



# EMPLOYER BULLETIN

Employer Communication Center  
(608) 264-7900, toll free 1-888-681-3952

Vol. 23, Local H  
September 15, 2006

## Health Insurance Dual-Choice Information

### Dual-Choice Enrollment Period is October 9-27, 2006

October 9-27, 2006 is the Dual-Choice Enrollment period for coverage effective January 1, 2007. Dual-Choice provides an opportunity for insured subscribers (active employees, annuitants, and former employees who have continued their coverage) to change health insurance plans and/or change from single to family coverage without a waiting period for pre-existing conditions.

The 2007 *It's Your Choice* booklets will be supplied to all participating local government employers for distribution to employees during the week of October 2.

NOTE: Local employers enrolled in the Traditional HMO-Classic Standard Plan should reference the rate sheet attached to this bulletin. Employers enrolled in one of the other health insurance program options will receive a separate addendum that must be provided to employees along with the *It's Your Choice* booklet. These other health insurance program options are:

- Traditional HMO Option paired with the Standard Preferred Provider Plan (PPP) (ET-2157)
- Deductible HMO Option paired with the Deductible Standard Plan (ET-2158)
- Deductible HMO Option paired with the Deductible Standard PPP (ET-2159)

Refer to *Employer Bulletin*, Vol. 23, Local F, dated June 26, 2006, for additional information on these Wisconsin Public Employer (WPE) Group Health Insurance Program options.

The *It's Your Choice* booklet will also be available on the Department of Employee Trust Funds (ETF) Internet site, at <http://etf.wi.gov>, the week of October 2. Additional information about the Group Health Insurance Program and other insurance programs administered by ETF is also available on this site, including the addendum.

In November, you will receive an *Employer Bulletin* containing additional Dual-Choice reporting instructions and health insurance reporting forms for calendar year 2007.

### Dual-Choice Kick-Off Meeting Reminder

The annual Dual-Choice Kick-off meeting is set for Wednesday, September 27, 2006, from 9:00 a.m. to 11:00 a.m. at the Mendota Mental Health Institute, 301 Troy Drive, in Madison. (For a map and directions, see *Employer Bulletin*, Vol. 23, No. 7, May 16, 2006.) Pre-registration is not required. Attendees may purchase coffee, other beverages, and pastries at the site.

The Dual-Choice Kick-off meeting provides an opportunity to receive information from health plans, pharmacy benefit manager (PBM) representatives, and ETF employees regarding health insurance

program changes set to take place effective January 1, 2007. Please call the Employer Communication Center at (608) 264-7900 (toll free 1-888-681-3952) with questions.

## Notable Plan and Program Changes

### 1. Plans No Longer Available

**SMP** is no longer available in Clark, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas and Wood counties. Subscribers in these counties will need to select another plan for 2007 or they will be limited to the SMP providers remaining in other areas. Provider information is available from WPS Health Insurance.

### 2. New Plans Available

**Security Health Plan** (suffix .71) will be available to employees and annuitants as an HMO offering Uniform Benefits. Security Health Plan is located in the following counties: Adams, Barron, Chippewa, Clark, Eau Claire, Jackson, Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Rusk, Taylor, Vilas, and Wood. Security Health Plan also has a limited amount of providers in other counties (see map on page A-3 of the 2007 *It's Your Choice* booklet for more information).

### 3. Health Plan Change

**CompcareBlue Aurora Family** (CA) network has combined with the **CompcareBlue Southeast** (CS) network. CA has become a part of CS. CA members who do not file an application during Dual-Choice will become members of CS. At the time of this printing CS informs us that all of the former CA providers will be available in 2007. CS will notify individual subscribers if any of these providers become unavailable. The plan will mail information to current members prior to Dual-Choice and will produce new identification cards for members at the end of this year. If you have questions or concerns, contact CS at the phone number listed on the inside back cover of the 2007 *It's Your Choice* booklet.

### 4. Plan Provider Network Changes

A number of plans have changed their service areas; some have made significant changes. Please refer to the map on page A-3 and the Plan Descriptions in Section G of the 2007 *It's Your Choice* booklet. Employees should verify with their health plan that their provider(s) is/are still available to them in 2007.

Note: Health plans are required to provide members with a list of all plan providers that will not be available in 2007. Members should contact their plan and request this information if they have not received it by October 6.

### 5. Changes to Pharmacy Benefits for 2007

For most plans, the annual prescription drug out-of-pocket amount will increase to \$320 per individual and \$640 per family. See page D-2 of the 2007 *It's Your Choice* booklet for further information. The out-of-pocket amount for the Standard Plan and SMP will remain without a limit.

### 6. Changes to Dental Coverage

See Section G, Plan Description Pages, of the 2007 *It's Your Choice* booklet for more information or contact the health plan directly.

