



Employer *Bulletin*

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

Health Report/Payment Mailing Instructions

Please send your payment and reports to our lockbox in Milwaukee. Labels with the address are enclosed for your convenience. Checks should be made payable to "Employee Trust Funds". If you do not use the mailing labels, be sure your checks have the address below printed on them to avoid mailing problems. The mailing address is:

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

2008 Dual-Choice Due Dates and Reporting Instructions

The January 2008 health insurance reports are due Thursday, December 20, 2007. You are encouraged to submit the January 2008 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 transactions." Both Dual-Choice and regular

(non Dual-Choice) transactions must be combined on the *WPE Health Insurance Summary - 2008 form, WPE 2008 Monthly Coverage Report, Monthly Additions Report (ET-2610), Monthly Deletions Report (ET-2612), and the Monthly Changes Report (ET-2614).*

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 2008 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 approval or denial of the request, along with reporting instructions (if approved).

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Procedures for Rescinding Dual-Choice Elections

Employees may rescind 2008 Dual-Choice elections by notifying their employers in writing prior to December 31, 2007. **When you receive a request to rescind, do not send the employee's written request to ETF or the health plans.** Please follow these procedures as soon as possible to ensure all parties are aware of the request to rescind. Your timely action helps prevent confusion and incorrect enrollments.

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.

Subchapter 402 of the *Local Health Insurance Administration Manual* (ET-1144, Rev. 07/2005), also provides information on rescinding Dual-Choice elections.

2008 Group Health Insurance Reporting Forms

Enclosed with this bulletin:

- One copy of each of the following 2008 WPE Group Health Insurance reporting forms and documents.
- Mailing labels for sending reports to the Department of Employee Trust Funds.

For monthly reporting during 2008, please:

1. Photocopy the forms, OR

2. Print the following forms from ETF's Internet site, <http://etf.wi.gov>. Make sure you print the forms for the option in which you are enrolled:

- *WPE Health Insurance Summary – 2008 and WPE 2008 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 2008 forms display the Program Option Code and Surcharge Code in the title of the reporting forms and include the 2008 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 2008 reporting forms based on all of the program options available in 2008. 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 – 2008* (ET-1631)
2. *WPE Traditional HMO/Classic Standard Plan PGM OPT 02 & SRCHG S01 2008 Monthly Coverage Report* (ET-1630)
3. *WPE Annuitants Traditional HMO/Classic Standard Plan PGM OPT 02 & SRCHG S01 Health Insurance Summary – 2008* (ET-1655)

4. *WPE Annuitants Traditional HMO/Classic Standard Plan PGM OPT P02 & SRCHG S01 2008 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 – 2008 (ET-1652)*
2. *WPE Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 2008 Monthly Coverage Report (ET-1643)*
3. *WPE Annuitants Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 Health Insurance Summary – 2008 (ET-1644)*
4. *WPE Annuitants Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 2008 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 – 2008 (ET-1649)*
2. *WPE Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 2008 Monthly Coverage Report (ET-1647)*
3. *WPE Annuitants Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 Health Insurance Summary – 2008 (ET-1653)*
4. *WPE Annuitants Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 2008 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 – 2008 (ET-1650)*

2. *WPE Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 2008 Monthly Coverage Report (ET-1648)*
3. *WPE Annuitants Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 Health Insurance Summary – 2008 (ET-1654)*
4. *WPE Annuitants Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 2008 Monthly Coverage Report (ET-1646)*

It is critical that you use only the 2008 Summary and Monthly coverage reports when reporting for 2008.

In addition to the 2008 monthly reports, please use the most recently revised enrollment forms for Plan Year 2008:

- * *Group Health Insurance Application (ET-2301) Rev. 9/2006*

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

If you are considering ordering the *Group Health Insurance Applications (ET-2301 Rev. 9/2006)*, please consider delaying ordering large quantities. Watch for notice of upcoming changes to the application.

