



# Employer *Bulletin*

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

## Health Report/Payment Mailing Instructions

Payment made by payment voucher: Please mail both sets of reports to:

Division of Trust Finance & Employer Services  
Department of Employee Trust Funds  
PO Box 7931  
Madison, WI, 53707-7931

Payment made by check: Please mail payments and reports to ETF's lockbox account in Milwaukee, rather than mailing directly to ETF. Labels for those agencies paying by check are included with this mailing:

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 *State Employees 2008 Monthly Coverage Report* (ET-1607), *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 *State Agency Health Insurance Administration Manual* (ET-1118, Rev. 09/2006) for any late 2008 Dual-Choice Applications. Please forward a **photocopy** of the *Group Health Insurance Application* (ET-2301); *Graduate Assistants*, (ET-2302); 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 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).

### INSIDE

- \* Health Report/Payment Mailing Instructions
- \* 2008 Dual-Choice Due Dates
- \* Late Dual-Choice Applications
- \* Dual-Choice Rescinds

- \* 2008 Group Health Insurance Reporting Forms
- \* Reporting and Assembly of 2008 Health Reports
- \* Alternate Reporting Requests
- \* Updated Health Plan Contact List

## 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 **State Agency Health Insurance Administration Manual** (ET-1118, Rev. 09/2006) 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 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 our Internet site, <http://etf.wi.gov>.
  - *State Health Insurance Summary* (ET-1608) Rev. 11/2007
  - *State Employees 2008 Monthly Coverage Report* (ET-1607) Rev. 11/2007
  - *Monthly Additions Report* (ET-2610) Rev. 11/2005
  - *Monthly Deletions Report* (ET-2612) Rev. 11/2005
  - *Monthly Changes Report* (ER-2614) Rev. 11/2005

**It is critical to use the 2008 Summary and Monthly Coverage reports when reporting for 2008.** Destroy any *Insurance Summary* and *Monthly Coverage* reporting forms not labeled as 2008. **Reports are due on the 20<sup>th</sup> of each month.** Late fees are assessed for reports and payments not filed timely.

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

In addition to the 2008 monthly reports, please use the most recently revised enrollment and information change forms in Plan Year 2008:

- *Group Health Insurance Application* (ET-2301) Rev. 9/2006
- *Group Health Insurance Application* (ET-2302) Rev. 9/2006 (UW Grad Assistants only)

For additional applications, contact ETF's Supply and Mail Services Section at (608) 266-3302 or order online at <http://etf.wi.gov>.

**January 2008 Health Insurance Reports will include:**

1. Two copies of the completed *State Health Insurance Summary - 2008* (ET-1608)
2. Corresponding *State Employees 2008 Monthly Coverage Report* (ET-1607) for each plan, indicating all of the contracts (Dual-Choice and regular) added and deleted

for the coverage month of January 2008.

3. Two copies of the *Monthly Additions Report* (ET-2610), *Monthly Deletions Report* (ET-2612), *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 number of the previous health plan (the employee's current health plan). Do not substitute the name of the health plan for the health plan suffix number.

- *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 carrier 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

*State Health Insurance Summary - 2008* (ET-1608) - Attach WiSMART document(s) directly behind the *Summary*. Note: If paying by check, attach the check to front of the

*Summary*. (Please see instructions above for additional requirements for the Dual-Choice reports.)

*State Employees 2008 Monthly Coverage Report* (ET-1607) - Attach one *Monthly Coverage Report* per health plan with contracts to report. Assemble in the order in which the 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), along 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) and *Group Health Insurance Application* (ET-2302) 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 Applications* (ET-2301), *Group Health Insurance Applications* (ET-2302), and/or *Medicare Eligibility Statement(s)* (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](mailto: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 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  
P O Box 7931  
Madison, WI 53707-7931  
E-mail: [ron.diehl@etf.state.wi.us](mailto:ron.diehl@etf.state.wi.us)

## Health Plan Contacts

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

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>.

