



# EMPLOYER BULLETIN

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

Vol. 23, Local M  
November 20, 2006

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## Special Instructions for 2007

### Health Plan Change

CompcareBlue Aurora Family (CA) network has combined with the CompcareBlue Southeast (CS) network. CA members who did not file an application during Dual-Choice will become members of CS effective 01/01/2007.

On the January 2007 *Coverage Report*, you must complete a *Deletions Report* (ET-2612) deleting employees from CA and an *Additions Report* (ET-2610) adding the employees to CS. You do not need to attach applications to the *Coverage Report* or submit plies of applications to the Department of Employee Trust Funds (ETF) and the health plan.

### **Note: New Mailing Instructions**

Effective with the January 2007 health insurance Reports, please send your payment and Reports to our new lockbox in Milwaukee. Labels with the new address are enclosed for your convenience. The mailing address is:

Employee Trust Funds-Insurance Pymts  
PO Box 78761  
Milwaukee WI 53278-0761

### Late Dual-Choice Applications

Follow the instructions in Subchapter 404 of the *Local Health Insurance Administration Manual* (ET-1144, Rev. 07/2005) for any late 2007 Dual-Choice applications. Please forward a **photocopy** of the *Group Health Insurance Application* (ET-2301), the letter from the employee and your memo to:

Wendy Pink  
 Division of Trust Finance & Employer Services  
 Department of Employee Trust Funds  
 P.O. Box 7931  
 Madison, WI 53707-7931

You may also fax any late applications, along with the letter from the employee, and your memo to (608) 266-5801. ETF will review the material and issue a written response approving or denying the request, and reporting instructions (if approved).

### Procedures for Withdrawing Dual-Choice Elections

Employees may rescind 2007 Dual-Choice elections by notifying their employers in writing prior to December 31, 2006. When you receive a request to rescind, do not send the employee's written request to ETF or the health plan. Please follow these procedures as timely as possible to ensure all parties are aware of the rescind. Your timely action helps prevent confusion and incorrect enrollments. (See also, Subchapter 402 of the *Local Health Insurance Administration Manual* (ET-1144, Rev. 07/2005).)

1. Make five copies of your copy of the Dual-Choice application initially submitted by the employee selecting a change.
2. Write "Rescind" across each copy.
3. Forward one copy to ETF.
4. Forward one copy to the current health plan.
5. Forward one copy to the health plan indicated as "Plan Selected."
6. Retain a copy for your records.
7. Retain one copy for the employee's records along with their original written request.

### 2007 Wisconsin Public Employers (WPE) Group Health Insurance Reporting Forms

Enclosed with this bulletin:

- One copy of each of the following 2007 WPE Group Health Insurance reporting forms and documents.
- Mailing labels for sending reports to the Department of Employee Trust Funds.

For monthly reporting during 2007, please:

1. Photocopy the forms. OR
2. View and print the following forms from our Internet site, <http://etf.wi.gov>. Make sure you print the forms for the option in which you are enrolled:
  - *WPE Health Insurance Summary – 2007 and WPE 2007 Monthly Coverage Report* (See below for form numbers and descriptions)
  - *Monthly Additions Report* (ET-2610)
  - *Monthly Deletions Report* (ET-2612)
  - *Monthly Changes Report* (ET-2614)

The attached 2007 forms display the Program Option Code and Surcharge Code in the title of the reporting forms and include the 2007 premiums. Premiums for each health plan differ, depending on the program option. You must use the reporting forms corresponding to the program option in which you are enrolled. Due to the complexity of the changes in reporting, please compare the forms provided to the list of forms below to verify that the correct forms have been included in this mailing.

Note: You remain in the same program option as last year until you submit a resolution electing an alternative program option and that resolution is approved by ETF.