“Tiering” on Monthly Coverage Reports

The *WPE 2008 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. (Refer to subchapter 302, *Health Insurance Employer Administration Manual (ET-1144)* for information on tiering.)

Tips for Completing Health Insurance Applications and Corresponding Reports Throughout 2008

- 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.
- **Reports are due on the 20th of each month.** Late fees are assessed for reports and payments not filed timely.

**2008 Summary Report: Over/Under Line.
Please use this line only if directed by ETF
regarding a variance in amount due
to amount paid.**

January 2008 health insurance reports will include:

1. Two copies of the completed *WPE Health Insurance Summary*
 - A 2008 form for your appropriate program option and the corresponding WPE 2008; 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 2008.

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 plan (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 2008 Health Insurance Reports (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

WPE Health Insurance Summary – 2008. Attach the premium remittance check to the front of the Summary. (Please see instructions above for additional requirements for the Dual-Choice reports.)

WPE 2008 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)

After assembling the ETF Report Packet, photocopy the assembled reports to create the Health Plan Report Packet. However, do not include the supporting documentation in the Health Plan Report Packet.

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.

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
PO Box 7931
Madison, WI 53707-7931

Health Plan Contacts

Attached is the revised *Health Plan Contacts* list (ET-1728, rev. 09/2007).

Health Reporting Codes

Attached for your convenience is a listing of Coverage Codes, Employee Type Codes, and Enrollment Type Codes used to complete the *Group Health Insurance Application* (ET-2301). The codes can also be found in Chapter 11 of the *Health Insurance Employer Administration Manual*.

Coverage Codes:

Code	Type of Coverage	Description
01	Single	Coverage is for the subscriber (employee) only.
02	Family	Coverage is for the subscriber (employee) and eligible dependent(s).
05	Medicare – Single	Employer-paid annuitant or Annuitant; Single coverage with Medicare.
06	Medicare – Family 1	Employer-paid annuitant or Annuitant; Single coverage with Medicare.
07	Medicare – Family 2	Family coverage; subscriber and dependent both with Medicare.

Employee Type Codes:

Code	Employee Type	Description
06	Local	Eligible local government employee.
07	Annuitant	Retired employee who is eligible for health insurance.
08	Surviving Spouse/ Dependent	Currently insured subscriber dies while carrying family health insurance coverage.
09	Local Paid Annuitant	WRS annuitant whose health insurance premiums are paid by their former employer from an accumulated sick leave account stipulating that the employer would continue to pay a percentage of the health insurance premium.
10	Continuant	Self-explanatory (USED BY ETF ONLY).

Enrollment Type Codes:

Code	Used For:	Enrollment Type	Description	Used On:
01	Additions	Initial Offering	Employee whose employer is initially enrolling in the WPE Group Health Insurance Program.	New Employer Application (ET-2343) & Coverage Report
02	Additions	Initial Enrollment	Employee is applying for health insurance for the first time since becoming an eligible employee.	Application (ET-2301) & Coverage Report
03	Additions	Absent Without Earnings – LOA, Layoff, Appeal of Discharge	Eligible employee is/was on LOA or layoff during which time coverage lapsed or during an appeal of discharge.	Application & Coverage Report
05	Additions	Terminated and Rehired Within 30 Days	Employee was terminated and rehired within 30 days.	Application & Coverage Report
08	Additions	Missed Initial Enrollment Period	Employee did not apply for coverage during initial enrollment period. 180-day waiting period must be served for all pre-existing conditions for applicant and all listed dependents (including spouse). Can select Standard Plan option only.	Application & Coverage Report
12	Additions	Deleted in Error	Listed to reinstate employee's coverage (with no lapse in coverage) which was previously deleted in error by the employer.	Coverage Report

