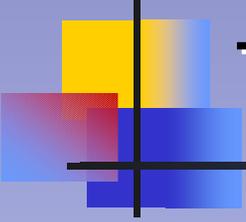


Wisconsin Public Employers (WPE) Group Health Insurance Training - Part 1

Enrollments, Due Dates and Effective Dates

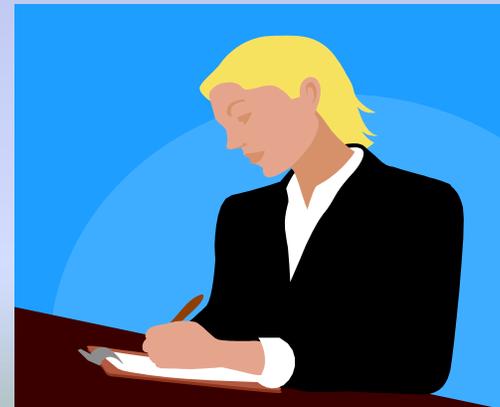


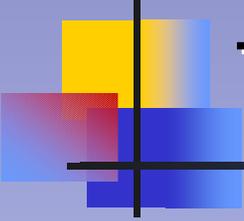
Department of Employee Trust Funds
Mary Pierick, Employer Education Officer



Today's Objective

To provide information that will enable you to administer the health insurance accurately for your employees





Today's Agenda - Part 1



- Background



- Enrollments



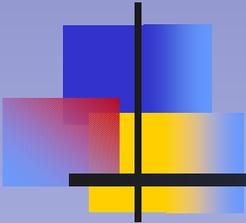
- Due Dates & Effective Dates



Introduction



- Authorized under:
 - WI Statutes & Administrative Code
 - Group Health Insurance Contract Language
- Administered under the authority of the Group Insurance Board



Employer Sponsored

- Resolution to elect or withdraw
- Provides an opportunity to choose between two or more plans:
 - The Standard Plan and
 - Alternate health plans (i.e. HMOs), specific to geographic areas around the state

Employer Options

Program Options

Traditional

Deductible

Traditional HMOs

+

Classic Standard Plan

(Monthly Coverage Report ET-1630)
(Monthly Summary Report ET-1631)

Deductible HMOs

+

Deductible Standard Plan

(Monthly Coverage Report ET-1647)
(Monthly Summary Report ET-1649)

Traditional HMOs

+

Standard PPP

(Monthly Coverage Report ET-1643)
(Monthly Summary Report ET-1652)

Deductible HMOs

+

Deductible PPP

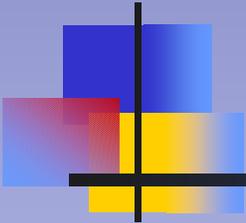
(Monthly Coverage Report ET-1648)
(Monthly Summary Report ET-1650)

For more information contact Employer Communications

Pharmacy Benefit Manager (PBM)

- PBM pays prescription drug claims
 - Navitus current third party administrator
- Health insurance coverage from employers validates the prescription drug coverage
- Separate identification cards
- Employees must present the Navitus card for prescriptions





Employer Responsibilities

*"Success is not final, failure is not fatal,
it is the courage to continue that counts"*

~ Winston Churchill



What's expected?

Administer the health insurance program accurately to ensure proper coverage for your employees.



Begins with . . . *Y O U!*

Employer Responsibilities

- WRS Agent may designate a health insurance representative to:
 - Explain eligibility and enrollment process
 - Determine effective dates of coverage
 - Provide information on:
 - Medicare
 - Dual-Choice
 - Continuation-Conversion provisions



Designation of Agent Form (ET-1313)

- Use form to:
 - Designate the insurance contact
 - Change existing insurance contact
- Is a fillable form on our web site at:
<http://etf.wi.gov>

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

DESIGNATION OF AGENT
Wis. Stat. § 40.03 (2) (j)

The following position is designated as the agent representing the employer in matters pertaining to the programs administered by the Department of Employee Trust Funds. In the event the designated agent is unable to perform the duties of such position, the person indicated below as alternate agent shall be considered the agent until such time as the position designated as the agent is filled. We have also included room for the insurance and retirement contacts:

EMPLOYER IDENTIFYING NUMBER 69-036 _____

EMPLOYER LEGAL TITLE _____

TITLE OF POSITION OF EMPLOYER AGENT _____

NAME OF AGENT _____

AGENT'S PHONE NUMBER _____ EXT _____

AGENT'S E-MAIL ADDRESS _____

AGENT'S OFFICE HOURS _____

AGENT'S MAILING ADDRESS _____

EFFECTIVE DATE _____

TITLE OF POSITION OF ALTERNATE AGENT _____

NAME OF ALTERNATE AGENT _____

RETIREMENT CONTACT _____

PHONE NUMBER _____ EXT _____

INSURANCE CONTACT _____

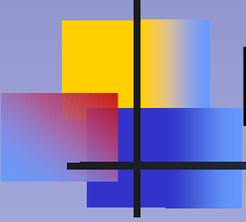
PHONE NUMBER _____ EXT _____

Designation Certified By:

Date (MM/DD/CCYY)	Signature and Title of Certifying Official	Phone Number

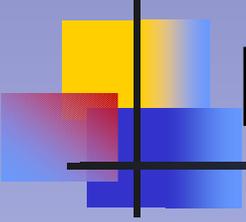
NOTE: For Departments of State Government only, the designation must be certified by the head of that agency.

ET-1313 (REV 4/99)



Employer Responsibilities (Cont.)

- Secure, audit and maintain employee applications for coverage
- Refer employees to the appropriate plan contacts for claim and benefit questions
- Submit applications and other forms to ETF
- Arrange payroll premium deductions
- Submit the monthly coverage reports to ETF



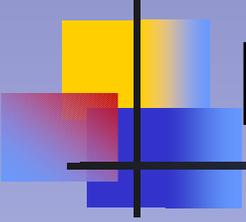
Employer Responsibilities (Cont.)

- Distribute "*It's Your Choice*" (ET-2128) booklets to:
 - All new employees and
 - All current subscribers prior to the annual Dual-Choice Enrollment period
- Determine the employer contribution toward the health insurance premium

Employer Premium Contribution

- Employer determines the amount they will contribute toward the premium using either:
 - 105% Contribution Method **OR**
 - Tiered Contribution Method
- **Minimum** employer contribution must be:
 - 50% of lowest qualified plan for full-time employees
 - 25% of lowest qualified plan for less than part-time employees
- Cannot begin later than:
 - The 1st of the month following completion of six months service with the employer
 - May begin earlier





Resources for Employers

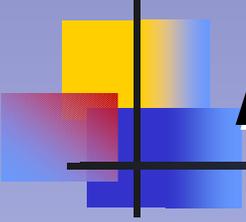
- *Local Health Insurance Employer Administration Manual* (ET-1144)
 - Revised 07/2005
- *It's Your Choice* (ET-2128) booklet
- Employer Communication Center for questions on eligibility, enrollment, coverage and reporting
 - Toll free (888) 681-3952
 - Local (608) 264-7900
 - Fax number (608) 266-5801

Resources for Employers (Cont.)

- ETF's Web site: <http://etf.wi.gov>
 - Video Library with presentations for members and employers

- Employer Bulletins
- Forms/Brochures





Any Questions??????



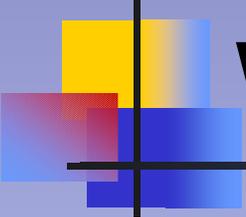
Determining Eligibility

Knowing

who to enroll and

when to enroll them





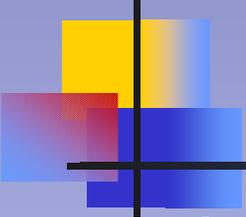
Who Is Eligible?

All employees eligible for WRS must be offered coverage.

