



EMPLOYER BULLETIN

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

Vol. 23, State F
October 20, 2006

- **Plans Mail Annual Dependent Status Letters and Questionnaires**
- **Pharmacy Benefit Manager (PBM) ID Card Reminder**
- **Corrections/Updates to *It's Your Choice* Booklets**

Annual Student/Disabled Dependent Status Letters

The Department of Employee Trust Funds (ETF) requires that participating health plans annually send the attached letter and questionnaire to subscribers with dependents age 19 or older (other than spouses). Participating health plans will begin mailing questionnaires to subscribers the week of October 23. The deadline to return them to the health plan is November 30, 2006. Health plans must receive questionnaires by this date in order to ensure that coverage will continue on January 1, 2007. If health plans receive the Student/Disabled Dependent Status Questionnaire later than November 30, the dependent's health insurance coverage may end as of December 31, 2006.

Note: Health plans are not allowed to accept verbal responses to the student/disabled dependent status questionnaire.

Subscribers switching health plans during the 2007 Dual-Choice enrollment period must complete and return the questionnaire to the health plan that initiated the letter, not the health plan selected for 2007. ETF will notify the new health plan (the subscriber's Dual-Choice selection) of any dependent status changes based on the questionnaire. Subscribers covered by CompCareBlue Aurora Family Network in 2006 must return the student/disabled dependent status questionnaires to CompCareBlue Aurora Family network, even though the health plan will no longer be available in 2007.

Incomplete and/or unreturned student/disabled dependent status questionnaires may result in denied/delayed claims and prescription drug benefits for dependents.

Employees are instructed on the questionnaire to submit a *Group Health Insurance Application* (ET-2301) or *Health Insurance Information Change* form (ET-2329), as appropriate, to the employer so that dependents may be properly deleted and COBRA continuation notifications issued. To supplement this process, ETF will then notify employers of terminated dependents in January 2007. Employers will receive a report, compiled from the data submitted by the health plans, notifying them of their subscribers' terminated dependents.

For changes from family to single coverage resulting from a change in student/disabled dependent status, employers must:

- Receive a *Group Health Insurance Application* (ET-2301) from any subscriber changing from family to single coverage, and

- Issue a *Continuation - Conversion Notice* (ET-2311) to previously covered dependent(s).

In the event family coverage remains in force following removal of a student/disabled dependent from coverage, employers must:

- Receive a completed *Health Insurance Information Change* form (ET-2329) deleting the dependent from the existing family contract, and
- Issue a *Continuation - Conversion Notice* (ET-2311) to previously covered dependent(s).

Dependent Reinstatement

In the event a dependent is terminated due to non-response to the health plan's questionnaire, coverage can be reinstated back to the date of termination by submission of one type of documentation of student status and a *Health Insurance Information Change* Form (ET-2329) to ETF. Examples of types of documentation include:

- Current class schedule.
- Completed "Student Status" letter.
- Letter from the educational institution indicating the dependent is a full-time student for the current semester.
- Copy of a payment receipt from the educational institution for the current semester. The receipt must indicate the total class credits taken.

Reminder: Pharmacy Benefit Manager (Navitus) ID Cards

The program's pharmacy benefit manager (PBM), Navitus Health Solutions, will send new identification (ID) cards to subscribers only when one or more of the following information changes occur:

- New health plan selected, including selections made during Dual-Choice
- Dependent(s) added or deleted
- Group number change
- Name change

Subscribers without any of the changes noted above should continue to use their existing Navitus ID card. Subscribers can request additional copies of their ID card by contacting Navitus customer service at:

Navitus Health Solutions
5 Innovation Court
Appleton, WI 54912
Phone: (toll free) 866-333-2757
www.navitushealth.com

Contact the Employer Communication Center Toll-Free at 1-888-681-3952 or the local Madison number at (608) 264-7900 with questions regarding the Student/Disabled Dependent Status Questionnaire or the PBM ID cards.

Corrections/Updates to the 2007 *It's Your Choice* Booklets: State ET-2107 and Graduate Asst. ET-2127 (REV 10/10/06)

Please note the following corrections/updates to your 2007 *It's Your Choice* Booklet. Notices regarding these corrections/updates can also be found on the Department's Internet site at http://etf.wi.gov/members/health_ins.htm.

Subscribers wanting additional information regarding benefits and participating providers should, contact the health plan or pharmacy benefit manager, Navitus Health Solutions. For questions regarding applications, eligibility, enrollment, and general information, contact the Department of Employee Trust Funds toll-free at 1-877-533-5020 or (608) 266-3285 (local Madison).

Corrections/Updates:

- The map on page A-5 incorrectly identifies GHC-Eau Claire as a qualified plan (initials in bold font and underlined) for Lincoln County. The plan has too few providers in this county to be considered "qualified." GHC is listed correctly on page A-9, under the 2007 Health Plan Options and Tiering by County.
- See the grids containing 2007 Health Plan Options and Tiering by County on pages A-6 through A-13. The footnote at the bottom of the page references Question & Answer #46 on page C-24. Question & Answer #46 actually appears on page C-25 State Active, C-23 Graduate Assistant.
- In the grid on page A-6, Calumet County is spelled incorrectly (State only).
- Page C-21 State, C-19 Graduate Assistant Question and Answer #28 Which Plans are Actually Available to Me? incorrectly responds that SMP is only available to those who live in an SMP county. The correct information appears on page i and A-4; anyone can enroll in SMP in 2007. Subscribers should closely review the 2007 SMP directory for changes.
- Benefit for prescription drugs offered through Uniform Benefits: the new out-of-pocket maximum copayment amounts of \$320 for single and \$640 for family coverage appear correctly on pages i, Notable Plan and Program Changes; D-2, Notable Changes to Uniform Benefits; and D-7, the Uniform Benefits schedule of benefits. However, this same information on page D-28 erroneously indicates last year's copayment levels of \$300 single/\$600 family. Page D-28 in the online version of your *It's Your Choice* booklet is correct.
- On page G-4, in the 2007 Health Plan Features comparison grid, Group Health Cooperative of Eau Claire (GHC-EC) has 'NO' incorrectly listed under "ETF Specific Information Available on Plan Web site." GHC-EC does have a specific section just for state employees.
- On page G-6, the Health Tradition plan description page, the correct telephone number in the "Prior Authorization Requirements" section is (608) 781-2118.
- The Comparison of State Plan types for 2007 chart on page G-20 incorrectly indicates the ambulance benefit payable under the Standard Plan "Out-of-Network" column at 80%. Ambulance service is always paid at 100%.

Late-Reported Change:

- WPS Prevea Health Plan has changed its name to Arise Health Plan. During the transition period, both names will be utilized. The plan's phone numbers and address remain unchanged. Current members should continue to use their identification cards.