Here are the health Plans offering new dental coverage in 2007:

- **Gundersen Lutheran Health Plan**
- **UnitedHealthcare Northeast and Southeast**

**Network Health Plan** is implementing an in-network and out-of-network dental benefit.

#### **7. Employee Payment in Lieu of Coverage - Contract Language**

The health insurance contract prohibits employers from making payments to employees in lieu of coverage under the Group Health Insurance Program. Employers agree to abide by the terms of the health insurance contract by virtue of their resolution filed to join our program. The prohibition is not intended to penalize a municipality having such a provision in its collective bargaining or personnel rules as long as it makes a good faith effort to remove it as soon as practicable. Please keep in mind that employees continue to have the option to decline coverage under the Group Health Insurance Program but employers may not pay them to opt out.

#### **8. Information on Provider Quality**

**Leapfrog and CheckPoint:** The Group Insurance Board supports the goals of improving quality and safety of health care services. The Leapfrog Group and CheckPoint gather information from Wisconsin providers on their efforts toward attaining safety practices or quality standards proved to reduce medical errors and save lives. The Plan Descriptions in Section G have notations on which hospitals have reported information to the Leapfrog Group and/or CheckPoint. You can visit the results on-line at [www.leapfroggroup.org](http://www.leapfroggroup.org) and [www.wicheckpoint.org](http://www.wicheckpoint.org). By providing this information, ETF recognizes hospitals that make improvements in patient safety and quality.

#### **9. Low-Cost Health Plan in Counties without a “Qualified” Alternate Health Plan**

This applies only to local employers located in counties in which there is no qualified alternate health plan. Currently, when there is no qualified alternate health plan in a county, the Standard Plan is designated as the low cost qualified health plan for purposes of determining employer contribution share under the 105% formula, in accordance with Wis. Adm. Code § 40.10. The health insurance contract has been revised for 2007 and allows the State Maintenance Plan (SMP) to be designated as the low-cost qualified health plan in those counties where it meets the minimum provider qualification requirements.

### **General Dual Choice Information**

Employees wishing to continue participation in their current health plans should do the following:

- Verify that their current health plans will be available in their area for 2007.
- Verify that selected physicians, clinics, and/or hospitals will still be available under their health plans in 2007.
- Review changes in benefits by reading the “Notable Plan and Program Changes” section, as well as the individual health plan descriptions, found in the 2007 *It's Your Choice* booklet.
- Call the health plan directly with specific benefit or provider questions.

To change health plans or coverage levels, employees must return completed health insurance applications to their employers no later than 4:30 p.m. on Friday, October 27, 2006.

Employees may select any alternate health plan (e.g., HMO) regardless of their county of residence, but should consider whether the providers are within a reasonable distance for medical care. The 2007 *It's Your Choice* booklet identifies geographic areas covered by each health plan.

ETF mails *It's Your Choice* booklets, complete with special application forms, directly to retirees and former employees who have continued their health insurance coverage. Employees who wish to change health plans and who will retire effective January 1, 2007, or later, must complete their Dual-Choice applications as active employees. Changes in annuitant coverage will be handled by ETF when the employee applies for annuitant benefits.

### **Booklet Distribution**

*It's Your Choice* booklets must be distributed in a timely manner to all insured employees, including:

1. Insured employees who have indicated they do not wish to make a change during Dual-Choice. Please remind these employees that they remain responsible for understanding the information contained in the *It's Your Choice* booklet and that the booklet serves as their certificate of coverage if enrolled in an alternate health plan (e.g., HMO).
2. Insured employees on temporary layoff or leave of absence. Employees who allowed health insurance coverage to lapse while on a leave of absence or a temporary layoff that encompassed the entire Dual-Choice enrollment period should be advised that they are eligible to make a Dual-Choice election within 30 days of returning from the leave or layoff.

Note: Remind employees to keep the 2007 *It's Your Choice* booklet as a reference for the entire plan year.

ETF does not distribute *Group Health Insurance Applications* (ET-2301) to employers along with copies of the *It's Your Choice* booklets. To request applications:

- Complete the Online Forms Order page found under "Employers" at <http://etf.wi.gov>, or
- Contact ETF Supply and Mail Services at (608) 266-3302. Indicate your Employer name and Identification Number (EIN), location, form name and number, and the quantity of forms desired. In addition, note that your request is Dual-Choice related.

Employees must contact plans directly to request the most up-to-date information regarding service area and/or provider availability related to Dual-Choice 2007.

Note: When calling a health plan or Navitus, employees must identify themselves as a State of Wisconsin Plan subscriber in order to receive information pertinent to the Group Health Insurance Program administered by ETF.