This includes:

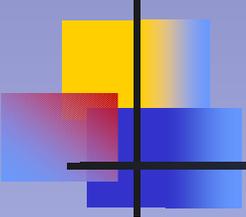
- Active employees and part-time employees
- Insured employees terminating after age 55 (age 50 for protective categories) having 20 years of WRS creditable service who defer the annuity
- Rehired annuitants who elect to be covered under WRS again must be offered health insurance

Employer's responsibility to determine eligibility



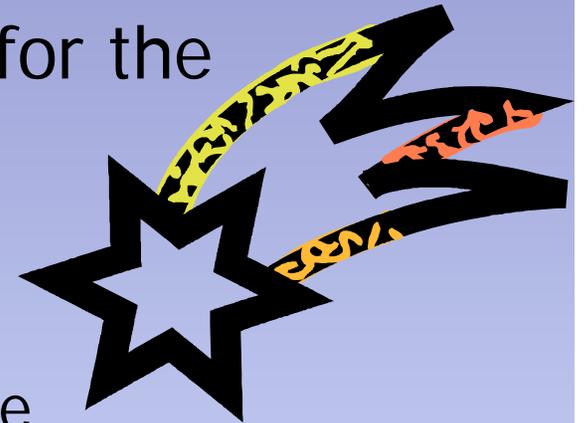
Initial Enrollment Opportunity

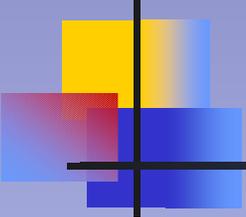
- Immediately upon hire for WRS eligible employees
 - Can pick up coverage prior to when the employer premium contribution begins
 - Due date for receipt of health insurance application is within 30 days of hire
 - Effective date is the 1st of the month following receipt of application by employer
 - If received on the 1st of the month, then effective on the 1st
 - If declining coverage, employees still must submit a completed *Health Insurance Application* (ET-2301)



Possible Later Opportunity

- When employee becomes eligible for the employer premium contribution
- Employee can:
 - Enroll if initially did not elect coverage
 - Enroll if previously cancelled coverage during initial period
 - Change health plans if covered during initial period
 - Change to family coverage if elected single coverage during initial period

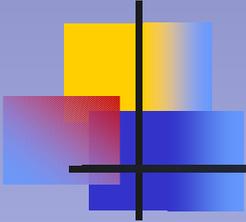




Later Opportunity (Cont.)

- Due date for enrollment application is **prior** to employee becoming eligible for the employer contribution
- Coverage is effective the 1st of the month on or following the date the employee becomes eligible for employer contribution

Less Than Half-Time Employees



- Less than half-time employee may have another enrollment opportunity if:
 - Rehired after 30 days of termination or
 - Employee hours increase to qualify for a higher share of employer contribution or
 - Employee is appointed to a permanent position and qualifies for the **first time** for full share of employer contribution
- Application must be received within 30 days of the event
- Effective the later of, 1st of month following receipt of application or when employer contribution increases

Applications

Received After The Due Date

- Coverage must be in the Standard Plan with 180-day waiting period for pre-existing medical conditions
- Coverage is effective the 1st of the month after employer receipt of the application



Joan



Elects Immediate Coverage

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 First Day	2	3
4	5	6	7		9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Joan



Elects Immediate Coverage

What is the due date for Joan to turn in her *Health Insurance Application* (ET-2301)?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 First Day	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Joan



Elects Immediate Coverage

What is the due date for Joan to turn in her *Health Insurance Application* (ET-2301)?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 First Day	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3 30 Days
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Joan



Elects Immediate Coverage

What is the due date for Joan to turn in her *Health Insurance Application* (ET-2301)?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 App Rec'd	2	3
4	5	6	7		9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3 30 Days
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Joan



Elects Immediate Coverage

What is the due date for Joan to turn in her *Health Insurance Application* (ET-2301)?

What date will Joan's health insurance coverage begin?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 App Rec'd	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3 30 Days
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Joan



Elects Immediate Coverage

What is the due date for Joan to turn in her *Health Insurance Application* (ET-2301)?