The list below identifies the 2007 reporting forms based on all of the program options available in 2007. Please use only the forms for the option in which you are enrolled:

**Traditional HMO paired with the Classic Standard Plan (Current Program Option for most employers)**

1. *WPE Traditional HMO/Classic Standard Plan PGM OPT 02 & SRCHG S01 Health Insurance Summary – 2007* (ET-1631)
2. *WPE Traditional HMO/Classic Standard Plan PGM OPT 02 & SRCHG S01 2007 Monthly Coverage Report* (ET-1630)
3. *WPE Annuitants Traditional HMO/Classic Standard Plan PGM OPT 02 & SRCHG S01 Health Insurance Summary – 2007* (ET-1655)
4. *WPE Annuitants Traditional HMO/Classic Standard Plan PGM OPT P02 & SRCHG S01 2007 Monthly Coverage Report* (ET-1657)

**Traditional HMO paired with Standard Preferred Provider Plan (PPP)**

1. *WPE Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 Health Insurance Summary – 2007* (ET-1652)
2. *WPE Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 2007 Monthly Coverage Report* (ET-1643)
3. *WPE Annuitants Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 Health Insurance Summary – 2007* (ET-1644)
4. *WPE Annuitants Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 2007 Monthly Coverage Report* (ET-1658)

**Deductible HMO paired with Deductible Standard Plan**

1. *WPE Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 Health Insurance Summary – 2007* (ET-1649)
2. *WPE Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 2007 Monthly Coverage Report* (ET-1647)
3. *WPE Annuitants Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 Health Insurance Summary – 2007* (ET-1653)

4. *WPE Annuitants Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 2007 Monthly Coverage Report* (ET-1645)

**Deductible HMO paired with Deductible Standard PPP**

1. *WPE Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 Health Insurance Summary – 2007* (ET-1650)
2. *WPE Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 2007 Monthly Coverage Report* (ET-1648)
3. *WPE Annuitants Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 Health Insurance Summary – 2007* (ET-1654)
4. *WPE Annuitants Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 2007 Monthly Coverage Report* (ET-1646)

**It is critical that you use only the 2007 Summary and Monthly coverage reports when reporting for 2007. Reports are due on the 20th of each month.** Late fees are assessed for reports and payments not filed timely.

**New on the 2007 Summary Report's Over/Under Line: Please use this line if directed by ETF regarding a variance in amount due to amount paid.**

In addition to the 2007 monthly reports, please use the most recently revised enrollment forms for Plan Year 2007:

- *Group Health Insurance Application* (ET-2301) Rev. 8/2006

For additional reporting forms or applications, please contact ETF's Supply and Mail Services Section at (608) 266-3302.

**“Tiering” on Monthly Coverage Reports**

The *WPE 2007 Monthly Coverage Report* for each program option includes a check box related to employer/employee premium share allocation. This box is located in the lower right corner of the form. Each month, check the box corresponding

to the method you use to determine employer/employee contributions — either the traditional 105% or tiering. (See Subchapter 302, *Health Insurance Employer Administration Manual* (ET-1144) for information on tiering.)

### Tips for Completing Health Insurance Applications and Corresponding Reports Throughout 2007

Enrollment applications, monthly reporting forms, and premium remittances must be complete and accurate to ensure proper and prompt health insurance coverage for your employees. In addition, statistics generated from the monthly data submitted by employers are used to track the movement of individuals between participating health plans and counties. This information is used in the rate setting process for the Group Health Insurance Program.

Subchapter 303 of the *Health Insurance Employer Administration Manual* (ET-1144) provides information concerning the “Prospective Date of Coverage” entered on the *Group Health Insurance Application* (ET-2301) and “Effective Date” entered on the *Monthly Additions Report* (ET-2610). Subchapter 503 provides information concerning effective dates of termination of coverage.

### 2006 Dual-Choice Due Dates and Reporting Instructions

The January 2007 health insurance reports are due Wednesday, December 20, 2006. You are encouraged to submit the January 2007 reports as early as possible, given the volume of changes resulting from Dual-Choice.

Note: Do not divide the January transactions between Dual Choice and “regular.” Both Dual-Choice and regular (non-Dual-Choice) transactions must be combined on the *WPE Health Insurance Summary – 2007* form, *WPE 2007 Monthly Coverage Report*, *Monthly Additions Report* (ET-2610), *Monthly Deletions Report* (ET-2612), and the *Monthly Changes Report* (ET-2614).

### January 2007 health insurance reports will include:

1. Two copies of the completed *WPE Health Insurance Summary*
  - A 2007 form for your appropriate program option and the corresponding WPE 2007; and
  - *Monthly Coverage Reports* for each health plan, indicating all of the contracts (Dual-Choice and non-dual-Choice) added and deleted for the coverage month of January 2007.
2. Two copies of the *Monthly Additions Report* (ET-2610), *Monthly Deletions Report* (ET-2612), and *Monthly Changes Report* (ET-2614) on which regular monthly transactions and Dual-Choice transactions (enrollment Type Codes 40 and 43 titled “Dual-Choice”) are combined.
  - ETF Coverage Report plies of the Dual-Choice and the regular (non-Dual-Choice) applications must be attached to the corresponding *Monthly Additions Report* (ET-2610).

