



Employer *Bulletin*

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WPE Group Health Insurance Program Options for 2015

Local government employers participating in the Wisconsin Public Employers (WPE) Group Health Insurance program available through the Department of Employee Trust Funds are invited to consider electing from the following health program options available for plan year 2015. (A comparison chart can be found on Page 3 for your reference).

Program Option (PO) Overview:

Local government employers will have flexibility in choosing cost-sharing plan options under the WPE Group Health Insurance program. Employers may offer up to four program options to different classes of employees (e.g., collective bargaining units). Individual employees cannot choose between program options.

To change your program option or enroll under additional program options, your governing body must file an *Existing Employer Option Selection Resolution* (ET-1152) with ETF before October 1, 2014. The resolution is available at etf.wi.gov/publications/et1152.docx.

For information on which program option you currently offer, go to your myETF Benefits Invoice or the Employer Premium Inquiry application on myETF Benefits, which can be found at etfonline.wi.gov/etf/internet/employer/one.html

NEW Program Option 7: High Deductible Health Plan (HDHP) Option offered by the HMOs, PPOs and the Standard PPO

Subscribers may select from a health plan that offers a \$1,500 single plan, \$3,000 family plan deductible. This plan is substantially the same as the current Uniform Benefits option, but with an upfront \$1,500 single/\$3,000 family deductible. Following deductible, the benefits for Uniform Benefits or the Standard PPO apply. The deductible does apply to pharmacy benefits. After the deductible, pharmacy benefits again apply to the current copays up to an out-of-pocket limit. In a family plan, the entire \$3,000 deductible must be met before the coinsurance coverage begins.

- HDHP Uniform Benefits includes a deductible that applies to all services except for federally required preventive care. Such care is covered at 100%. Following the deductible, services are subject to a 10% member coinsurance up to an overall out-of-pocket limit of \$2,500 individual plan, \$5,000 family plan. Over time, if changes are made to the State HDHP, this plan will mirror those changes.
- This option will be compliant with Health Savings Accounts or Health Reimbursement Accounts. The employer may set up such plans as they wish.

HDHP Standard PPO: details will be provided at a later date in 2014.

Program Option 2: Traditional or Full Pay Uniform Benefits Option paired with a Standard Preferred Provider Organization (PPO) Plan

Under this program option, subscribers select from:

- Full pay (no coinsurance or deductible) Uniform Benefits offered by many HMOs and two PPOs:

WEA Trust and WPS Metro Choice.

- Standard PPO that allows participants to see their choice of provider with higher out-of-pocket costs for out-of-network providers. This plan is administered by WPS.

Program Option 4: Deductible Uniform Benefits Option paired with the Deductible Standard PPO

Subscribers select a health plan that offers deductible Uniform Benefits or the Standard PPO. Uniform Benefit premium rates in PO 4 are approximately 10% lower than PO 2 rates. The deductibles and other medical out-of-pocket amounts do not apply to pharmacy benefits.

- Deductible Uniform Benefits, offered by many HMOs and two PPOs: WEA Trust and WPS Metro Choice, contains an up-front deductible on all medical services except for federally-required preventive care. Such care is 100% covered. The deductible is \$500 individual/\$1000 family per calendar year. Once the deductible is met, benefits are administered as described in Uniform Benefits.
- The Standard PPO allows participants to see their choice of providers, with higher out-of-pocket costs for out-of-network providers. This program has larger deductible and coinsurance costs than the Standard PPOs of PO 2 and PO 6 allowing for greater premium savings. WPS is the plan administrator.

Program Option 6: Coinsurance Uniform Benefits Option paired with a Standard PPO

Subscribers select a health plan that offers coinsurance Uniform Benefits or the Standard PPO. (Note: Medical out-of-pocket amounts do not apply to pharmacy benefits.) This program option offers Uniform Benefits premium rates that are approximately 5% lower than PO 2 rates.

- Uniform Benefits with a member coinsurance of 10% up to a maximum of \$500 individual/\$1000 family except for federally required preventive care. Such care is 100% covered. This program option mirrors the Uniform Benefits offered to state employees. Over time, if changes are made to the state Uniform Benefits plan, this plan will mirror those changes.
- The Standard PPO allows participants to see their choice of provider, with higher out-of-pocket costs for out-of-network providers. This program has larger deductible and coinsurance costs than the PO 2 Standard PPO allowing for greater premium savings. WPS Health Insurance (WPS) is the plan administrator.

Medicare Options for Participating WPE Annuitants and Their Dependents:

- The Uniform Benefits option that employers offer will continue as-is for Medicare eligible annuitants and their dependents, acting as a Medicare carve-out where Medicare pays first and then the health plan pays services subject to the Uniform Benefits contract.
- All Standard Plan Medicare eligible annuitants and their dependents will have coverage through one group Medicare supplement offered by WPS, called the Medicare Plus plan.

Contact Information

For more information on the WPE Group Health Insurance program, contact ETF's Employer Communication Center toll free at 1-877-533-5020 or 608-266-3285 (local Madison), or e-mail ETF at ETFHealthandIns@etf.state.wi.us. Information regarding the WPE Group Health Insurance program and other benefit programs is also available at etf.wi.gov.

**Wisconsin Public Employees
Non-Medicare Benefits
Program Options (PO) Effective January 1, 2015**

NON-MEDICARE BENEFITS		Program Option 2	Program Option 4	Program Option 6	NEW Program Option 7 HDHP, compliant with HSA or HRA of employer's choice
Uniform Benefits (For HMOs and some PPOs: benefits described for services at plan providers only)		Full Pay Uniform Benefits (No deductible or coinsurance.)	\$500 Individual / \$1000 Family deductible*. After deductible is met, Uniform Benefits apply.	90% / 10% coinsurance* to \$500 Individual / \$1000 Family out-of-pocket limit. After coinsurance is met, Uniform Benefits apply.	\$1500 Individual / \$3000 Family deductible*; thereafter 90% / 10% coinsurance to \$2500 Individual / \$5000 Family out-of-pocket limit.
Standard PPO Benefit	Freedom of Provider Choice Benefit:	Standard PPO:	Standard PPO: <i>Contains former PO5's deductible / coinsurance</i>	Standard PPO: <i>Contains former PO3's deductible / coinsurance</i>	HDHP Standard PPO:
	Deductible* (An overall deductible, unless otherwise noted.)	In-Network: \$100 Individual / \$200 Family Out-of-Network: \$500 Individual / \$1000 Family	In-Network: \$500 Individual / \$1000 Family Out-of-Network: \$1000 Individual / \$2000 Family	In-Network: \$250 Individual / \$500 Family Out-of-Network: \$500 Individual / \$1000 Family	<i>Details will be provided at a later date in 2014</i>
	Coinsurance*	In-Network: 100% / 0% Out-of-Network: 80% / 20%	In-Network: 80% / 20% Out-of-Network: 70% / 30%	In-Network: 90% / 10% Out-of-Network: 70% / 30%	<i>Details will be provided at a later date in 2014</i>
	Annual out-of-pocket limit (Includes deductible & coinsurance.)	In-Network: \$100 Individual / \$200 Family Out-of-Network: \$2000 Individual / \$4000 Family	In-Network: \$2000 Individual / \$4000 Family Out-of-Network: \$4000 Individual / \$8000 Family	In-Network: \$1000 Individual / \$2000 Family Out-of-Network: \$2000 Individual / \$4000 Family	<i>Details will be provided at a later date in 2014</i>

*Except as required by federal law.