



# Employer *Bulletin*

Employer Communication Center (608) 264-7900 Toll free: 1-888-681-3952 <http://etf.wi.gov>

## Changes to Annual Adult Dependent Eligibility Mailing

Subscribers are no longer required to complete and return an annual questionnaire to have their adult child's coverage continue in 2011. If an adult child is currently insured and less than 27 years of age (26 years if married), or has been determined by the health plan to be disabled, the child's coverage will automatically continue in 2011. This change is due to the federal Patient Protection and Affordable Care Act that expands the eligibility criteria for adult children effective January 1, 2011.

The Department of Employee Trust Funds (ETF) developed a document explaining the revised eligibility criteria for adult children for 2011. The document also provides information about the tax consequences of insuring an adult child and steps subscribers must take in order to add or remove their adult child's coverage. It is available on ETF's Internet site at <http://etf.wi.gov/publications/et2139.pdf>. Participating health plans mailed this document to their subscribers prior to the It's Your Choice enrollment period, along with information about other changes in their health plan for 2011.

Employers can use the Online Network for Employers (ONE) to run reports at the dependent level using various filters. Employers can use the dependent inquiry to collect eligibility information on insured dependents.

### Employer Responsibility:

- A. Change from family to single coverage resulting from a change in dependent eligibility status:
  1. Receive a myETF Benefits entry or *Group Health Insurance Application/Change Form* (ET-2301) from any subscriber changing from family to single coverage, and
  2. Issue a *Continuation - Conversion Notice* (ET-2311) to previously covered dependent(s).
- B. Family coverage remains in force following removal of a dependent from coverage:
  1. Receive a myETF Benefits entry or completed *Group Health Insurance Application/Change Form* (ET-2301) removing the dependent from the existing family contract, and
  2. Issue a *Continuation - Conversion Notice* (ET-2311) to previously covered dependent(s).

**Note: Employees must notify you within 60 days of their child's loss of eligibility or the child is not eligible to be offered COBRA continuation coverage.**

## Reminder: Pharmacy Benefit Manager (Navitus) ID Cards

The program's pharmacy benefit manager, Navitus Health Solutions, will send new identification (ID) cards to subscribers only when one or more of the following information changes occur:

- New health plan selected, including selections made during It's Your Choice
- Dependent(s) added or deleted
- Group number change
- Name change

Subscribers without any of the changes noted above should continue to use their existing Navitus ID card. Subscribers can request additional copies of their ID card by contacting Navitus customer service at:

Navitus Health Solutions  
5 Innovation Court  
Appleton, WI 54912  
Phone: (toll free) 866-333-2757  
[www.navitus.com](http://www.navitus.com)

## Corrections/Updates to the 2011 It's Your Choice Booklets

Please notify employees that corrections are available electronically. Notices regarding any corrections/updates to your 2011 It's Your Choice booklets can be found on ETF's Internet site, as directed below:

State Employers should direct employees to:  
[http://etf.wi.gov/members/benefits\\_state\\_health%20.htm](http://etf.wi.gov/members/benefits_state_health%20.htm)

Local Employers should direct employees to:  
[http://etf.wi.gov/members/benefits\\_local\\_health.htm](http://etf.wi.gov/members/benefits_local_health.htm)

## Contact Information for Questions

- Employers' contact for adult dependent eligibility and PBM ID cards:  
Department of Employee Trust Funds  
Employer Communication Center  
Toll free at (888) 681-3952 or  
Local Madison at (608) 264-7900
- Subscribers' and participating providers' contact for additional information regarding benefits:  
Health plan or  
Navitus Health Solutions, Pharmacy Benefit Manager
- Subscribers' contact regarding applications, eligibility, enrollment, and general information:  
Department of Employee Trust Funds  
Toll free at (877) 533-5020 or  
Local Madison at (608) 266-3285

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services, or employment. If you are speech, hearing or visually impaired and need assistance, call the Wisconsin Relay Service at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). We will try to find another way to get the information to you in a usable form.

This *Employer Bulletin* is published by the Wisconsin Department of Employee Trust Funds. Questions should be directed to contact persons listed in the Bulletin, or to the Division of Retirement Services (DRS). Call Jean Gilding, DRS administrator, at (608) 266-1210. Employer agents may copy this Bulletin for further distribution to other payroll offices, subunits or individuals who may need the information. Copies of the most recent Employer Bulletins are available on our Internet site at the following URL: <http://etf.wi.gov/employers.htm>

Wisconsin Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; <http://etf.wi.gov>.