What date will Joan's health insurance coverage begin?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 Eff Date	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3 30 Days
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Joan



Elects Immediate Coverage

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 First Day	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23 App Rec'd	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3 30 Days
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Joan



Elects Immediate Coverage

What date will Joan's health insurance coverage begin?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 First Day	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23 App Rec'd	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3 30 Days
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Joan



Elects Immediate Coverage

What date will Joan's health insurance coverage begin?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 First Day	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23 App Rec'd	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 Eff Date	2	3 30 Days
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Karl



Elects Immediate Coverage

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12 First Day	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Karl



Elects Immediate Coverage

What is the due date for Karl to turn in his *Health Insurance Application* (ET-2301)?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12 First Day	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Karl



Elects Immediate Coverage

What is the due date for Karl to turn in his *Health Insurance Application* (ET-2301)?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12 First Day	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 30 Days	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Karl



Elects Immediate Coverage

What is the due date for Karl to turn in his *Health Insurance Application* (ET-2301)?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12 First Day	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12 App Rec'd	13	14 30 Days	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Karl



Elects Immediate Coverage

What is the due date for Karl to turn in his *Health Insurance Application* (ET-2301)?

What date will Karl's health insurance coverage begin?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12 First Day	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12 App Rec'd	13	14 30 Days	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Karl



Elects Immediate Coverage

What is the due date for Karl to turn in his *Health Insurance Application* (ET-2301)?

What date will Karl's health insurance coverage begin?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12 First Day	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12 App Rec'd	13	14 30 Days	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007		1 Eff Date	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30				

Jeff



Waits for Employer Share

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
January 2006	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31 First Day				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
May 2006		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
June 2006					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
July 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30	31						

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30							

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
August 2006			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

Jeff



Waits for Employer Share

What is the due date for Jeff to turn in his *Health Insurance Application* (ET-2301)?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
January 2006	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31 First Day				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
May 2006		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
June 2006					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
July 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30	31						

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30							

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
August 2006			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

Jeff



Waits for Employer Share

What is the due date for Jeff to turn in his *Health Insurance Application* (ET-2301)?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
January 2006	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31 First Day				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30							

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
May 2006		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
June 2006					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
July 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16			19	20	21	22
	23	24	25	26	27	28	29
30							
		31 Due Date					

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
August 2006			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

Jeff



Waits for Employer Share

What is the due date for Jeff to turn in his *Health Insurance Application* (ET-2301)?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
January 2006	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31 First Day				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30							

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
May 2006		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
June 2006					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
July 2006							1
	2	3	4	5			
	9	10	11	12	13	14	App Rec'd
	16			19	20	21	22
	23	24	25	26	27	28	29
30							

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
August 2006			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

Jeff



Waits for Employer Share

What is the due date for Jeff to turn in his *Health Insurance Application* (ET-2301)?

What date will Jeff's health insurance coverage begin?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
January 2006	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

31
First
Day

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30							

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
May 2006		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
June 2006					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
July 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30	31						

14
App
Rec'd

31
Due
Date

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
August 2006			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

Jeff



Waits for Employer Share

What is the due date for Jeff to turn in his *Health Insurance Application* (ET-2301)?

What date will Jeff's health insurance coverage begin?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
January 2006	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31 First Day				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
May 2006		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28				

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
June 2006					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	