Health plans often report they are unable to contact current subscribers due to incorrect addresses on file. Please remind employees who participate in the Group Health Insurance Program that they are responsible for providing address changes and revisions of other relevant information to you via the *Health Insurance Information Change* form (ET-2329). Employers are responsible for routing information change forms to ETF and the health plans. Once mailing addresses are updated, employees will receive provider information in a timely fashion, including information related to the annual student status verification process, which enables dependents who remain eligible in 2007 to continue their current health insurance.

### **Employer's Application Processing Instructions for Dual-Choice 2007**

1. Verify that the employee has completed the application in its entirety. If a Health Maintenance Organization (HMO) is selected, a physician/clinic name, and the county in which the physician/clinic provides services must be entered on the application. It is the employee's responsibility to fill in this box on the application. Some health plans will accept a clinic name in lieu of a physician.

Should a health plan not accept an application with a clinic name, the health plan will contact the subscriber directly. The employer is not responsible for obtaining this information.

2. Complete the Employer Portion of the application and provide the following information on each Dual-Choice 2007 *Group Health Insurance Application*:
  - Employer Identification Number (EIN)
  - Name of Employer
  - Payroll Representative Signature
  - Telephone Number
  - Group Number
  - Enrollment Type 40 for Dual-Choice; 43 for Change from Single to Family
  - Employee Type
  - Coverage Type Code
  - Carrier Suffix
  - Participant County Code – This county code represents the county in which your employee resides.
  - Physician County Code – This county code represents the county in which your employee receives primary care.
  - Date Received by Employer
  - Date Employment Began – This box can be left blank, or insert the date on which employment began with your agency.
  - Monthly Employee Share
  - Monthly Employer Share
  - Event Date – Leave Blank
  - Prospective Date of Coverage of January 1, 2007
3. Send the Advanced Carrier Registration Copy of Dual-Choice applications directly to the health plans on a weekly basis. All Advanced Carrier plies must be forwarded to the health plans by November 10, 2006. This approach will assist ETF in ensuring that your employees receive their new subscriber cards prior to January 1, 2007.
4. Send the ETF Advance ply of Dual-Choice applications directly to ETF on a weekly basis. All ETF Advance plies must be forwarded to ETF by November 10, 2006.

More detailed instructions explaining *Coverage Report* processing will be mailed in November.

### **Procedures for Withdrawing Dual-Choice Elections**

Employees may rescind 2007 Dual-Choice elections by notifying their employers in writing prior to December 31, 2006. The written request should be filed with the employee's records. When you receive a request to rescind, make four copies of your ply of the Dual-Choice application initially submitted by the employee to select a change and write "Rescind" across each copy. Forward one copy to the current health plan, one copy to the health plan indicated as "Plan Selected," and one copy to ETF as soon as you receive the request. Retain a copy for your records.

### **Additional Dual-Choice Instructions**

Specific Dual-Choice instructions are found in Chapter 4 of your *Local Health Insurance Employer Administration Manual*.

- Refer to Subchapter 401D if you have an employee initially eligible for coverage in November or December 2006, or one who terminates employment in November or December 2006.

- Refer to Subchapters 404 and 405 for the procedure to follow if you receive a Dual-Choice application after October 27, 2006. Also note that late Dual-Choice material can be submitted to ETF via Fax at (608) 266-5801.

Contact the Employer Communication Center Toll-Free at (888) 681-3952 or the local Madison number at (608) 264-7900 with all questions related to health insurance eligibility and reporting, including any questions related to this Employer Bulletin.

**Health Plan Alternate Dual-Choice Application Mailing Addresses**

Most health plans request that Dual-Choice applications be sent to the respective plan address listed on the inside back cover of the 2007 *It's Your Choice* book. However, to ensure timely processing, the following health plans require Dual-Choice applications be sent to their alternate address as listed below:

Dean Health Plan  
 Attn: Enrollment Department  
 P.O. Box 56099  
 Madison, WI 53705

Physicians Plus  
 Enrollment Reports  
 P.O. Box 269001  
 Plano, TX 75026-9001

Humana  
 Maria Chumley  
 Humana Enrollment 6A102  
 101 E. Main Street  
 Louisville KY 40202

Security Health Plan  
 Attn: Membership Department  
 1515 Saint Joseph Avenue  
 P.O. Box 8000  
 Marshfield, WI 54449-8000

**Bulletin Attachments:**

- Plan Premium Rate Sheet
- Map

• • • • •  
 • *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 (608) 266-0728 or TTY (608) 267-0676. We will try to find another way to get the information to you in a usable form.*  
 • • • • •

*The ETF EMPLOYER BULLETIN is published by the Wisconsin Department of Employee Trust Funds. There are three editions: one for all employers, one for local employers with items just for their interest, and one for state agencies. Questions should be directed to contact persons listed, or to the Division of Trust Finance & Employer Services. Call John Vincent at (608) 261-7942.*

*EMPLOYER AGENTS: This Bulletin may be copied 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 <http://etf.wi.gov>.*