



# Employer *Bulletin*

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

Introducing the new look of your *Employer Bulletin*

## Health Insurance Dual-Choice Information

### Dual-Choice Enrollment Period is October 8-26, 2007

October 8-26, 2007, is the Dual-Choice Enrollment period for coverage effective January 1, 2008. Dual-Choice provides an opportunity for **current** 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 2008 *It's Your Choice* booklets will be supplied to all State agencies during the week of October 1. That same week, the booklet will also be available on the Department of Employee Trust Funds' (ETF) Internet site at

<http://etf.wi.gov>. Additional information about the State of Wisconsin Group Health Insurance program and other insurance programs administered by ETF is also available on this site.

In November, you will receive an *Employer Bulletin* containing additional Dual-Choice reporting instructions and health insurance reporting forms for calendar year 2008.

### Dual-Choice Kick-Off Meeting Reminder

The annual Dual-Choice Kick-off meeting is set for Wednesday, September 26, 2007, from 9:00 a.m. to 11:30 a.m. at the Mendota Mental Health Institute, Conference Center Building, 301 Troy Drive, Madison, Wisconsin. (For a map and directions, see *Employer Bulletin*, Vol. 24, No. 9, April 23, 2007.) Pre-registration is not required. Attendees can purchase coffee, 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, 2008. Please call the Employer Communication Center locally at (608) 264-7900 or toll free at (888) 681-3952 with questions.

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## Notable Plan and Program Changes

### 1. Health Plans No Longer Available

➤ SMP is no longer available in Ashland, Marinette and Pierce counties. Subscribers using providers in these counties must select another plan or will be limited to the SMP providers remaining in other areas. Subscribers are not required to live or work in an SMP county to be eligible for SMP.

### 2. Health Plan Name Change

➤ **CompcareBlue has changed its name to Anthem Blue Cross & Blue Shield.** The plan will mail out information to current members prior to Dual-Choice and produce new identification cards at the end of this year.

➤ **WPS Prevea Health Plan has changed its name to Arise Health Plan.** Current members have already received new identification cards and information.

### 3. Significant Plan Provider Network Changes

➤ A number of health plans have changed their service areas. Some have made significant changes by adding or terminating contracts with certain provider groups. **Humana and Arise Health Plan are examples of plans that have such changes this year.** Please refer to the map on page A-5 of the 2008 *It's Your Choice* booklet and the Plan Descriptions in Section G. Verify with your health plan that your provider(s) is still available to you in 2008.

**Note:** Your current health plan is required to provide you with either a list of all plan providers that will not be available to you or a provider directory listing only those providers available in 2008. You should contact your plan and request this information if you have not received it by October 5.

### 4. Changes to Pharmacy Benefits for 2008

For most plans, the annual prescription drug out-of-pocket amount will increase to \$350 per individual and \$700 per family. See page D-2 for further information. The out-of-pocket amount for the Standard Plan will

remain at \$1,000 per individual and \$2,000 per family.

### 5. Changes to Dental Coverage

See Section G, Plan Description Pages of the 2008 *It's Your Choice* booklet for more information.

➤ **Arise Health Plan (formerly WPS Prevea)** is offering dental coverage in 2008.

➤ **Dean Health Plan** has changed dental plan administrators from Delta Dental to the Ameritas Group, a Preferred Provider Plan. In addition, certain annual and lifetime benefit maximum amounts are increasing. The plan will mail information to current members prior to Dual-Choice and produce new identification cards at the end of this year.

➤ **Physicians Plus** has changed the criteria for dental exams. The plan will cover "2 cleanings per year" as opposed to "1 cleaning every six months".

➤ **Security Health Plan** is implementing a network for benefits. Members should check with the health plan for a list of available providers.

### 6. Information on Provider Quality

The Group Insurance Board supports the goals of improving the quality and safety of health care services. To that end, ETF is involved in a number of state and national initiatives focused on reducing medical errors and saving lives through voluntary public reporting. The Plan Descriptions in Section G have notations on the participating hospitals and clinics that have reported information to several quality and safety reporting organizations. These include the Leapfrog Group, CheckPoint, the Joint Commission, and the Wisconsin Collaborative for Healthcare Quality. See page G-2 for more information. By providing this information, ETF is recognizing hospitals and providers that make improvements in patient safety and quality. You can visit the results on-line at:

[www.leapfroggroup.org](http://www.leapfroggroup.org)

[www.wicheckpoint.org](http://www.wicheckpoint.org)

[www.jointcommission.org](http://www.jointcommission.org)  
[www.wchq.org](http://www.wchq.org)

## 7. Other Information About *It's Your Choice*

**Web site:** The *It's Your Choice* booklet is available on ETF's Internet site at [www.etf.wi.gov](http://www.etf.wi.gov). Any known printing discrepancies will be clarified on this site. Additional information about the Health Insurance program and other insurance programs offered to employees, annuitants and continants is also available at this site.