## HEALTH PLAN CONTACTS

(For Employer Use Only)

**SEPTEMBER 2007**

<b>ANTHEM BCBS (NW &amp; SE) (formerly Compcare Blue)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Jill Michels	715-836-1204	Jessica Deutsch	715-836-1279
Claims	Sherrie Goffinet	608-342-5339	Debra 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		
<b>ARISE HEALTH PLAN (formerly WPS Prevea)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>DEAN HEALTH INSURANCE RX (WPE Annuitants Only)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>DEAN HEALTH PLAN</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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

<b>GHC – EAU CLAIRE</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>GHC – SOUTH CENTRAL</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>GUNDERSEN LUTHERAN</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>HEALTH TRADITION</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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

<b>HUMANA 800-825-9900</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Missy Wimsatt E-mail: <a href="mailto:mwimsatt@humana.com">mwimsatt@humana.com</a>	502-580-6252 Fax 502-508-6252	Maria Chumley E-mail: <a href="mailto:mchumley@humana.com">mchumley@humana.com</a>	502-580-7738 Fax: 502-508-7738
Claims	Natasha Bischoff	800-291-6541 513-826-6360 Fax: 513-826-5919	Regina Cartwright E-mail: <a href="mailto:rcartwright@humana.com">rcartwright@humana.com</a>	502-580-7185 Fax: 502-508-7185
Supplies	Lora Harris E-mail: <a href="mailto:lharris3@humana.com">lharris3@humana.com</a>	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: <a href="mailto:celmergreen@humana.com">celmergreen@humana.com</a>	920-337-5667 Fax: 920-339-5043	Laura Kocken E-mail: <a href="mailto:lkoeken@humana.com">lkoeken@humana.com</a>	920-337-8104 Fax: 920-339-5043
<b>MEDICAL ASSOCIATES</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>MERCYCARE</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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 Peiz	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
<b>NETWORK HEALTH PLAN</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>PHYSICIANS PLUS</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>SECURITY HEALTH PLAN</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
Membership and Coverage	Sue Schultz <a href="mailto:schultz.susan@marshfieldclinic.org">schultz.susan@marshfieldclinic.org</a>	715-221-9628	Sandy Smith <a href="mailto:smith.sandy@marshfieldclinic.org">smith.sandy@marshfieldclinic.org</a>	715-221-9623
Claims	Lani Beyer <a href="mailto:beyer.lani@marshfieldclinic.org">beyer.lani@marshfieldclinic.org</a>	715-221-9529	Stephanie Bauer <a href="mailto:bauer.stephanie@marshfieldclinic.org">bauer.stephanie@marshfieldclinic.org</a>	715-221-9531
Supplies	Katie Olaszewski <a href="mailto:olaszewski.katie@marshfieldclinic.org">olaszewski.katie@marshfieldclinic.org</a>	715-221-9722	Gail Reckner <a href="mailto:reckner.gail@marshfieldclinic.org">reckner.gail@marshfieldclinic.org</a>	715-221-9712
Employee Assistance Program	Customer Service <a href="mailto:shpcswb@marshfieldclinic.org">shpcswb@marshfieldclinic.org</a>	800-472-2363 Company Fax: 715-221-9500	Robin Huff <a href="mailto:huff.robin@marshfieldclinic.org">huff.robin@marshfieldclinic.org</a>	715-221-9734
Complaints/Grievances	Shelley Kress <a href="mailto:kress.shelley@marshfieldclinic.org">kress.shelley@marshfieldclinic.org</a>	715-221-9663	Jane Wolf <a href="mailto:wolf.jane@marshfieldclinic.org">wolf.jane@marshfieldclinic.org</a>	715-221-9658



<b>UNITED HEALTHCARE OF WISCONSIN (NE &amp; SE)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>UNITY HEALTH PLAN (UW HEALTH AND COMMUNITY)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>WPS HEALTH INSURANCE PATIENT CHOICE</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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
<b>WPS HEALTH INSURANCE (STANDARD PLANS &amp; SMP)</b>	<b>PRIMARY CONTACT NAME</b>	<b>PRIMARY CONTACT PHONE NUMBER</b>	<b>ALTERNATE CONTACT NAME</b>	<b>ALTERNATE CONTACT PHONE NUMBER</b>
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