



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 State agencies during the week of September 29. The booklet 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 State of Wisconsin Group Health Insurance program and other ETF administered insurance programs 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 2009.

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.

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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 No Longer Available

SMP is no longer available in Burnett County. Subscribers using providers in this county must consider selecting another plan or will be limited to the SMP providers remaining in other areas. Subscribers are not required to live in an SMP county to be eligible for SMP. GHC-Eau Claire is now the qualified plan in Burnett county.

2. Health Plans Newly Available

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

3. 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 be a Tier 1 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.

4. 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 with 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.

5. 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. Refer to page D-2 of the *It's Your Choice* booklet for further information. The out-of-pocket amount for the Standard Plan will remain at \$1,000 per individual and \$2,000 per family.

6. 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.

- Group Health Cooperative - South Central Wisconsin is eliminating coverage for prosthodontic, endodontic and periodontic services.
- Unity Community is clarifying that root canal therapy is not a covered benefit.

7. Note To Prospective Medicare Eligible Retirees Enrolled In Humana In 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.

8. 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.

9. 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.

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

General Dual-Choice Information

Employees wishing to continue participation with 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, 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 are handled by ETF when the employee applies for annuitant benefits.

***It's Your Choice* Booklet Distribution**

General Information

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 HMO or WPS Metro Choice.
2. Insured employees on temporary layoff or leave of absence and those on permanent layoff paying premiums via sick leave through the employer. 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.

Electronic Distribution of the *It's Your Choice* Booklet

Rather than distributing hard copies of the *It's Your Choice* booklet, some employers plan to e-mail a link to the booklet on ETF's Internet site. Following is information on items to consider as you develop your electronic link procedure and employee e-mail message.

Employers planning to distribute booklets electronically should develop a list of eligible employees and then use that list to match against their file of employee e-mail addresses. Once the address is verified, send the employee an e-mail with the link to the booklet. Due to federal regulations, employers must retain the list of employees who received an electronic copy of the booklet. For each employee who receives an e-mail message, the employer should receive a "reject" notice if the e-mail address is no longer into existence.

Note: New employees should receive a hard copy of the booklet. In addition, employees who do not have access to a computer and those employees who receive the electronic distribution but request a hard copy must be provided with one.

The following is a sample e-mail that could be sent to your current employees:

IMPORTANT INFORMATION ABOUT YOUR HEALTH INSURANCE FOR 2009

The annual Dual-Choice Enrollment period is October 6-24, 2008

During the Dual-Choice Enrollment period you may elect to:

- Change health plans.
- Change from single to family coverage without restrictions.

Changes become effective on January 1, 2009.

This fall the *It's Your Choice* booklet is being distributed to employees electronically. Simply click on:

http://etf.wi.gov/publications/dc_content/dc_2009/State_ET2107/ET2107_complete.pdf

to review the various sections of the *It's Your Choice* booklet. If you wish to review or obtain a paper copy of the 2009 *It's Your Choice* booklet, please contact your benefits office. The health plans do not have supplies of the *It's Your Choice* booklet.

The *It's Your Choice* booklet contains important and useful information. Although we do not suggest that you print the entire booklet, you should retain the URL for reference throughout the year. Be sure to review the *It's Your Choice* booklet and pay particular attention to:

- The Notable Plan and Program Changes in the beginning of the booklet. Any health plans new to the program, or that will no longer be available in 2009, will be indicated.
- The 2009 Health Plans by Tier on page A-14 to determine if your selected health plan is in the same Tier as it was in 2008. A change in the Tier will increase or decrease your monthly health insurance contribution.
- Changes to Uniform Benefits on page D-2 and the 'Schedule of Benefits' on pages D-5, D-6 and D-7.
- A new chart comparing all health plans offering Uniform Benefits on the basis of quality, wellness and disease management, on-line services, demographics and dental benefits appears on pages G-2 through G-4.
- Check your selected plan's 'Plan Description' in Section G to see whether there is any change in basic dental coverage. Plans may add, change or drop dental coverage at their discretion.
- State and federal notifications in Section B.

All HMOs and WPS Metro Choice Plans provide a uniform set of benefits which is explained in Section D in the booklet, including the benefits and exclusions (does not apply to Standard Plan).

If you wish to change plans:

1. Complete a *Group Health Insurance Application/Change Form* (ET-2301)
2. Deliver the completed application to your benefits office no later than 4:30 p.m. on October 24, 2008.