Code	Used For:	Enrollment Type	Description	Used On:
31	Additions	Spouse-to-Spouse Transfer	Insurance contract is being switched from one spouse to the other (both spouses being employed by the same employer).	Application & Coverage Report
32	Additions	Returned From LOA or Layoff and Missed Dual-Choice	Employee let coverage lapse while on LOA or layoff, and was not on payroll during the entire Dual-Choice Enrollment period.	Application & Coverage Report
40	Additions	Dual-Choice	Employee changing plan only or plan and coverage during the annual Dual-Choice Enrollment period.	Application & Coverage Report
41	Additions	Moved From Service Area	Employee relocates to a different county and is enrolling in a different plan.	Application & Coverage Report
48	Additions	Entered/Returned From Military LOA	Employee entered or returned from Military LOA	Application & Coverage Report
49	Additions	Entered/Returned From Family Medical Leave of Absence (FMLA)	Employee entered or returned from a Family Leave of Absence.	Application & Coverage Report
51	Additions	Transfer to Standard Plan		Application & Coverage Report
53	Additions	Annuitant	Transfer from active employer group to annuitant group.	Application & Coverage Report
55	Additions	Continuation to Spouse/ Dependent as a Result of Death	Continuation as survivors to insured spouse/dependent because of death of the subscriber.	Application & Coverage Report
62	Additions	Continuation to Spouse/ Dependent As a Result of Death	Continuation as survivors to insured spouse/dependent because of death of the subscriber who was on a Disability Benefit.	Application & Coverage Report
67	Additions	Loss of Coverage	An employee's initial application for coverage within the Group Health Insurance Program which is being submitted beyond the employee's initial enrollment periods.	Application & Coverage Report
03	Deletions	Absent Without Earnings – LOA, Layoff, Appeal of Discharge	Eligible employee is/was on LOA, layoff or an appeal of discharge during which time coverage lapsed.	Coverage Report
09	Deletions	Cancellation	Currently insured subscriber voluntarily cancels coverage, but is not terminating employment.	Application & Coverage Report
10	Deletions	Termination	Currently insured subscriber who terminates employment with the current employer group.	Coverage Report
11	Deletions	Death	Currently insured employee, annuitant or continuant dies.	Coverage Report
31	Deletions	Spouse-to-Spouse Transfer	Insurance contract is being switched from one spouse to the other (both spouses being employed by the same employer).	Coverage Report
40	Deletions	Dual-Choice	Employee changing plan and coverage or plan only during the annual Dual-Choice Enrollment period.	Coverage Report
41	Deletions	Moved From Service Area	Employee relocates out of their current health plan's service area and is enrolling in a different plan.	Coverage Report

Code	Used For:	Enrollment Type	Description	Used On:
48	Deletions	Entered/Returned From Military LOA	Employee entered or returned from Military LOA	Coverage Report
49	Deletions	Entered/Returned From Family Medical Leave of Absence (FMLA)	Employee entered or returned from a Family Leave of Absence.	Coverage Report
50	Deletions	Retires	Employee retires.	Coverage Report
51	Deletions	Transfer to Standard Plan		Application & Coverage Report
53	Deletions	Employer Paid Annuitant	Transfer from active employer group to local paid annuitant group.	Coverage Report
43	Changes	Changes From Single to Family Coverage	Employee changes from single coverage to family coverage.	Application & Coverage Report
44	Changes	Changes From Family Coverage to Single Coverage (only dependent no longer eligible)	Employee changes to single coverage because there are no longer any eligible dependents.	Application & Coverage Report
45	Changes	Change From Family Coverage to Single Coverage (at least one dependent still eligible)	Employee has eligible dependents, but voluntarily elects to change to single coverage.	Application & Coverage Report
46	Changes	Coverage Type Change – Medicare	Insured participant enrolled in Medicare.	Coverage Report
68	Changes	Change in Level of Coverage	Change in the level of coverage (single coverage to family) due to any dependent losing coverage under a separate plan.	Application & Coverage Report
07	Other	Declined	Employee declines to enroll for health insurance when first eligible for coverage. Employee must submit a signed application indicating that they are declining coverage.	Application
65	Other	Information Change Only	The employee's level of coverage remains the same as well as the Plan; however, an indicative data change has occurred (i.e., change of address, dependent is being adding).	Change Form (ET-2329)
66	Other	Premium Adjustment Only	To indicate a premium adjustment only.	Coverage Report

