, when the Employer share begins for Health. The yearly amount is prorated based on employment begin date. Annual Full-time State contributes is: \$828 single / \$1,650 family. Must meet eligibility requirements.	
	2025 Uniform Benefits Certificate of Coverage			

Pharmacy Benefits – Navitus Prescription Plan included in all health plan options – [2025 Breakdown of pharmacy costs](#)
 (Required to use in-network pharmacy. Visit <https://eff.benefits.navitus.com/en-US/Pages/Nav/Home.aspx>) [2025 Uniform Pharmacy Benefits Certificate of Coverage](#)

	IYC Health Plan	Access Plan	High Deductible HP	Access High Deductible Health Plan
Prescription Deductible (Individual/Family)	None		Combined medical & pharmacy \$1,650/\$3,300 You pay 100% of most pharmacy costs until deductible is met ¹	
Prescription Copay/Coinsurance				
Level 1	\$5 or less		After deductible; \$5 or less	
Level 2	20% (\$50 max)		After deductible; 20% (\$50 max)	
Level 3	40% (\$150 max) ²		After deductible; 40% (\$150 max) ²	
Level 4	\$50 copay ³		After deductible; \$50 copay ³	
Preventative (As federally required)	\$0 – Plan pays 100%		\$0 – Plan pays 100%	
Prescription Out-Of-Pocket Limit				
Level 1 & 2 (Individual/Family)	\$600/\$1,200		Combined medical & pharmacy; \$2,500/\$5,000	
Level 3 & 4 (Individual/Family)	\$8,700/\$17,400			

¹ Before you meet your deductible, preventive drugs are covered 100% and certain maintenance medications only require a copayment or coinsurance.

² For Level 3 “Dispense as Written” or DAW-1” drugs, your doctor must submit a one-time FSA MedWatch form to Navitus

³ Must fill at Lumicera Health Services specialty pharmacy or UW Health Specialty Pharmacies

Mail Order Pharmacy Service: <https://serve-you-rx.com/navitus/>

- Get a 3-month supply for only 2 copays.
- Easy refills Order refills online or sign up for EZAutoFill.
- Pharmacist support Have a question about your medication? Pharmacists are available 24/7.
- Secure, free, and fast delivery Packaging is safe and respects your privacy. Delivery is free and fast. For more information, visit serve-you-rx.com/navitus or call 1-800-481-4940.

WELLNESS

State of Wisconsin employees enrolled in the State Group Health Insurance and their covered spouse, can each earn a \$150 Wellness Incentive. The Wellness Incentive program is powered by WebMD One. There are three requirements to complete to earn the incentive, Health Check, Health Assessment and well-being activity.

The Wellness Incentive is a taxable benefit that can be paid by a Mastercard prepaid card: [Well Wisconsin for Members](#)

DENTAL INSURANCE – Delta Dental (<https://www4.deltadentalwi.com/state-of-wi/>)