NOTE: Each entry on the *Monthly Additions Report* (ET-2610) must indicate the carrier suffix of the previous health (the employee’s current health plan). Do not substitute the name of the health plan for the carrier suffix.

- *Monthly Deletions Report* (ET-2612) for each health plan, listing each employee leaving that health plan at year-end, must be submitted.

NOTE: Each entry on the *Monthly Deletions Report* (ET-2612) must indicate the suffix number of the newly elected health plan. Do not substitute the name of the health plan for the health plan suffix number.

## Assembly of all Health Insurance Reports for 2007 (Including January Dual-Choice Reporting)

Assemble your reports in the following order (resulting in two sets of reports in descending order; one set for ETF and one set for the carrier):

### I. ETF Report Packet

1. *WPE Health Insurance Summary – 2007*. Attach the premium remittance check to the front of the Summary. (Please see instructions above for additional requirements for the Dual-Choice reports.)
2. *WPE 2007 Monthly Coverage Report*. Attach one *Monthly Coverage Report* per health plan with contracts to report. Assemble in the order in which the health plans are listed on the *Monthly Coverage Report*. (Please see instructions above for additional requirements for the Dual Choice reports.) Attach corresponding *Monthly Additions Report* (ET-2610), *Monthly Deletions Report* (ET-2612), and the *Monthly Changes Report* (ET-2614) with applications and other supporting documentation (stapled in the upper left corner) to the respective *Monthly Coverage Report* in the order listed below.
  - *Monthly Additions Report* (ET-2610). Assemble ETF Coverage Report plies of *Group Health Insurance Application* (ET-2301) in the order in which the specific subscriber information is listed on the *Monthly Additions Report*.
  - *Monthly Deletions Report* (ET-2612). Assemble any necessary supporting documents in the order in which the specific subscriber information is listed on the *Monthly Deletions Report*.
  - *Monthly Changes Report* (ET-2614). Assemble ETF Coverage Report plies of *Group Health Insurance Application* (ET-2301) and/or *Medicare Eligibility Statement* (ET-4307) in the order in which the specific subscriber information is listed on the *Monthly Changes Report*.

### II. Health Plan Report Packet (Carrier Copies)

1. Copy of *WPE Health Insurance Summary – 2007*
2. Copy of *WPE 2007 Monthly Coverage Report*. Attach one copy of *Monthly Coverage Report* per health plan with contracts to report. Assemble in the order in which the plans are listed on the *Monthly Coverage Report*. Attach corresponding *Monthly Additions Report* (ET-2610), *Monthly Deletions Report* (ET-2612), and the *Monthly Changes Report* (ET-2614) in the order listed below.
  - *Monthly Additions Report* (ET-2610) – No supporting documentation attached.
  - *Monthly Deletions Report* (ET-2612) – No supporting documentation attached.
  - *Monthly Changes Report* (ET-2614) – No supporting documentation attached.

Mail both sets of reports to: Employee Trust Funds-Insurance Pymts, PO Box 78761, Milwaukee, WI 53278-0761

For questions on the proper way to assemble your monthly health insurance reports, call Ron Diehl at (608) 266-2737 or e-mail [ron.diehl@etf.state.wi.us](mailto:ron.diehl@etf.state.wi.us).

### Alternate Reporting Requests

Written requests to use an alternate form of reporting or to deviate from completing/assembling the reports in the manner described herein, must be submitted to ETF and must be approved in advance. Requests must include the alternate form(s) and/or alternate assembly method. Mail or e-mail your request to:

Ron Diehl  
 Division of Trust Finance & Employer Services  
 Department of Employee Trust Funds  
 P O Box 7931  
 Madison, WI 53707-7931  
 E-mail: [ron.diehl@etf.state.wi.us](mailto:ron.diehl@etf.state.wi.us)

### Health Plan Contacts

Attached is the revised *Health Plan Contacts* list (ET-1728, rev. 09/2006).