## 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 2008.
- Verify that selected physicians, clinics, and/or hospitals will still be available under their health plan in 2008.
- Review changes in benefits by reading the "Notable Plan and Program Changes" section, as well as the individual health plan descriptions, found in the 2008 *It's Your Choice* booklet.
- Call the health plan directly with specific benefit or leave of absence 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 26, 2007.

Employees may select any alternate health plan (e.g., HMO, SMP or Patient Choice) regardless of their county of residence, but should consider whether the providers are within a reasonable distance for medical care. The 2008 *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, 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, 2008, or later, must complete their Dual-Choice applications as active employees. Changes in annuitant coverage are handled by ETF when the employee applies for annuitant benefits.

## 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 and that the booklet serves as their certificate of coverage if enrolled in an alternate health plan (e.g., HMO).
2. Insured employees on temporary layoff, those on permanent layoff paying premiums via sick leave through the employer, 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.

**Note:** Remind employees to keep the 2008 *It's Your Choice* booklet as a reference for the entire plan year.

ETF does not include *Group Health Insurance Applications* (ET-2301) in the distribution of *It's Your Choice* booklets. To request applications:

- Complete the Online Forms Order page found under "Employers" at <http://etf.wi.gov>.  
OR
- Contact ETF's Supply and Mail Services at (608) 266-3302. Indicate your Employer name and Identification Number (EIN), location, form name and number, and the quantity of forms desired. In addition, note that your request is Dual-Choice related.

Employees must contact plans directly to request the most up-to-date information regarding service area and/or provider availability related to Dual-Choice 2008.

**Note:** When calling Navitus or a health plan, 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 *Health Insurance Information Change* form (ET-2329). Employers are responsible for routing information change forms to ETF and the health plans. Once mailing addresses are updated, employees will receive provider information in a timely fashion, including information for the annual student status verification process, which enables dependents who remain eligible in 2008 to continue their current health insurance.

## Employer's Application Processing Instructions for Dual-Choice 2008

1. Verify that the employee completed the application in its entirety. If an HMO is selected, a physician/clinic name and the county in which the physician provides services must be entered on the application. Some health plans will accept a clinic name in lieu of a physician. Should a health plan not accept an application with a clinic name, the employer is not responsible for obtaining this information, the health plan will contact the subscriber directly. Most health plans require the name of a primary care physician. It is the employee's responsibility to fill in this box on the application.
2. Complete the Employer Portion of the application and provide the following information on each Dual-Choice 2008 *Group Health Insurance Application*:
  - Employer Identification Number (EIN)
  - Name of Employer
  - Payroll Representative Signature
  - Telephone Number
  - 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.
  - Physician County Code – This county code represents the county in which your employee receives primary care.
  - Date Received by Employer
  - Date 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, 2008
3. Separate each type of application (ET-2301 and ET-2302 for UW Graduate Assistants).
4. Send the Advanced Carrier Registration Copy of Dual-Choice applications directly to the health plans on a weekly basis. All Advanced Carrier plies must be forwarded to the health plans by November 9, 2007.
5. Send the ETF Advance ply of Dual-Choice applications directly to ETF on a weekly basis. All ETF Advance plies must be forwarded to ETF by November 9, 2007.

Receipt of the applications by November 9, 2007, will assist ETF in ensuring that your employees receive their new subscriber cards prior to January 1, 2008.

More detailed instructions explaining Coverage Report processing will be mailed in November.

## Procedures for Withdrawing Dual-Choice Elections

Employees may rescind 2008 Dual-Choice elections by notifying their employers in writing prior to December 31, 2007. 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 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 the *State Health Insurance Employer Administration Manual* (ET-1118).

- Refer to subchapter 403 if you have an employee initially eligible for coverage in November or December 2007, or who terminates employment in November or December 2007.
- Refer to subchapters 406 for instructions if you receive a Dual-Choice application after October 26, 2007, the end of the Dual Choice period. Also note that late Dual-Choice material can be faxed to ETF 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 2008 *It's Your Choice* book. However, to ensure timely processing, the following health plan requires Dual-Choice applications be sent to the alternate address as listed below:

Humana  
Maria Chumley 6A102  
101 E. Main Street  
Louisville KY 40202

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services, or employment. If you are speech, hearing or visually impaired and need assistance, call the Wisconsin Relay Service at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). We will try to find another way to get the information to you in a usable form.

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>

Wisconsin Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; <http://etf.wi.gov>.