Plan Options	Uniform Dental	Preventative Plan	Select Plan	Select Plus Plan																																
Who is Eligible, When and Details See Dental Insurance ETF website	Available to those enrolled in health insurance through the State. Basic coverage can be added to insurance plans for a small increase in premium	Available to employees NOT enrolled in group health insurance through the State. Must apply within 30 days of hire. Coverage begins on the first of the month on/after hire date.	All employees who are covered by WRS are eligible. Must apply within 30 days of hire. Coverage begins on the first of the month on/after hire date. Once enrolled, must remain covered until the end of the calendar year. This dental coverage is in addition to and separate from any uniform dental benefit provided with the health insurance or the preventative plan. Must have preventative dental care in another plan such as the State's Uniform Dental Benefits in the Health Plans State does not contribute to these plans.																																	
2025 Dental Premiums	See premium above within the health insurance <table border="1"> <thead> <tr> <th>Level of Coverage</th> <th>Cost per Month</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$4</td> </tr> <tr> <td>Family</td> <td>\$10</td> </tr> </tbody> </table>	Level of Coverage	Cost per Month	Employee	\$4	Family	\$10	<table border="1"> <thead> <tr> <th>Level of Coverage</th> <th>Cost per Month</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$36.10</td> </tr> <tr> <td>Family</td> <td>\$90.28</td> </tr> </tbody> </table>	Level of Coverage	Cost per Month	Employee	\$36.10	Family	\$90.28	<table border="1"> <thead> <tr> <th>Level of Coverage</th> <th>Cost per Month</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$9.08</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$12.24</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$18.16</td> </tr> <tr> <td>Family</td> <td>\$21.76</td> </tr> </tbody> </table>	Level of Coverage	Cost per Month	Employee	\$9.08	Employee + Child(ren)	\$12.24	Employee + Spouse	\$18.16	Family	\$21.76	<table border="1"> <thead> <tr> <th>Level of Coverage</th> <th>Cost per Month</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$21.60</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$40.12</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$43.22</td> </tr> <tr> <td>Family</td> <td>\$66.20</td> </tr> </tbody> </table>	Level of Coverage	Cost per Month	Employee	\$21.60	Employee + Child(ren)	\$40.12	Employee + Spouse	\$43.22	Family	\$66.20
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Coverage Summary	<i>Subject to Plan Provisions/Deductible/Co-insurance:</i> <ul style="list-style-type: none"> Routine evaluations, cleaning, sealants, x-rays, fluoride treatments Fillings Anesthesia Non-surgical extractions Emergency Pain relief Periodontal Maintenance Orthodontics (under age 19) (Uniform Dental Certificate of Coverage)	<i>Subject to Plan Provisions/Deductible/Co-insurance:</i> <ul style="list-style-type: none"> Routine evaluations, cleaning, sealants, x-rays, fluoride treatments Fillings Anesthesia Non-surgical extractions Emergency Pain relief Periodontal Maintenance Orthodontics (under age 19) (Preventative Plan Summary)	<i>Subject to Plan Provisions/Deductible/Co-insurance:</i> <ul style="list-style-type: none"> Crowns, bridges, dentures, implants Surgical extraction Root canal Endodontics Periodontics (except maintenance) Oral surgery (PPO Dentists only) Oral surgery (PPO Dentists only) (Select Plan Summary)	<i>Subject to Plan Provisions/Deductible/Co-insurance:</i> <ul style="list-style-type: none"> Crowns, bridges, dentures, implants Surgical extraction Root canal Endodontics Periodontics (except maintenance) Oral surgery (PPO Dentists only) Orthodontia coverage for those of any age at 50% up to \$1,500 lifetime maximum. (Select Plus Plan Summary)																																

VISION INSURANCE – DeltaVision (www.deltadentalwi.com/state-of-wi-vision)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays								
<p>All employees who are covered by WRS are eligible.</p> <p>Must apply within 30 days of hire. Coverage begins on the first of the month on/after hire date. Once enrolled, must remain covered until the end of the calendar year.</p> <p>For more information: DeltaVision Overview</p>	<p>The plan provides partial payment to help offset the costs of annual eye exams, frames, lenses and contact lenses. Benefits are greater if a DeltaVision provider is used.</p>	<p>100% of 2025 premium</p> <table border="1"> <tr> <td>Employee</td> <td>\$5.72</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$11.42</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$12.88</td> </tr> <tr> <td>Family</td> <td>\$20.58</td> </tr> </table>	Employee	\$5.72	Employee + Spouse	\$11.42	Employee + Child(ren)	\$12.88	Family	\$20.58	<p>0%</p>
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PRE-TAX SAVINGS ACCOUNTS / FLEXIBLE SPENDING ACCOUNTS (FSA) (<http://myoptumfinancial.com/ef>)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All permanent and project employees are eligible for Pre-tax Savings Accounts/Flexible Spending Accounts. New employees must enroll within 30 days of employment.</p> <p>Coverage begins on the first of the month on/after hire date.</p> <p>Employees must complete a new enrollment during Its Your Choice Open Enrollment for the next calendar year.</p> <p>State Group Health Insurance, Delta Vision, Delta Dental Supplemental premiums and Monona Terrace Parking are automatically taken pre-tax unless this option is waived or, for the optional plans, you are covering a non-tax dependent.</p> <p>Optum Financial Website</p>	<p>Flexible Spending Account (FSA) plan that allows you to set up an account for eligible medical, dependent care, parking and transit expenses. Deductions taken before tax.</p> <p>Health Care FSA: used to pay for eligible medical, dental, vision and prescription expenses that are an out of pocket expense to the employee.</p> <p>Dependent Care FSA: used to pay for dependent care expenses.</p> <p>LPFSA (Limited Purpose Flex Spending Account): Available with HDHP only. Eligible expenses for vision, dental, post-deductible medical expenses.</p> <p>Parking / Transit: Eligible expenses are work-related transportation feed for parking or transit.</p>	<p>Employees must complete a new enrollment during Its Your Choice Open Enrollment for the next calendar year.</p> <p>Annual contribution maximums: Health Care FSA/LPFSA: \$3,200; Carryover to new year limited to \$640</p> <p>Dependent Care FSA: \$5,000 (restrictions may apply) Any unused Dependent Care Account funds at the close of the plan year will be forfeited.</p>	<p>Program administrative cost</p>