# HEALTH PLAN CONTACTS

NOVEMBER 2006

<b>BCBSWI (2005 STANDARD PLANS &amp; SMP)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Trina Ostram	920-923-7566	Sue Springborn	920-923-7563
Claims	Dianna Cheline	715-836-1235	Shelley Flesch	920-923-8715
Supplies	Dianna Cheline	715-836-1235	Shelley Flesch	920-923-8715
Employee Assistance Program	Customer Service	800-755-6400 Fax: 920-923-7572	Dianna Cheline	715-836-1235
Complaints/Grievances	Kathy Bauernschmidt	414-226-6919	Katherine Jensen	414-226-6067
<b>COMPCAREBLUE – NORTHWEST</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Trina Ostram	920-923-7566	Sue Springborn	920-923-7563
Claims	Audra Jenkins	608-342-5337	Debora Allen	608-342-5445
Supplies	Colleen Evans-Carter	262-523-3397	Customer Service	888-239-9514
Employee Assistance Program	Customer Service	888-239-9514		
Complaints/Grievances	Kathy Bauernschmidt	414-226-6919	Lorraine Schnitzka	414-226-6657
<b>COMPCAREBLUE – SOUTHEAST</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Trina Ostram	920-923-7566	Sue Springborn	920-923-7563
Claims	Audra Jenkins	608-342-5337	Debora Allen	608-342-5445
Supplies	Colleen Evans-Carter	262-523-3397	Customer Service	888-239-9514
Employee Assistance Program	Customer Service	888-239-9514		
Complaints/Grievances	Kathy Bauernschmidt	414-226-6919	Lorraine Schnitzka	414-226-6657
<b>DEAN HEALTH PLAN</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Heather Heiliger	608-827-4037 Fax: 608-836-9620	Brenda Gabel	608-827-4347
Claims	Darcy Paskey	608-827-4144 Fax: 608-836-4212	Beth Schilling	608-827-4451
Supplies	Georgia Varebrook	608-827-4205 Fax: 608-827-4152	Sandy Hayes	608-827-4115
Employee Assistance Program	Customer Service	800-279-1301, 608-828-1301		
Complaints/Grievances	Brenda Gabel	608-827-4347 Fax: 608-836-9620	Ann McMahon	608-827-4131

<b>GHC – EAU CLAIRE</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Heidi Derby	715-552-4300 Fax: 715-836-7683	Erin Baskin	715-552-4300
Claims	Sandy Cramer	715-552-4300 Fax: 715-836-7683	Pat Dimmitt	715-552-4300
Supplies	Heidi Derby	715-552-4300 Fax: 715-836-7683	Erin Baskin	715-552-4300
Employee Assistance Program	Customer Service	888-203-7770		
Complaints/Grievances	Tammy Ramseier	715-552-4300 Fax: 715-836-7683	Linda Dutter-Tio	715-552-4300
<b>GHC – SOUTH CENTRAL</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Vonn Chhom	608-260-3170 Fax: 608-828-4856	Lynn VerHelst	608-251-4156
Claims	Sherry Strezlec	608-251-4156 Fax: 608-828-4856	Robert Mielke	608-251-4156
Supplies	Emily Halter	608-251-3356 Fax: 608-828-9333	Stacy Ball	608-251-3356
Employee Assistance Program	John Strezlec	608-441-3290 Fax: 608-441-3291	Richard Adelman	608-441-3290
Complaints/Grievances	Lavora Baird	608-828-4853 Fax: 608-828-9333	Kathy Elliot O'Neil	608-251-3356
<b>GUNDERSEN LUTHERAN</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Paula Baumgartner	608-775-8741 Fax: 608-775-8060	Karen Ferring	608-775-8761
Claims	Ann Kiel	608-775-8070 Fax: 608-775-8091	Carla Mullins	608-775-8074
Supplies	Paula Baumgartner	608-775-8741 Fax: 608-775-8060	Karen Ferring	608-775-8086
Employee Assistance Program	Ann Kiel	608-775-8070 Fax: 608-775-8091	Carla Mullins	608-775-8074
Complaints/Grievances	Tina Schuda	608-775-8052 Fax: 608-775-8091	Heather Liethen	608-775-8709
<b>HEALTH TRADITION</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Customer Service	877-832-1823	Jane Fjerstad	507-538-5190
Claims	Customer Service	877-832-1823	Mary Meyer	507-266-5548
Supplies	Kathy Reinolt	608-781-2720	Mike Eckstein	608-781-9609
Employee Assistance Program	Mike Eckstein	608-781-9609	Kathy Reinolt	608-781-2720
Complaints/Grievances	Bev Larson	608-781-9692	Sheri Laufle	608-781-9692

