



Employer *Bulletin*

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

Health Insurance Dual-Choice Information

Dual-Choice Enrollment Period is October 6-24, 2008

October 6-24, 2008 is the Dual-Choice Enrollment period for coverage effective January 1, 2009. Dual-Choice provides an opportunity for subscribers (active employees, annuitants, and former employees who have continued their coverage) to change health plans and/or change from single to family coverage without a waiting period for pre-existing conditions.

The 2009 *It's Your Choice* booklets will be supplied to all participating local government employers during the week of September 29. Employers enrolled in one of the health insurance Program Options (PO) listed immediately below will receive a separate addendum that must be provided to employees along with the *It's Your Choice* booklet:

PO3: Traditional HMO Option paired with the Standard PPP

PO4: Deductible HMO Option paired with the Deductible Standard Plan

PO5: Deductible HMO Option paired with the Deductible Standard PPP

The booklet and addendums will also be available on the Department of Employee Trust Funds (ETF) Internet site at <http://etf.wi.gov> that same week. Additional information about the Wisconsin Public Employers (WPE) Group Health Insurance program and other ETF-administered insurance programs is also available on this site, including the program option addendums.

In November you will receive an *Employer Bulletin* containing additional Dual-Choice reporting instructions and health insurance reporting forms for calendar year 2009.

Note: Reference the rate sheets attached to this Bulletin. The health insurance program options are:

- Traditional HMO Option paired with the "Classic" Standard Plan (ET-2128)
- Traditional HMO Option paired with the Standard Preferred Provider Plan (PPP) (ET-2157)

INSIDE

- * Dual-Choice Enrollment Dates
- * Dual-Choice Kick-off Meeting Reminder
- * Notable Plan & Program Changes
- * General Dual-Choice Information
- * It's Your Choice Booklet Distribution
- * Employer's Application Processing Instructions for Dual-Choice 2009
- * General Dual-Choice Information
- * Rates Sheet, Map, & Health Plan Key Contact List

- 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. 25, Local D, dated May 14, 2008, for additional information on these WPE Group Health Insurance program options.

Dual-Choice Kick-Off Meeting Reminder

Don't miss the annual Dual-Choice kick-off meeting:

When: Wednesday, September 24, 2008
9:00 a.m. - 11:30 a.m.

Where: Mendota Mental Health Institute
Conference Center Building
301 Troy Drive
Madison, Wisconsin

For a map and directions, please refer to *Employer Bulletin*, Vol. 25, No. 8, dated April 30, 2008. Pre-registration is not required. Attendees can purchase coffee as well as 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, 2009. Please call the Employer Communication Center locally at (608) 264-7900 or toll free at (888) 681-3952 with questions.

Notable Plan and Program Changes

1. Health Plans Newly Available

- Anthem (carrier suffix 14) has developed a new network in Northeast Wisconsin: Anthem Northeast will be available in Brown, Door, Fond du Lac, Manitowoc, Marinette, Outagamie, Shawano, Sheboygan, Waupaca, Waushara and Winnebago Counties. Anthem has additional providers in Calumet, Kewaunee and Oconto counties.

2. Health Plan Change

- WPS Patient Choice Plans 1 and 2 have combined and are now called WPS Metro Choice (carrier suffix 84). Members enrolled in either of these plans will be automatically enrolled in WPS Metro Choice unless a Dual-Choice application is submitted. WPS Metro Choice will remain a preferred provider plan. The plan will send information to current members prior to Dual-Choice and distribute new identification cards at the end of this year.

3. Significant Plan Provider Network Changes

- SMP will be newly available in Crawford and Pierce Counties effective January 1, 2009. This network change will include some providers in counties bordering Wisconsin -- for example in Minnesota and Michigan -- in order to support the network for SMP counties.
- A number of health plans have changed service areas. Some plans have made significant changes by adding or terminating contracts with provider groups. Anthem, Gundersen Lutheran and Health Tradition are examples of plans that have such changes this year. Please refer to the map on page A-3 and the Plan Descriptions in Section G of the *It's Your Choice* booklet. Verify with your health plan that your provider(s) is still available to you in 2009.

Note: Your current health plan is required to give you either a list of all plan providers that will not be available to you or a provider directory listing only those providers available in 2009. Contact your plan and request this information if you have not received it by October 4.