HEALTH PLAN CONTACTS

(For Employer Use Only)

SEPTEMBER 2007

ANTHEM BCBS (NW & SE) (formerly Compcare Blue)	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Jill Michels	715-836-1204	Jessica Deutsch	715-836-1279
Claims	Sherrie Goffinet	608-342-5339	Debora Allen	417-888-9094
Supplies	Colleen Evans-Carter	262-523-3397	Customer Service	888-239-9514
Employee Assistance Program	Customer Service	888-239-9514		
Complaints/Grievances	Marc Runner	417-888-9072		
ARISE HEALTH PLAN (formerly WPS Prevea)	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Billing & Enrollment	920-617-6330 Fax: 920-490-6928	Jennifer Walske	920-490-6978
Claims	Member Services	920-490-6900	Tina Rybak	920-490-6989
Supplies	Sue Schmidt	920-490-6936	Valerie Oskey	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
DEAN HEALTH INSURANCE RX (WPE Annuitants Only)	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Connie Breunig	608-827-4034 Fax: 608-836-9620	Kay Faherty	608-827-4498
Claims	Michelle Olson	608-827-4469 Fax: 608-836-4212	Darcy Paskey	608-827-4144
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	Kelly Hagenbuch	608-827-4302 Fax: 608-836-9620	Darcy Paskey	608-827-4144
DEAN HEALTH PLAN	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Hillary Vehrs	608-827-4353 Fax: 608-836-9620	Sara Kulich	608-827-4332
Claims	Michelle Olson	608-827-4469 Fax: 608-836-4212	Darcy Paskey	608-827-4144
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	Kelly Hagenbuch	608-827-4302 Fax: 608-836-9620	Darcy Paskey	608-827-4144

GHC – EAU CLAIRE	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Heidi Derby	715-552-4300 Fax: 715-836-7683	Shelly Loe	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	Shelly Loe	715-552-4300
Employee Assistance Program	Customer Service	888-203-7770		
Complaints/Grievances	Linda Duttler-Tio	715-552-4300 Fax: 715-836-7683	Dana Stanislawski	715-552-4300
GHC – SOUTH CENTRAL	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Julie Keilesvig	608-251-4156 Fax: 608-828-4856	Valerie Beckwith	608-251-4156
Claims	Sherry Strezlec	608-251-4156 Fax: 608-828-4856	Robert Mielke	608-251-4156
Supplies	Emily Halter	608-662-4883 Fax: 608-828-9333	Katie Michalkiewicz	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: 608-828-4810	Kathy Elliot O'Neil	608-251-3356
GUNDERSEN LUTHERAN	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
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
HEALTH TRADITION	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
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

HUMANA 800-825-9900	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
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	Natasha Bischoff	800-291-6541 513-826-6360 Fax: 513-826-5919	Regina Cartwright E-mail: rcartwright@humana.com	502-580-7185 Fax: 502-508-7185
Supplies	Lora Harris E-mail: lharris3@humana.com	262-951-2570 Fax: 920-339-2167	Roxanne Perillo	920-617-1724 Fax: 920-632-0021
Employee Assistance Program	Corphealth Case Manager	Phone: 877-948-6262	Roxanne Perillo	920-617-1724 Fax: 920-632-0021
Complaints/Grievances	Cindy Elmergreen E-mail: celmergreen@humana.com	920-337-5667 Fax: 920-339-5043	Laura Kocken E-mail: lkoeken@humana.com	920-337-8104 Fax: 920-339-5043
MEDICAL ASSOCIATES	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Laura Boge	563-556-8070 Fax: 563-556-5134	Joy Kaiser	563-584-4814 Fax: 563-556-5134
Claims	Dan Waidbillig	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
MERCYCARE	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
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	Ryan Pelz	608-758-7710
Employee Assistance Program	Judy Formosa	608-756-5555	Susan Miller	608-756-5642 x221
Complaints/Grievances	Patti Heise	608-741-3342	Betsy Fulmer	608-758-7705