<b>HUMANA 800-825-9900</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Missy Wimsatt E-mail: mwimsatt@humana.com	502-580-6252 Fax 502-508-6252	Maria Chumley E-mail: mchumley@humana.com	502-580-7738 Fax 502-508-7738
Claims	Regina Cartwright E-mail: rcartwright@humana.com	502-580-7185 Fax 502-508-7185	Darren Bjorkstrom E-mail: dbjorkstrom@humana.com	502-580-4698 Fax 502-508-4698
Supplies	Lora Harris E-mail: lharris3@humana.com	262-951-2570 Fax 920-339-2167	David Fee E-mail: dfee1@humana.com	262-951-2568 Fax 920-339-3908
Employee Assistance Program	Western – Bonnie Rhode Eastern –MHNNet Case Manager 800-835-2094	Western 763-847-3356 Fax 763-847-4010 Eastern 407-831-2426	David Fee E-mail: dfee1@humana.com	262-951-2568 Fax 920-339-3908
Complaints/Grievances	Cindy Elmergreen E-mail: celmergreen@humana.com	920-337-5667 Fax: 920-339-5043	Laura Kocken E-mail: lkocken@humana.com	920-337-8104 Fax: 920-339-5043
<b>MEDICAL ASSOCIATES</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Laura Boge	563-556-8070 Fax: 563-556-5134	Joy Kaiser	563-584-4814 Fax: 563-556-5134
Claims	Dan Waldbillig	563-556-8070 Fax: 563-556-5134	Dawn Schemmel	563-584-4820
Supplies	Joy Kaiser	563-556-8070 Fax: 563-556-5134	Joy Kaiser	563-584-4814 Fax: 563-556-5134
Employee Assistance Program	Health Care Services	563-556-8070 Fax: 563-556-5134	Health Care Services	563-556-8070 Fax: 563-556-5134
Complaints/Grievances	Laura Boge	563-556-8070 Fax: 563-556-5134	Nancy Steffensmeier	563-584-4780
<b>MERCYCARE</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Vicki Aarstad	608-758-7722	Matt Hicks	608-758-7701
Claims	Betsy Fulmer	608-758-7705	Barbara Johnson	608-741-3345
Supplies	Jodi Dunaway	608-758-7738	DuWayne Severson	608-741-5626
Employee Assistance Program	John Emmart	608-756-4681	Lisa Usgaard	608-757-3483
Complaints/Grievances	Patti Heise	608-741-3342	Betsy Fulmer	608-758-7705
<b>NAVITUS HEALTH SOLUTIONS</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Sue Hill	920-225-7032	Gay Lemmers	920-225-7033
Claims	Jenny Stierman	920-225-7027	Gay Lemmers	920-225-7033
Supplies	Sue Hill	920-225-7032	Gay Lemmers	920-225-7033
Complaints/Grievances	Jenny Stierman	920-225-7027	Gay Lemmers	920-225-7033