4. Changes to Pharmacy Benefits for 2009

For most plans, the annual prescription drug out-of-pocket amount will increase to \$385 per individual and \$770 per family. Please refer to page D-2 of the *It's Your Choice* booklet for further information. The out-of-pocket amount for the Standard Plan and SMP will remain without a limit.

5. Changes to Dental Coverage

Refer to Section G, 'Plan Descriptions', for more information. Plans will send information to current members prior to Dual-Choice.

- Medical Associates is increasing dental coverage for 2009 by adding some basic restorative and orthodontic benefits up to specific benefit maximums.

6. Note To Prospective Medicare Eligible Retirees Enrolled In Humana During 2009

Humana enrolls members with Medicare Parts A and B into its Humana administered Medicare Advantage Private Fee-For-Service (MA-PFFS) plan that offers Uniform Benefits.

Continuing this year, such members will have increased access to providers both inside and outside of Wisconsin compared to the non-Medicare Humana network. However, members will need to ensure their providers accept them as an MA-PFFS member. ETF cannot guarantee that all available providers within the regular Humana plan will also be available in the MA-PFFS plan. Please contact Humana at (866) 396-8810 with questions.

Retirees who will become eligible for Medicare during 2009 should pay special note, since there will not be another enrollment opportunity until the next Dual-Choice period.

7. Other Information About ETF's Internet Site

The *It's Your Choice booklet* is available on the ETF Internet site at <http://etf.wi.gov>. Any known printing discrepancies will be clarified on this site. Additional information about the health insurance program and other insurance programs is also available.

8. Online Help - Educational Video

For employees unsure of where to start when they get the *It's Your Choice* booklet, ETF has developed an educational video, *It's Your Choice: Your Health Insurance Benefits for 2009*. The video explains the booklet's organization, how to locate specific information and reviews important factors to consider when choosing a health plan for 2009. The video can be accessed via ETF's video library at <http://etf.wi.gov/webcasts.htm>. Click on the "participants" link and then the "Insurance Benefits" in the upper left corner.

9. 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 WPE 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. The Group Insurance Board (Board) reserves the right to assess a surcharge as determined by the Board's actuary if this is not done within three years. Please keep in mind that employees continue to have the option of declining coverage under the Group Health Insurance program but employers may not pay them to opt out.

10. Information on Provider Quality

Two new comparison charts appear on pages G-5 through G-9 of the *It's Your Choice* booklet to recognize participating hospitals and physician groups that have reported information to several quality and safety reporting organizations including the Leapfrog Group, CheckPoint, and the Wisconsin Collaborative for Healthcare Quality. You can get more detail on the results on-line at:

www.leapfroggroup.org www.wicheckpoint.org www.wchq.org

11. Low-Cost Health Plan in Counties with no “Qualified” Alternate Health Plan

This section only applies to 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. Admin. Code § 40.10. The health insurance contract 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.

Note: Low-Cost Health Plan information by program option will be available on ETF's Internet site the week of September 22. Individual letters will not be mailed this year. Please ensure you reference the program option applicable to your specific employer for the low-cost plan information.

12. Premium Contribution Under the ‘Tiered Formula’

The Group Insurance Board has approved the 2009 Tiering of health plans based upon their risk-adjusted efficiency and has determined that:

- Tier 1 plans include all health plans except for Anthem BCBS Northwest and the Standard Plan.
- Tier 2 plan is Anthem BCBS Northwest.
- Tier 3 plan is the Standard Plan.

Please contact the Employer Communication Center if interested in learning more about this innovative approach to holding down health care expenses by creating incentives for health plans to reduce their costs, and to encourage employees to use more efficient health plans.

General Dual Choice Information

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

- Verify that their current health plan will be available in their area for 2009.
- Verify that selected physicians, clinics, and/or hospitals will still be available under their health plan in 2009.
- Review changes in plans by reading the ‘Notable Plan and Program Changes’ section, as well as the individual health plan descriptions, found in Section G of the 2009 *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 24, 2008.

Employees may select any health plan (e.g., HMO or WPS Metro Choice) regardless of their county of residence, but should consider whether the providers are within a reasonable distance for medical care. The 2009 *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 and addendums, 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, 2009, 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.

***It's Your Choice* 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, which also serves as their certificate of coverage if enrolled in an HMO or WPS Metro Choice.
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.

Please remind your employees to keep the 2009 *It's Your Choice* booklet as a reference for the entire plan year.