NAVITUS HEALTH SOLUTIONS	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Sue Hill	920-225-7032	Chris Mead	608-827-7504
Claims	Jenny West	920-225-7027	Chris Mead	608-827-7504
Supplies	Sue Hill	920-225-7032	Chris Mead	608-827-7504
Complaints/Grievances	Jenny West	920-225-7027	Chris Mead	608-827-7504
NETWORK HEALTH PLAN	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
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
PHYSICIANS PLUS	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
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	Rita Macintire	608-260-7073 Fax: 608-258-1906
SECURITY HEALTH PLAN	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Sue Schultz schultz.susan@marshfieldclinic.org	715-221-9628	Sandy Smith smith.sandy@marshfieldclinic.org	715-221-9623
Claims	Lani Beyer beyer.lani@marshfieldclinic.org	715-221-9529	Stephanie Bauer bauer.stephanie@marshfieldclinic.org	715-221-9531
Supplies	Katie Olaszewski olaszewski.katie@marshfieldclinic.org	715-221-9722	Gail Reckner reckner.gail@marshfieldclinic.org	715-221-9712
Employee Assistance Program	Customer Service shpcswb@marshfieldclinic.org	800-472-2363 Company Fax: 715-221-9500	Robin Huff huff.robin@marshfieldclinic.org	715-221-9734
Complaints/Grievances	Shelley Kress kress.shelley@marshfieldclinic.org	715-221-9663	Jane Wolf wolf.jane@marshfieldclinic.org	715-221-9658

UNITED HEALTHCARE OF WISCONSIN (NE & SE)	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Eligibility – Amy Paul Coverage – Andrea Darling	920-662-8356 920-662-8287 Team Fax: 920-662-8349	Eligibility: Andrea Darling Coverage: Brandon Widell	920-662-8287 920-662-8297
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	Customer Service	800-357-0974
Complaints/Grievances	Customer Service Center	1-800-357-0974	National Appeals Service Center	800-525-6377
UNITY HEALTH PLAN (UW HEALTH AND COMMUNITY)	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Joan Mickelson	800-362-3308 ext. 1743	Abby VonBehren	608-643-1472
Claims	Heather Kavanaugh	608-643-1423	Rhonda Jones	800-362-3308, ext. 1744
Supplies	Kathy Ikeman	608-643-1486	Tammy Sullivan	608-643-1523
Employee Assistance Program	Heather Kavanaugh	608-643-1423	Rhonda Jones	800-362-3308, ext. 1744
Complaints/Grievances	Season Breunig	800-362-3308 ext. 1722	Heidi Larson	800-362-3308 ext. 1720
WPS HEALTH INSURANCE PATIENT CHOICE	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Customer Service	800-634-6448	Greg Nelson	608-226-8048
Claims	Customer Service	800-634-6448	Greg Nelson	608-226-8048
Supplies	Greg Nelson	608-226-8048	David Grunke	608-226-8030
Employee Assistance Program	Customer Service	800-634-6448	Greg Nelson	608-226-8048
Complaints/Grievances	Erna Selby	608-221-7128	Judy Wanless	608-221-7153
WPS HEALTH INSURANCE (STANDARD PLANS & SMP)	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Customer Service	800-634-6448	Greg Nelson	608-226-8048
Claims	Customer Service	800-634-6448	Greg Nelson	608-226-8048
Supplies	Greg Nelson	608-226-8048	David Grunke	608-226-8030
Employee Assistance Program	Customer Service	800-634-6448	Greg Nelson	608-226-8048
Complaints/Grievances	Erna Selby	608-221-7128	Judy Wanless	608-221-7153

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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 Trust Finance and Employer Services (DTFES). Call John Vincent, DTFES administrator, at (608) 261-7942. 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>

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