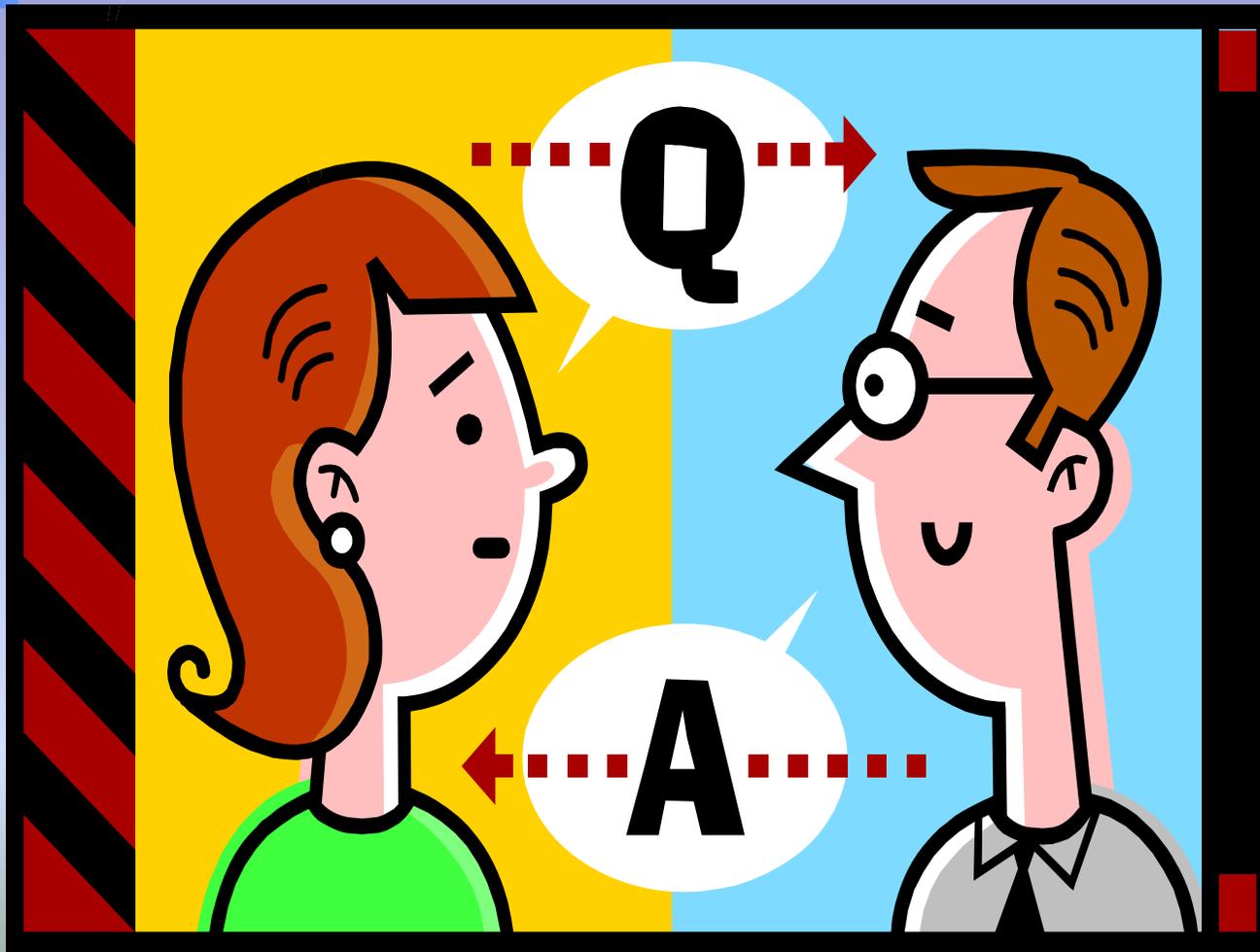
	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

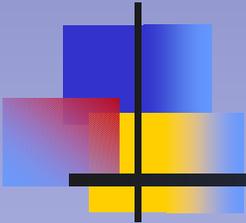
	Sun	Mon	Tue	Wed	Thur	Fri	Sat
July 2006							1
	2	3	4	5			
	9	10	11	12	13	14	App Rec'd
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30							

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2006							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
30							

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
August 2006				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

Any Questions???????



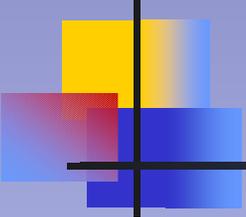


Other Opportunities

"Most folks are about as happy as they make up their mind to be."