ACCIDENT PLAN – Securian

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays								
<p>All employees who are covered by WRS are eligible.</p> <p>Must apply within 30 days of hire. Coverage is effective the first of the month following the hire date unless the hire date is the first of the month. Once enrolled, must remain covered until the end of the calendar year.</p> <p>Accident Plan Overview</p>	<p>Provides lump sum cash payment directly to participants to cover the unexpected, such as concussion, burns, dislocation, fracture, emergency care, hospitalization, loss of a limb, surgery, accidental death and dismemberment.</p> <p>Can offset out of pocket costs for HDHP enrollees</p> <p>Dependents eligible for same benefit amounts as employee except for AD&D</p>	<p>100% of 2025 premium</p> <table border="1" data-bbox="1270 266 1604 444"> <tbody> <tr> <td>Employee</td> <td>\$3.72</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$5.32</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$7.16</td> </tr> <tr> <td>Family</td> <td>\$10.46</td> </tr> </tbody> </table>	Employee	\$3.72	Employee + Spouse	\$5.32	Employee + Child(ren)	\$7.16	Family	\$10.46	<p>0%</p>
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Family	\$10.46										

INCOME CONTINUATION INSURANCE – The Hartford

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>Employees are initially eligible for Income Continuation Insurance coverage after 30 days of WRS participation at any WRS employer. Must apply in the first 30 days of employment if a new hire. Coverage is effective the first of the month following the hire date unless the hire date is the first of the month.</p> <p>Current employees at any time may apply for coverage through Medical Evidence of Insurability (acceptance not guaranteed).</p> <p>Deferred enrollment opportunities may be available after accumulating specific amounts of sick leave.</p>	<p>Disability/income replacement insurance that replaces up to 75% of salary if unable to work due to short or long term disability. If enrolled in Income Continuation, coverage is up to \$120,000.</p> <p>Benefits begin after 30 consecutive calendar days or use of all accumulated sick leave (up to 130 days), whichever is greater.</p> <p>State and federal entitlements or payments from other employer-sponsored programs may reduce benefits.</p>	<p>ICI: Premiums are based on an employee's biweekly salary and accumulated sick leave. As an employee accumulates sick leave, the percentage of premium contributed by the State increases. Premiums are reviewed annually.</p>	<p>Basic ICI: 0% - 100% of premium depending upon sick leave balance and accumulation.</p>

LIFE INSURANCE – Securian

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>Must apply in the first 30 days of employment if a new hire. Coverage is effective the first of month after 30 days of employment.</p> <p>Current employees at any time may apply for coverage through Medical Evidence of Insurability (acceptance not guaranteed).</p> <p>Employees experiencing qualifying events will have the opportunity to make changes or elect coverage for spouse and dependents within 30 days of event.</p>	<p>Term group life insurance with coverage option of up to five times annual salary (Basic, Supplemental, and three levels of Additional). Coverage reduces after age 70 for active employees.</p> <p>After termination with 20 years of WRS service or at retirement, coverage can be continued. Premium ends at age 65 and your coverage reduces to 75% of your basic coverage, if retired, and at age 66 coverage drops to one-half of the original Basic coverage; any coverage in addition to Basic coverage ceases at age 65 (if retired).</p> <p>Spouse and Dependent coverage available. Accidental Death and Dismemberment and Living Benefits are included.</p>	<p>Basic & Supplemental: Premium cost based on age of employee and amount of coverage.</p> <p>Additional levels of employee coverage and Spouse & Dependent Coverage: 100%</p> <p>Premiums for coverage up to \$50,000 are deducted pre-tax.</p>	<p>Basic: Additional 65.25% of employee's premium amount.</p> <p>Supplemental: Additional 37.25% of employee's premium amount.</p> <p>Additional levels of employee coverage and Spouse & Dependent Coverage: 0%</p>