MONTHLY STATE GROUP HEALTH INSURANCE RATES FOR CY 2008*	PLAN TIER	CONTRACT TYPE	
		SINGLE	FAMILY
PLAN NAME			
STANDARD PLAN	3	895.70	2235.60
STATE MAINTENANCE PLAN (SMP)	1	554.30	1382.00
ANTHEM BCBS NORTHWEST	2	658.40	1642.30
ANTHEM BCBS SOUTHEAST	1	618.90	1543.60
ARISE HEALTH PLAN	1	577.50	1440.10
DEAN HEALTH PLAN	1	501.80	1250.80
GHC EAU CLAIRE	1	604.00	1506.30
GHC-SCW	1	494.20	1231.80
GUNDERSEN LUTHERAN HEALTH PLAN	1	591.00	1473.80
HEALTH TRADITION	1	620.60	1547.80
HUMANA EASTERN	1	621.20	1549.30
HUMANA WESTERN	1	625.10	1559.10
MEDICAL ASSOCIATES HEALTH PLAN	1	476.20	1186.80
MERCYCARE HEALTH PLAN	1	480.60	1197.80
NETWORK HEALTH PLAN	1	523.00	1303.80
PHYSICIANS PLUS--MERITER & UW	1	498.10	1241.60
SECURITY HEALTH PLAN	1	621.10	1549.10
UNITEDHEALTHCARE NE	1	543.00	1353.80
UNITEDHEALTHCARE SE	1	602.70	1503.10
UNITY COMMUNITY	1	611.70	1525.60
UNITY UW HEALTH	1	504.60	1257.80
WPS PATIENT CHOICE PLAN 1	1	619.90	1546.10
WPS PATIENT CHOICE PLAN 2	2	650.20	1621.80
*These are the total monthly premium rates. See your benefits and payroll specialist and page A-2 for more information on employee contributions.			

**IMPORTANT: The 3-Tier model and actual contributions are subject to collective bargaining and non-represented pay plans.**

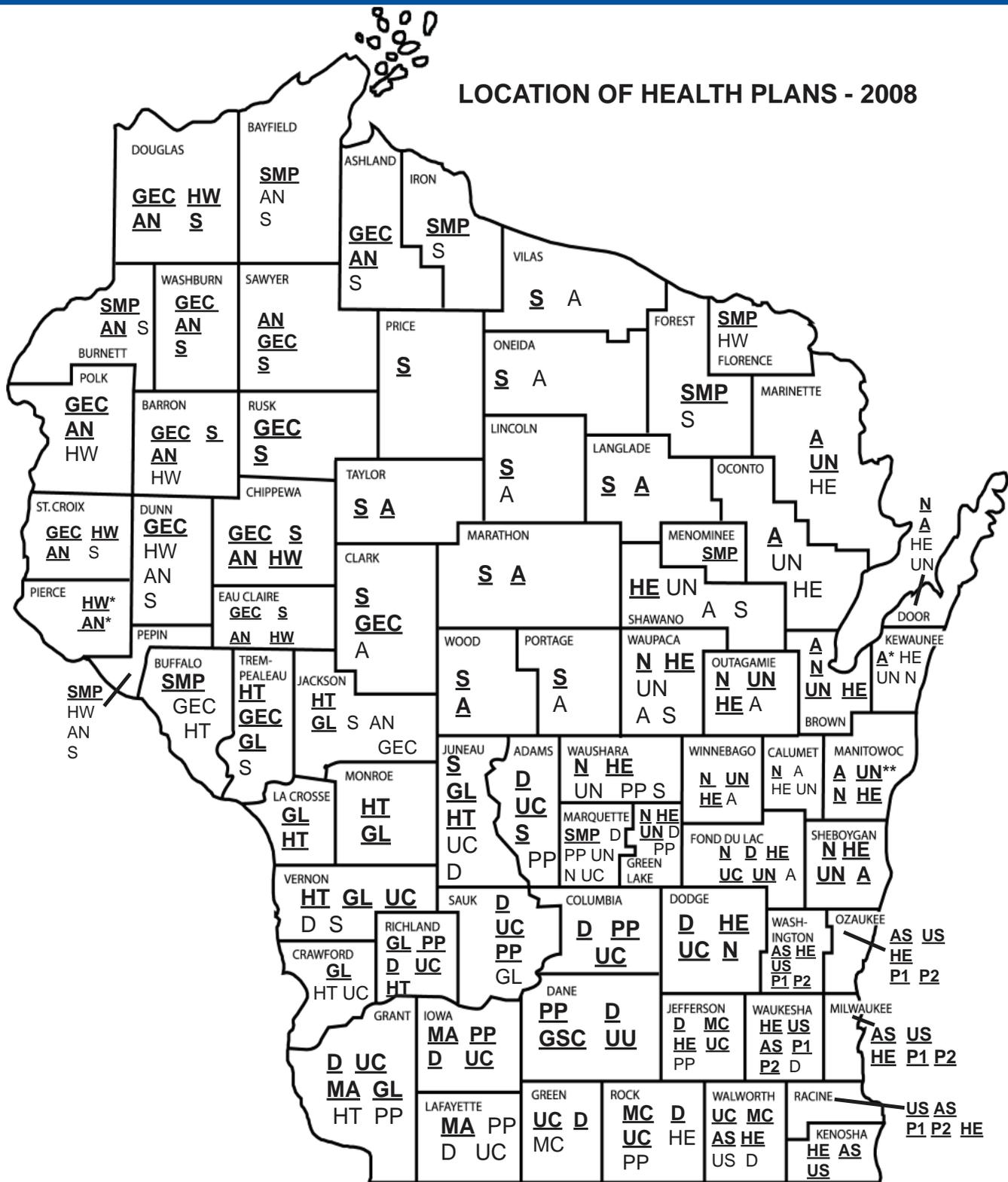
October 8-26, 2008 is the Dual-Choice Enrollment period for coverage effective January 1, 2008. Dual-Choice provides an opportunity for insured subscribers (active employees, annuitants, and former employees who have continued their coverage) to change health insurance plans and/or change from single to family coverage without a waiting period for pre-existing conditions.