ETF does not distribute *Group Health Insurance Application/Change Forms* (ET-2301) to employers when it distributes *It's Your Choice* booklets. Applications can be downloaded from ETF's Internet site at <http://etf.wi.gov/publications/et2301a.pdf> or you may order applications by completing the Online Forms Order page found under 'Employers' at <http://etf.wi.gov>.

Employees must contact plans directly to request the most up-to-date information regarding service area and/or provider availability related to Dual-Choice 2009.

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 *Group Health Insurance Application/Change Form* (ET-2301). Employers are responsible for routing the 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 2009 to continue their current health insurance.

Employer's Application Processing Instructions for Dual-Choice 2009

1. Verify that the employee has completed the application in its entirety. Employees are encouraged, but not required, to list a physician/clinic name for each insured family member. If the information is not completed and the health plan requires it, the health plan will contact the subscriber directly. The employer is not responsible for obtaining this information.
2. Complete the Employer Portion and provide the following information on each Dual-Choice 2009 *Group Health Insurance Application/Change Form*:
 - Employer Identification Number (EIN)
 - Name of Employer
 - Program Option Code
 - Surcharge Code
 - 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.
 - Date Received by Employer
 - Date WRS 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, 2009
 - Payroll Representative Signature
 - Telephone Number
3. Make five copies of each application: the ETF Advance copy, the Carrier Advance copy, the ETF Coverage Report copy, the Employer copy, and the Employee copy.
4. Send the Carrier Advance copy of the Dual-Choice applications directly to the health plans on a weekly basis; all Carrier Advance copies must be forwarded to the health plans by November 8, 2008. This approach will assist ETF in ensuring that your employees receive their new subscriber cards prior to January 1, 2009.
5. Send the ETF Advance copy of the Dual-Choice applications directly to ETF on a weekly basis; all ETF Advance copies must be forwarded to ETF by November 8, 2008.
6. The ETF Coverage Report copy must be attached to the January Coverage Report.

More detailed instructions for Coverage Report processing will be provided in a November *Employer Bulletin*.

Procedures for Withdrawing Dual-Choice Elections

Employees may rescind 2009 Dual-Choice elections by notifying their employers in writing prior to December 31, 2008. The written request should be filed with the employee's records. When you receive a request to rescind, make four copies of your copy 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* (ET-1144).

1. Refer to subchapter 401D if you have an employee initially eligible for coverage in November or December 2008, or who terminates employment in November or December 2008.
2. Refer to subchapters 404 and 405 for the procedure to follow if you receive a Dual-Choice application after October 24, 2008. Please note that late Dual-Choice material can be faxed to the attention of Steve Norris at (608) 266-5801.

Contact the Employer Communication Center toll free at (888) 681-3952 or locally 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 2009 *It's Your Choice* booklet. However, to ensure timely processing, the following health plan requires Dual-Choice applications be sent to the alternate address as listed below:

Anthem Blue Cross Blue Shield
4361 Irwin Simpson
Mason, OH 45040
Mail Point: OH0205-A203
c/o Christy Matthews

Bulletin Attachments:

Plan Premium Rate Sheet
Map
Health Plan Key Contact List (ET-1728)