No action is necessary if you do not want to change plans or change coverage.

Other Information

ETF does not distribute *Group Health Insurance Application/Change Forms* (ET-2301) to employers when it distributes the It's Your Choice booklets. Applications can be downloaded from ETF's Internet site at <http://etf.wi.gov/publications/et2301a.pdf> (for grad assistants at <http://etf.wi.gov/publications/et2302.pdf>) or you may order applications by completing the Online Forms Order page found under 'Employers' at <http://etf.wi.gov>.

Employees must contact health 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; ET-2302 for grads). 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 for 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 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 of the application 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. Separate each type of application (ET-2301 and ET-2302 for UW Graduate Assistants). 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 Dual-Choice applications directly to ETF on a weekly basis; all ETF Advance copies must be forwarded to ETF by November 8, 2008.

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 the *State Agency Health Insurance Administration Manual* (ET-1118).

- Refer to subchapter 403 if you have an employee initially eligible for coverage in November or December 2008, or who terminates employment in November or December 2008.
- Refer to subchapters 406 for instructions if you receive a Dual-Choice application after October 24, 2008, the end of the Dual Choice period. 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 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
Part-Time Employee Rate Sheet
Map

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 2009*	PLAN TIER	CONTRACT TYPE	
		SINGLE	FAMILY
PLAN NAME			
STANDARD PLAN	3	985.30	2459.40
STATE MAINTENANCE PLAN (SMP)	1	609.70	1520.80
ANTHEM BCBS NORTHEAST	1	609.50	1520.10
ANTHEM BCBS NORTHWEST	2	711.80	1775.80
ANTHEM BCBS SOUTHEAST	1	654.50	1632.60
ARISE HEALTH PLAN	1	609.70	1520.60
DEAN HEALTH PLAN	1	524.80	1308.30
GHC OF EAU CLAIRE	1	692.10	1726.60
GHC OF SOUTH CENTRAL WISCONSIN	1	521.90	1301.10
GUNDERSEN LUTHERAN HEALTH PLAN	1	633.80	1580.80
HEALTH TRADITION HEALTH PLAN	1	639.60	1595.30
HUMANA EASTERN	1	681.10	1699.10
HUMANA WESTERN	1	647.40	1614.80
MEDICAL ASSOCIATES HEALTH PLAN	1	517.40	1289.80
MERCYCARE HEALTH PLAN	1	508.50	1267.60
NETWORK HEALTH PLAN	1	585.00	1458.80
PHYSICIANS PLUS--MERITER & UW HEALTH	1	532.70	1328.10
SECURITY HEALTH PLAN	1	671.10	1674.10
UNITEDHEALTHCARE NE	1	590.40	1472.30
UNITEDHEALTHCARE SE	1	641.80	1600.80
UNITY COMMUNITY	1	613.30	1529.60
UNITY UW HEALTH	1	531.60	1325.30
WPS METRO CHOICE	1	661.80	1650.80
*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 6-24, 2008 is the Dual-Choice Enrollment period for coverage effective January 1, 2009. 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.