Premium contribution amounts for part time employees with appointments of less than 1044 hours are illustrated below, with employees working less than half-time paying 50% of the total monthly premium. These rates apply to both represented employees and to non-represented employees. These rates also include: The University of Wisconsin System; and apply to faculty and academic staff of the University of Wisconsin System as established by their respective compensation plans.

**GROUP HEALTH INSURANCE 2008 MONTHLY PREMIUM RATES FOR PART TIME EMPLOYEES: TIERED EMPLOYEE CONTRIBUTIONS**

HEALTH PLAN	TIER	SINGLE			FAMILY		
		STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
STANDARD PLAN	3	447.85	447.85	895.70	1117.80	1117.80	2235.60
STATE MAINTENANCE PLAN (SMP)	1	277.15	277.15	554.30	691.00	691.00	1382.00
ANTHEM BCBS NORTHWEST	2	329.20	329.20	658.40	821.15	821.15	1642.30
ANTHEM BCBS SOUTHEAST	1	309.45	309.45	618.90	771.80	771.80	1543.60
ARISE HEALTH PLAN	1	288.75	288.75	577.50	720.05	720.05	1440.10
DEAN HEALTH PLAN	1	250.90	250.90	501.80	625.40	625.40	1250.80
GHC EAU CLAIRE	1	302.00	302.00	604.00	753.15	753.15	1506.30
GHC-SCW	1	247.10	247.10	494.20	615.90	615.90	1231.80
GUNDERSEN LUTHERAN HEALTH PLAN	1	295.50	295.50	591.00	736.90	736.90	1473.80
HEALTH TRADITION	1	310.30	310.30	620.60	773.90	773.90	1547.80
HUMANA EASTERN	1	310.60	310.60	621.20	774.65	774.65	1549.30
HUMANA WESTERN	1	312.55	312.55	625.10	779.55	779.55	1559.10
MEDICAL ASSOCIATES HEALTH PLAN	1	238.10	238.10	476.20	593.40	593.40	1186.80
MERCYCARE HEALTH PLAN	1	240.30	240.30	480.60	598.90	598.90	1197.80
NETWORK HEALTH PLAN	1	261.50	261.50	523.00	651.90	651.90	1303.80
PHYSICIANS PLUS--MERITER & UW	1	249.05	249.05	498.10	620.80	620.80	1241.60
SECURITY HEALTH PLAN	1	310.55	310.55	621.10	774.55	774.55	1549.10
UNITEDHEALTHCARE NE	1	271.50	271.50	543.00	676.90	676.90	1353.80
UNITEDHEALTHCARE SE	1	301.35	301.35	602.70	751.55	751.55	1503.10
UNITY COMMUNITY	1	305.85	305.85	611.70	762.80	762.80	1525.60
UNITY UW HEALTH	1	252.30	252.30	504.60	628.90	628.90	1257.80
WPS PATIENT CHOICE PLAN 1	1	309.95	309.95	619.90	773.05	773.05	1546.10
WPS PATIENT CHOICE PLAN 2	2	325.10	325.10	650.20	810.90	810.90	1621.80

## LOCATION OF HEALTH PLANS - 2008



\* Qualified in a county with no hospital.

\*\* Hospital 4 miles from major city.

A number of plans have changed their service areas for 2008; some have made significant changes. As a result, you may need to change plans for 2008.

“Qualified plans in each county are underlined and show in **bold** type. “Non-qualified” plans are not underlined or bolded. Non-qualified plans have limited provider availability in the indicated county.

Plan designation is based upon the tiering of plans approved by the Group Insurance Board.