WISCONSIN RETIREMENT SYSTEM (WRS) – RETIREMENT PENSION PLAN

Who is Eligible and When	Benefits You Receive	Employee and State Contributions												
<p>WRS coverage is immediate and mandatory for those eligible. You must meet the following requirements in order to be eligible for coverage under the WRS:</p> <ul style="list-style-type: none"> • If you first became a WRS participating employee on or after July 1, 2011, you must be expected to work at least 2/3 of full-time for at least one year*. • If you first became a WRS participating employee prior to July 1, 2011, you must be expected to work at least 1/3 of full-time for at least one year*. <p>Not eligible at time of hire</p> <p>If you do not initially meet the WRS eligibility requirements, you can become eligible if the expectation of hours worked and/or the duration of employment changes, and you meet the WRS eligibility criteria. At that time, you will be enrolled in the WRS. Your employment will also be evaluated for WRS eligibility at your one-year anniversary. If you did work the minimum amount of hours to be eligible, you will be enrolled in the WRS.</p> <p>Returning to WRS-covered employment within 12 months</p> <p>If you are a WRS-covered employee and you terminate and are subsequently rehired in less than 12 months at the same employer, unless you have taken a WRS benefit you will be re-enrolled in the WRS immediately upon rehire, regardless of whether or not the new employment period is expected to meet the WRS eligibility criteria.</p>	<p>Must have five years of creditable WRS service to be vested in the WRS (may take more than five years if working part-time).</p> <p>General/Executive class minimum retirement age is 55 years. Protective class minimum retirement age is 50 years.</p> <p>WRS also provides death and separation benefits.</p>	<p>Percent of gross wages depending on the WRS category. See chart below.</p> <p>Deductions taken on a pre-tax basis for state and federal tax purposes.</p> <p>Employees are eligible to make voluntary additional contributions to their account (post-tax).</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: center;">Employee Category</th> <th style="text-align: center;">Employee Contribution 2025</th> <th style="text-align: center;">Employer Contribution 2025</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">General/Teacher</td> <td style="text-align: center;">6.95%</td> <td style="text-align: center;">6.95%</td> </tr> <tr> <td style="text-align: center;">Elected Official/Executive/Judge</td> <td style="text-align: center;">6.95%</td> <td style="text-align: center;">6.95%</td> </tr> <tr> <td style="text-align: center;">Protective</td> <td style="text-align: center;">6.95%</td> <td style="text-align: center;">14.95%</td> </tr> </tbody> </table>	Employee Category	Employee Contribution 2025	Employer Contribution 2025	General/Teacher	6.95%	6.95%	Elected Official/Executive/Judge	6.95%	6.95%	Protective	6.95%	14.95%
Employee Category	Employee Contribution 2025	Employer Contribution 2025												
General/Teacher	6.95%	6.95%												
Elected Official/Executive/Judge	6.95%	6.95%												
Protective	6.95%	14.95%												

WISCONSIN DEFERRED COMPENSATION (WDC)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All employees are eligible and can enroll at any time.</p> <p>For more information see the WDC web site at www.wdc457.org</p> <ul style="list-style-type: none"> • Under age 50 contribution limit: \$23,500 in 2025 • Age 50 & Over contribution limit: \$31,000 in 2025 	<p>This voluntary supplemental retirement savings program (457) allows employees to invest a portion of their income either pre-tax or post-tax (Roth).</p> <p>Funds are chosen and monitored by the State of Wisconsin Deferred Compensation Board.</p>	<p>Total contribution on pre-tax and/or post-tax (Roth option) basis.</p> <p>Administrative fee based on account balance.</p>	0%

EDVEST (529 College Savings Account)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All employees are eligible and can enroll at any time.</p> <p>Edvest is a simple way for families to save for higher education costs. Choose from a variety of investment options and contribute to your account regularly. State of Wisconsin employees can contribute by payroll direct deposit for a minimum contribution of \$15 per pay period.</p>	<p>Edvest is a voluntary college saving account which allows employees a flexible and tax advantaged way to save for higher education and career training.</p> <p>Wisconsin residents who contribute to an Edvest account may be eligible for a state tax deduction.</p>	Total contribution	0%

Mutual of Omaha (Long-Term Care Insurance)

Who is Eligible and When	Benefits You Receive	Employee Pays	State Pays
<p>All employees are eligible and can enroll at any time.</p> <p>Health Choice offers enrollment into the Mutual of Omaha Long-Term Care Program throughout the plan year. Coverage acceptance is not guaranteed.</p>	<p>Mutual of Omaha offers a long-term care insurance plan thru Health Choice.</p> <p>See this web page for further details: https://etf.wi.gov/long-term-care-insurance</p>	Total contribution	0%