**2009 MONTHLY LOCAL EMPLOYEE RATES:
TRADITIONAL HMO OPTION--CLASSIC STANDARD PLAN**

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2009	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1**
STANDARD PLAN: DANE ¹	860.50	2147.40	395.50	788.40	1255.90
STANDARD PLAN: MILWAUKEE ²	1004.30	2506.90	395.50	788.40	1399.70
STANDARD PLAN: WAUKESHA ³	928.50	2317.60	395.50	788.40	1324.00
STANDARD PLAN: BALANCE OF STATE ⁴	928.50	2317.60	395.50	788.40	1324.00
STATE MAINTENANCE PLAN (SMP)	617.50	1540.20	NA	NA	NA
ANTHEM BCBS NORTHEAST	1039.60	2595.30	708.20	1413.90	1745.30
ANTHEM BCBS NORTHWEST	759.50	1895.00	568.10	1133.70	1325.10
ANTHEM BCBS SOUTHEAST	1039.60	2595.30	708.20	1413.90	1745.30
ARISE HEALTH PLAN	604.40	1507.30	490.50	978.50	1092.40
DEAN HEALTH PLAN	460.00	1146.30	418.40	834.30	875.90
GHC OF EAU CLAIRE	737.40	1839.80	542.40	1082.30	1277.30
GHC OF SOUTH CENTRAL WISCONSIN	474.40	1182.30	425.60	848.70	897.50
GUNDERSEN LUTHERAN HEALTH PLAN	658.30	1642.00	517.50	1032.50	1173.30
HEALTH TRADITION HEALTH PLAN	633.30	1579.50	504.90	1007.30	1135.70
HUMANA EASTERN	875.20	2184.30	418.80	835.10	1291.50
HUMANA WESTERN	760.20	1896.80	418.80	835.10	1176.50
MEDICAL ASSOCIATES HEALTH PLAN	512.10	1276.50	382.10	761.70	891.70
MERCYCARE HEALTH PLAN	460.80	1148.30	418.80	835.10	877.10
NETWORK HEALTH PLAN	547.20	1364.30	461.90	921.30	1006.60
PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	1163.50	421.80	841.10	886.20
SECURITY HEALTH PLAN	930.80	2323.30	467.90	933.30	1396.20
UNITEDHEALTHCARE NE	585.10	1459.00	480.90	959.30	1063.50
UNITEDHEALTHCARE SE	636.50	1587.50	506.60	1010.70	1140.60
UNITY COMMUNITY	447.50	1115.00	403.50	804.50	848.50
UNITY UW HEALTH	451.50	1125.00	414.10	825.70	863.10
WPS METRO CHOICE	853.10	2129.00	614.90	1227.30	1465.50

Standard Plan rates are determined by the employer county or the retiree county of residence

**STANDARD PLAN AREA INCLUDES
THE FOLLOWING:**

- ¹DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix
²MILWAUKEE: Milwaukee county & retirees and continuants living out of state
³WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha
⁴BALANCE OF STATE: All other Wisconsin counties

N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.

* Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.

**Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D.

Medicare premium rates apply only to subscribers who have terminated employment.

HEALTH PLAN CONTACTS
(For Employer Use Only)
August 2008

ANTHEM BCBS (NE, NW & SE)	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Elaine Zile	513-770-7290	Enrollment	800-998-7086
Claims	Customer Service	800-490-6201	Brenda Chapman	800-492-2057 Ext. 88051
Supplies	Colleen Evans-Carter	262-523-3397	Ralph Epifanio	262-523-3341
Employee Assistance Program	Customer Service	800-490-6201		
Complaints/Grievances	Marc Runner	417-888-9072		
ARISE HEALTH PLAN	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	Mary Biskner-Bourin	920-490-6907
Supplies	Sue Schmidt	920-490-6936	DeDe Adams	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 Connie.breunig@deancare.com	608-827-4034 Fax: 608-836-9620	Kay Faherty Kay.faherty@deancare.com	608-827-4421
Claims	Michelle Olson Michelle.olson@deancare.com	608-827-4469 Fax: 608-836-4212	Darcy Paskey Darcy.paskey@deancare.com	608-827-4144
Supplies	Penny Bound Penny.bound@deancare.com	608-827-4122 Fax: 608-827-4152	Sandy Hayes Sandy.hayes@deancare.com	608-827-4115
Employee Assistance Program	Customer Service	800-279-1301 / 608-828-1301		
Complaints/Grievances	Kelly Hagenbuch Kelly.hagenbuch@deancare.com	608-827-4302 Fax: 608-836-9620	Darcy Paskey Darcy.paskey@deancare.com	608-827-4144
DEAN HEALTH PLAN	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Hilary Vehrs Hilary.vehrs@deancare.com	608-827-4353 Fax: 608-836-9620	Sara Fraederichs Sara.Fraederichs@deancare.com	608-827-4332
Claims	Michelle Olson Michelle.olson@deancare.com	608-827-4469 Fax: 608-836-4212	Darcy Paskey Darcy.paskey@deancare.com	608-827-4144