~ Abraham Lincoln





Special Opportunities

- Employees who previously declined coverage at initial or employer contribution opportunity have a special 30-day enrollment period
(Without 180-day waiting period for pre-existing conditions)
 - If other coverage is lost or
 - If the other coverage employer's contribution ceases

Exception: Does not apply if employee and/or dependents remain eligible because the employer has selected a replacement plan without an interruption of coverage

Family Coverage Enrollment Opportunity

- Employees who previously declined or cancelled coverage have a special opportunity to enroll in family coverage if they have a qualifying event:
(Without 180-day waiting period for pre-existing conditions)
 - Birth
 - Adoption or placement for adoption
 - Marriage



Change from Single to Family

- Employees covered under single coverage have an opportunity to change to family coverage (Without 180-day waiting period for pre-existing conditions)
 - For qualifying events, such as
 - Birth
 - Adoption or placement for adoption
 - Marriage
 - In other circumstances - refer to manual for specifics



Due Dates and Effective Dates

Due date for health insurance application is:

- 60 days from birth, adoption, placement for adoption or
- 30 days from marriage and most other situations

Coverage may be effective mid-month:

- Date of event (birth, adoption, placement for adoption or marriage)
- Day after loss of other coverage
- Date dependent regains eligibility

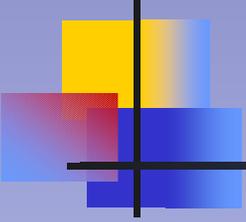


Other coverage dates refer to Chart in **Subchapter 412**

How To Add A Dependent



- If employee has single coverage, a *Health Insurance Application* (ET-2301) must be submitted to change to family coverage
- If employee already has family coverage, a *Health Insurance Change* form (ET-2329) must be submitted to add the dependent



Premium Payments

- Mid-month effective dates for qualifying event:
 - If effective 1st - 15th:
A full month's premium is due for that month
 - If effective 16th - 31st:
The new premium rate is effective the 1st of the following month

Retroactive Premium Adjustments

- Retroactive credits (refunds) are limited to 2 months when:
 - An employee terminated employment **and**
 - The employer continued to make premium payments in error
- Retroactive credits or payments **may be** allowed for other situations
- Must contact ETF for approval before making any retroactive premium adjustments

Kathy



Birth--Single to Family

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	14 Baby Born		5	16	17
	18	19			2	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Kathy



Birth--Single to Family

What is the due date for Kathy to turn in her *Health Insurance Application* (ET-2301)?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 Baby Born	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Kathy



Birth--Single to Family

What is the due date for Kathy to turn in her *Health Insurance Application* (ET-2301)?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 Baby Born	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15 60 Days		17	18	19	20	21
			24	25	26	27	28
	29	30					

Kathy



Birth--Single to Family

What is the due date for Kathy to turn in her *Health Insurance Application* (ET-2301)?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 Baby Born	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
March 2007					1 App Rec'd	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15 60 Days	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Kathy



Birth--Single to Family

What is the due date for Kathy to turn in her *Health Insurance Application* (ET-2301)?

What date will Kathy's family health insurance coverage begin?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 Baby Born	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
March 2007					1 App Rec'd	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15 60 Days	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Kathy



Birth--Single to Family

What is the due date for Kathy to turn in her Health Insurance Application (ET-2301)?

What date will Kathy's health insurance coverage begin?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

14
Eff
Date

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

1
App
Rec'd

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

15
60
Days

Kathy



Birth--Single to Family

What is the due date for Kathy to turn in her *Health Insurance Application* (ET-2301)?

What date will Kathy's health insurance coverage begin?

Additional Family premium is due for what month?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 Eff Date	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
March 2007					1 App Rec'd	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15 60 Days	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Kathy



Birth--Single to Family

What is the due date for Kathy to turn in her *Health Insurance Application* (ET-2301)?

What date will Kathy's health insurance coverage begin?

Additional Family premium is due for what month?

February

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 Eff Date	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
March 2007					1 App Rec'd	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15 60 Days	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Kim



Marriage
Enrollment Opportunity

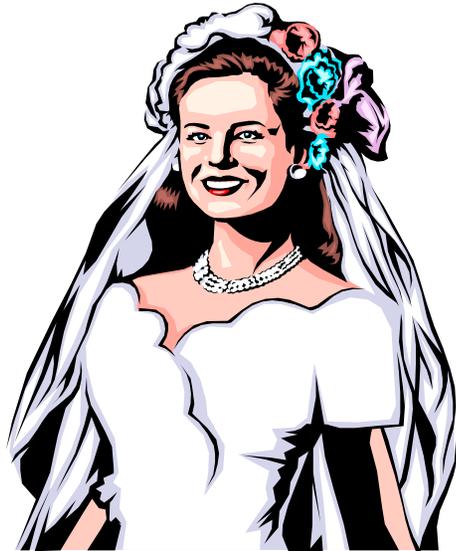
April 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 Wed- ding	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Kim



Marriage Enrollment Opportunity

What is the due date for Kim to turn in her *Health Insurance Application* (ET-2301)?