<b>NETWORK HEALTH PLAN</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Customer Service	800-826-0940	Carrie Helms	920-720-1258
Claims	Customer Service	800-826-0940	Carrie Helms	920-720-1258
Supplies	Carrie Helms	920-720-1258	Customer Service	800-826-0940
Employee Assistance Program	Carrie Helms	920-720-1258	Customer Service	800-826-0940
Complaints/Grievances	Peggy Huss	800-826-0940 or 920-720-1305	Carrie Helms	920-720-1258
<b>PHYSICIANS PLUS</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Member Service	608-282-8900 Fax: 608-258-1902	Ron Sebranek	608-260-7051
Claims	Member Service	608-282-8900 Fax: 608-258-1902	Ron Sebranek	608-260-7051
Supplies	Ron Sebranek	608-260-7051 Fax: 608-258-1906	Lisa Maslowski	608-260-7063
Employee Assistance Program	John Scherpelz	608-282-8960 Fax: 608-287-5993	Kim Jorgensen	608-282-8960
Complaints/Grievances	Cathi Willette	608-260-7020 Fax: 608-258-1909	Ron Sebranek	608-260-7051 Fax: 608-258-1906
<b>SECURITY HEALTH PLAN</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Sandy Smith <a href="mailto:smith.sandy@marshfieldclinic.org">smith.sandy@marshfieldclinic.org</a>	715-221-9623	Sue Schultz <a href="mailto:schultz.susan@marshfieldclinic.org">schultz.susan@marshfieldclinic.org</a>	715-221-9628
Claims	Lani Beyer <a href="mailto:Beyer.lani@marshfieldclinic.org">Beyer.lani@marshfieldclinic.org</a>	715-221-9529	Donna Fedrowitz <a href="mailto:Fedrowitz.donna@marshfieldclinic.org">Fedrowitz.donna@marshfieldclinic.org</a>	715-221-9554
Supplies	Gail Reckner <a href="mailto:Reckner.gail@marshfieldclinic.org">Reckner.gail@marshfieldclinic.org</a>	715-221-9712	Chris Bruni <a href="mailto:Bruni.chris@marshfieldclinic.org">Bruni.chris@marshfieldclinic.org</a>	715-221-9720
Employee Assistance Program	Customer Service <a href="mailto:Shpcsweb@marshfieldclinic.org">Shpcsweb@marshfieldclinic.org</a>	800-472-2363 Company Fax: 715-221-9500		
Complaints/Grievances	Shelly Kress <a href="mailto:Kress.shelley@marshfieldclinic.org">Kress.shelley@marshfieldclinic.org</a>	715-221-9663	Jane Wolf <a href="mailto:Wolf.jane@marshfieldclinic.org">Wolf.jane@marshfieldclinic.org</a>	715-221-9658
<b>UNITED HEALTHCARE OF WISCONSIN (NE &amp; SE)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Chris Hooyman	920-831-1914	Oldsmar Eligibility Office Urgent calls can also be directed to: Andrea Darling	877-468-0982  920-662-8287 Fax: 920-662-8349
Claims	Customer Service Center	800-357-0974	Andrea Darling	920-662-8287
Supplies	Brandon Widell	920-662-8297 Fax: 920-662-8349	Andrea Darling	920-662-8287
Employee Assistance Program	Care24	888-887-4114	Brandon Widell	920-662-8297
Complaints/Grievances	Customer Service Center	1-800-357-0974	Andrea Darling	920-662-8287

<b>UNITY HEALTH PLAN (UW HEALTH AND COMMUNITY)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Abby VonBehren	800-362-3308 ext. 1745	Sara Kulich	608-643-1472
Claims	Heather Kavanaugh	608-643-1423	Anne Roelke	800-362-3308, ext. 1723
Supplies	Kathy Ikeman	608-643-1486	Tammy Sullivan	608-643-1523
Employee Assistance Program	Heather Kavanaugh	608-643-1423	Anne Roelke	800-362-3308, ext. 1723
Complaints/Grievances	Katherine Marx	800-362-3308 ext. 1713	Season Breunig	800-362-3308 ext. 1722
<b>WPS HEALTH INSURANCE PATIENT CHOICE</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Customer Service	800-634-6448	Kristina Nichols	608-226-8048
Claims	Customer Service	800-634-6448	Kristina Nichols	608-226-8048
Supplies	Kristina Nichols	608-226-8048	David Grunke	608-226-8030
Employee Assistance Program	Customer Service	800-634-6448	Kristina Nichols	608-226-8048
Complaints/Grievances	Erna Selby	608-221-7128	Judy Wanless	608-221-7153
<b>WPS HEALTH INSURANCE (2006 STANDARD PLANS &amp; SMP)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Customer Service	800-634-6448	Kristina Nichols	608-226-8048
Claims	Customer Service	800-634-6448	Kristina Nichols	608-226-8048
Supplies	Kristina Nichols	608-226-8048	David Grunke	608-226-8030
Employee Assistance Program	Customer Service	800-634-6448	Kristina Nichols	608-226-8048
Complaints/Grievances	Erna Selby	608-221-7128	Judy Wanless	608-221-7153
<b>WPS PREVEA HEALTH PLAN</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Christopher Campbell	920-490-6979 Fax: 920-490-6928	Jennifer Walske	920-490-6978
Claims	Member Services	920-490-6900	Tina Rybak	920-490-6989
Supplies	Arlene Dombrowicki	920-490-6963 Fax: 920-490-6948	Valerie Hanson	920-490-6938
Employee Assistance Program	Kit Buckland	920-490-6983 Fax: 920-490-6920	Cindy Allcox	920-490-6972 Fax: 920-490-6920
Complaints/Grievances	Teresa Williquette	920-490-6987	Lori Turek	920-490-6960