Supplies	Penny Bound Penny_bound@deancare.com	608-827-4122 Fax: 608-827-4152	Sandy Hayes Sandy.hayes@deancare.com	608-827-4115
Employee Assistance Program	Customer Service	800-279-1301, 608-828-1301		
Complaints/Grievances	Kelly Hagenbuch Kelly.hagenbuch@deancare.com	608-827-4302 Fax: 608-836-9620	Darcy Paskey Darcy.paskey@deancare.com	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	Karen Ring	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	Dana Stanislawski	715-552-4300 Fax: 715-836-7683	Mark Peterson	715-552-4300
GHC – SOUTH CENTRAL	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Julie Kellesvig	608-251-4156 Fax: 608-662-4837	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	Della Copp	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	Anita Eklov	608-775-8739
Claims	Melissa Holthaus	608-775-8027 Fax: 608-775-8091	Carla Mullins	608-775-8074
Supplies	Paula Baumgartner	608-775-8741 Fax: 608-775-8060	Anita Eklov	608-775-8739
Employee Assistance Program	Melissa Holthaus	608-775-8027 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	Carly Lindsey clindsey@humana.com	502-580-4901 Fax: 502-508-3072
Membership and Coverage -- GROUP MEDICARE	Amy Evans Aevans2@humana.com	502-580-0506 Fax: 502-508-8001	Jaime Lincoln email_jlincoln@humana.com	502-580-0696
Claims	Stephanie Hering	513-929-3746 Fax: 513-898-7476	Regina Cartwright rcartwright@humana.com	502-580-7185 Fax: 502-508-7185
Supplies	Robin Peterson rpeterson@humana.com	800-544-7001 x1732 Fax: 920-339-7092	Roxanne Perillo	920-617-1724 Fax: 920-632-0021
Employee Assistance Program	Corphealth; Georgianna Payne Customer Service Manager	817-322-2519 x2460	Roxanne Perillo and/or Robin Peterson	800-544-7001 x 1732 (Robin) or x 1724 (Roxanne)
Complaints/Grievances	Cindy Elmergreen celmergreen@humana.com	920-337-5667 Fax: 920-339-5043	Laura Kocken lkocken@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 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	Karen Thys	563-584-4781
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	Ryan Pelz	608-758-7710	Rebekah Falk	608-758-7739
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	Customer Care	866-333-2757	Jenny West	920-225-7027
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: 608-258-1909
SECURITY HEALTH PLAN	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Sue Schultz schultz.susan@securityhealth.org	715-221-9628	Sandy Smith smith.sandy@securityhealth.org	715-221-9623
Claims	Stephanie Beyer bauer.stephanie@securityhealth.org	715-221-9531 Marshfield 715-261-4024 Wausau	Sommer Weiland weiland.sommer@securityhealth.org	715-261-4010
Supplies	Katie Olszewski olszewski.katie@securityhealth.org	715-221-9722	Marty Anderson anderson.marty@securityhealth.org	715-221-9716
Employee Assistance Program	Customer Service shpcswb@securityhealth.org	800-472-2363 Company Fax: 715-221-9500	Kristi Oertel oertel.kristi@securityhealth.org	715-221-9567
Complaints/Grievances	Shelley Kress kress.shelley@securityhealth.org	715-221-9663	Jane Wolf wolf.jane@securityhealth.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 – Shelly Mailhiot Coverage – Customer Service	Eligibility -920-662-8356 Coverage 800-357-0974 Fax: 920-662-8349	Andrea Darling	920-662-8287
Claims	Customer Service Center	800-357-0974	Andrea Darling	920-662-8287
Supplies	Brandon Widell	920-662-8297	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	Danielle Booth	608-643-1507	Rhonda Jones	608-643-1492
Supplies	Kathy Ikeman	608-643-1486	Tammy Sullivan	608-643-1523
Employee Assistance Program	Danielle Booth	608-643-1507	Rhonda Jones	608-643-1492
Complaints/Grievances	Heather Kavanaugh	608-643-1423	Andrea Olson	800-362-3308 ext. 1706
WPS Metro Choice (formerly WPS Patient Choice 1 & 2)	PRIMARY CONTACT NAME	PRIMARY CONTACT PHONE NUMBER	ALTERNATE CONTACT NAME	ALTERNATE CONTACT PHONE NUMBER
Membership and Coverage	Customer Service	800-634-6448	Greg Nelson	608-516-6129
Claims	Customer Service	800-634-6448	Greg Nelson	608-516-6129
Supplies	Greg Nelson	608-516-6129	David Grunke	608-226-8030
Employee Assistance Program	Customer Service	800-634-6448	Greg Nelson	608-516-6129
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	608-516-6129
Claims	Customer Service	800-634-6448	Greg Nelson	608-516-6129
Supplies	Greg Nelson	608-516-6129	David Grunke	608-226-8030
Employee Assistance Program	Customer Service	800-634-6448	Greg Nelson	608-516-6129
Complaints/Grievances	Erna Selby	608-221-7128	Judy Wanless	608-221-7153