April 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 Wed- ding	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Kim



Marriage Enrollment Opportunity

What is the due date for Kim to turn in her *Health Insurance Application* (ET-2301)?

April 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 Wed- ding	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 Due Date	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Kim



Marriage Enrollment Opportunity

What is the due date for Kim to
turn in her *Health Insurance
Application* (ET-2301)?

April 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 Wed- ding	18	19	20 App Rec'd	21
22	23	24	25	26	27	28
29	30					

May 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 Due Date	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Kim



Marriage Enrollment Opportunity

What is the due date for Kim to turn in her *Health Insurance Application* (ET-2301)?

What date will Kim's health insurance coverage begin?

April 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 Wed- ding	18	19	20 App Rec'd	21
22	23	24	25	26	27	28
29	30					

May 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 Due Date	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Kim



Marriage Enrollment Opportunity

What is the due date for Kim to turn in her *Health Insurance Application* (ET-2301)?

What date will Kim's health insurance coverage begin?

April 2007	Sun	Mon	Tue	Wed	Thur	Fri	Sat
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17 Eff Date	18	19	20 App Rec'd	21
	22	23	24	25	26	27	28
	29	30					

May 2007	Sun	Mon	Tue	Wed	Thur	Fri	Sat
			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17 Due Date	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

Kim



Marriage Enrollment Opportunity

What is the due date for Kim to turn in her *Health Insurance Application* (ET-2301)?

What date will Kim's health insurance coverage begin?

Family premium is due for what month?

April 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 Eff Date	18	19	20 App Rec'd	21
22	23	24	25	26	27	28
29	30					

May 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 Due Date	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Kim



Marriage Enrollment Opportunity

What is the due date for Kim to turn in her *Health Insurance Application* (ET-2301)?

What date will Kim's health insurance coverage begin?

Family premium is due for what month?

May

April 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17 Eff Date	18	19	20 App Rec'd	21
22	23	24	25	26	27	28
29	30					

May 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 Due Date	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Move Out of Service Area

Employees are allowed to change from one plan to another (mid-year) if:



- They move out of their present plan's service area for a period of at least 3 months
- Due date for employer receipt of the health insurance application is within 30 days of the move
- Effective date is the 1st of month following receipt of the application

Bruce



Move Out of Service Area

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17 <i>Move</i>
18	19	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Bruce



Move Out of Service Area

What is the due date for Bruce to turn in his *Health Insurance Application* (ET-2301)?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17 Move
18	19	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Bruce



Move Out of Service Area

What is the due date for Bruce to turn in his *Health Insurance Application* (ET-2301)?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17 Move
18	19	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19 Due Date	20	21	22	23	24
25	26	27	28	29	30	31

Bruce



Move Out of Service Area

What is the due date for Bruce to turn in his *Health Insurance Application* (ET-2301)?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17 Move
18	19 App Rec'd	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19 Due Date	20	21	22	23	24
25	26	27	28	29	30	31

Bruce



Move Out of Service Area

What is the due date for Bruce to turn in his *Health Insurance Application* (ET-2301)?

What date will Bruce's health insurance coverage change to the new carrier he selected?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17 Move
18	19 App Rec'd	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19 Due Date	20	21	22	23	24
25	26	27	28	29	30	31

Bruce



Move Out of Service Area

What is the due date for Bruce to turn in his *Health Insurance Application* (ET-2301)?

What date will Bruce's health insurance coverage change to the new carrier he selected?

February 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17 Move
18	19 App Rec'd	20	21	22	23	24
25	26	27	28			

March 2007

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1 Eff Date	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19 Due Date	20	21	22	23	24
25	26	27	28	29	30	31

Bruce



Move Out of Service Area

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	Move
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Bruce



Move Out of Service Area

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17 Move
	18	19	20	21	22	23	
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 App Rec'd	15	16	17
	18	19 Due Date	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Bruce



Move Out of Service Area

What date will Bruce's health insurance coverage change to the new carrier he selected?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17 Move
	18	19	20	21	22	23	
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 App Rec'd	15	16	17
	18	19 Due Date	20	21	22	23	24
	25	26	27	28	29	30	31

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

Bruce



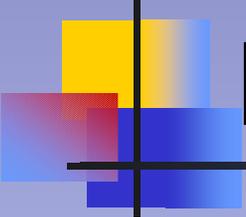
Move Out of Service Area

What date will Bruce's health insurance coverage change to the new carrier he selected?

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
February 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17 Move
	18	19	20	21	22	23	
	25	26	27	28			

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
March 2007					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14 App Rec'd	15	16	17
	18	19 Due Date	20	21	22	23	24
	25	26	27	28	29	30	31

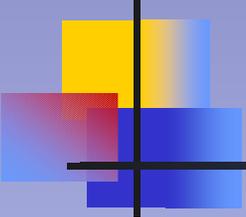
	Sun	Mon	Tue	Wed	Thur	Fri	Sat
April 2007		1 Eff Date	2	3	4	5	6
		9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					



Dual-Choice Opportunity

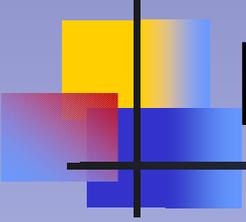
- Opportunity for **currently insured subscribers** to change:
 - From one health plan to another **and/or**
 - From single to family coverage (Without 180-day waiting period for pre-existing conditions)
- Enrollment period will be **October 8 - 26, 2007**
- Employers are required to distribute the *It's Your Choice* (ET-2128) booklets to all insured employees

This is **not** an open enrollment period



Dual-Choice Enrollments

- Employee must be currently insured in the Wisconsin Public Employers Group Health Insurance program
- Applications (ET-2301) must be submitted to the employer by the end of the Dual-Choice period
- Coverage is effective January 1st of the following year
- Employee may withdraw Dual-Choice application by notifying employer, in writing, prior to December 31 (Employer must send the request to ETF)



Problems With Benefits

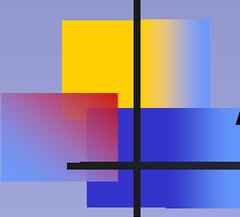
- For denials of health insurance or pharmacy benefit claims or referrals, employees should contact:
 - Health Insurance: the health plan's customer service area
 - Each plan has a grievance resolution process in place
 - After exhausting all levels of appeal with the plan, employees can submit an *Insurance Complaint* form (ET-2405) to the ETF Quality Assurance Services Bureau (QASB) for administrative review
 - Pharmacy Benefits: Navitus Health Solutions' customer service area (for active employees or annuitants not yet on Medicare Part D)
 - Has a grievance process in place for denied benefits
 - After exhausting all levels of appeal with Navitus, employees can submit an *Insurance Complaint form* (ET-2405) to the QASB for administrative review

ET-2405
is on our
web site

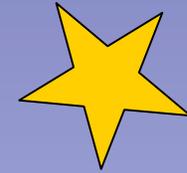
Questions

- Contact Employer Communication Center, toll free (888) 681-3952 or locally (608) 264-7900 for questions on:
 - Eligibility for coverage
 - Enrolling employees
 - Monthly billing and reporting
- Contact the plan or Navitus directly for questions on:
 - Benefits
 - Exclusions
 - Limitations
 - Participating providers





Agenda - Part 2 and 3



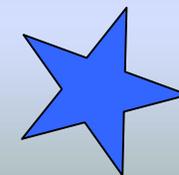
- Part 2:

- Loss of Coverage
- Continuation/Conversion Rights
- Employees Retiring



- Part 3:

- Applications and Forms
- Monthly Reporting



Thank you for watching!