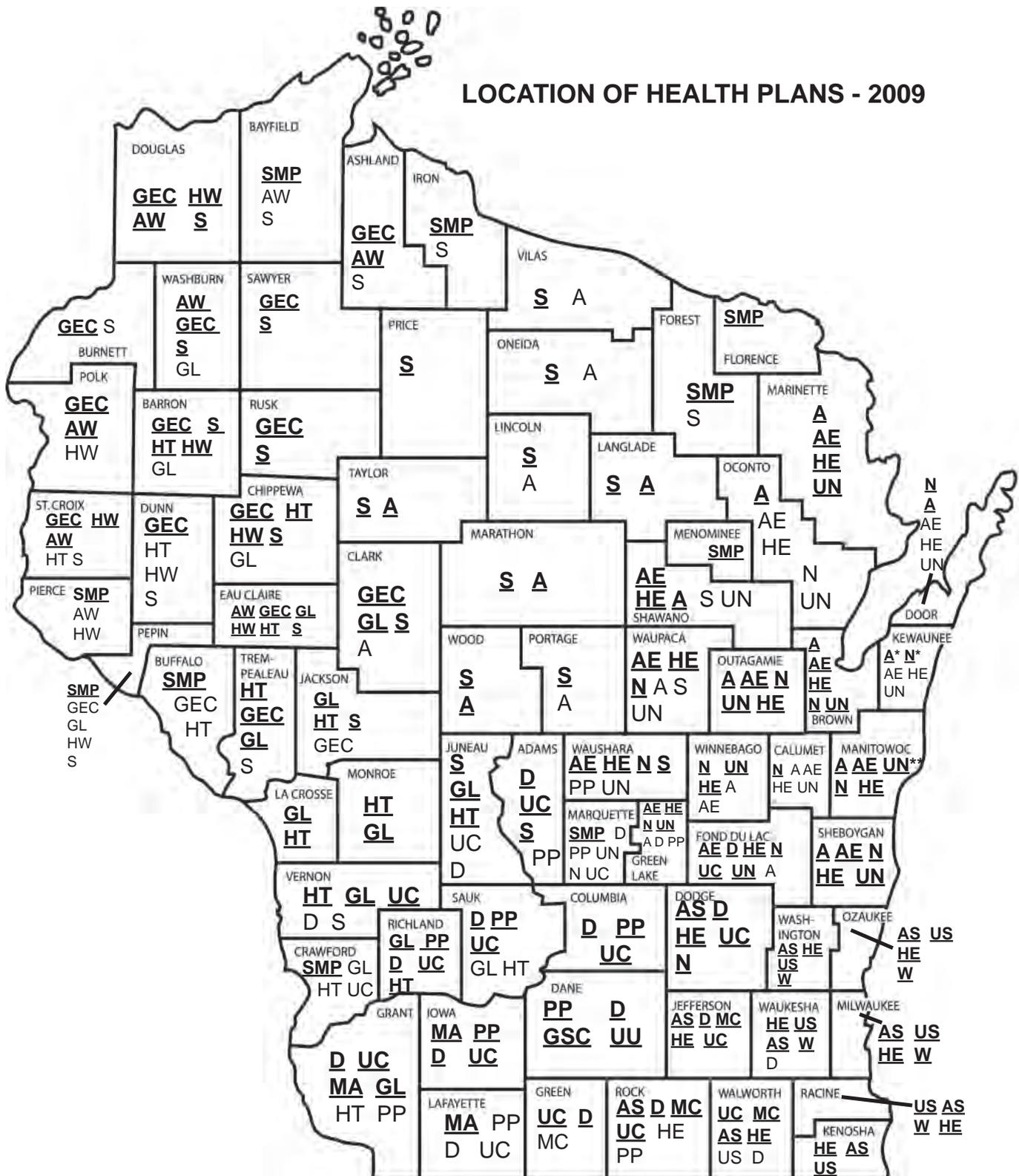
Premium contribution amounts for part time employees with appointments of less than 1044 hours are illustrated below, with employees working less than half-time paying 50% of the total monthly premium. These rates apply to both represented employees and to non-represented employees. These rates also 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 2009 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	492.65	492.65	985.30	1229.70	1229.70	2459.40
STATE MAINTENANCE PLAN (SMP)	1	304.85	304.85	609.70	760.40	760.40	1520.80
ANTHEM BCBS NORTHEAST	1	304.75	304.75	609.50	760.05	760.05	1520.10
ANTHEM BCBS NORTHWEST	2	355.90	355.90	711.80	887.90	887.90	1775.80
ANTHEM BCBS SOUTHEAST	1	327.25	327.25	654.50	816.30	816.30	1632.60
ARISE HEALTH PLAN	1	304.85	304.85	609.70	760.30	760.30	1520.60
DEAN HEALTH PLAN	1	262.40	262.40	524.80	654.15	654.15	1308.30
GHC OF EAU CLAIRE	1	346.05	346.05	692.10	863.30	863.30	1726.60
GHC OF SOUTH CENTRAL WISCONSIN	1	260.95	260.95	521.90	650.55	650.55	1301.10
GUNDERSEN LUTHERAN HEALTH PLAN	1	316.90	316.90	633.80	790.40	790.40	1580.80
HEALTH TRADITION HEALTH PLAN	1	319.80	319.80	639.60	797.65	797.65	1595.30
HUMANA EASTERN	1	340.55	340.55	681.10	849.55	849.55	1699.10
HUMANA WESTERN	1	323.70	323.70	647.40	807.40	807.40	1614.80
MEDICAL ASSOCIATES HEALTH PLAN	1	258.70	258.70	517.40	644.90	644.90	1289.80
MERCYCARE HEALTH PLAN	1	254.25	254.25	508.50	633.80	633.80	1267.60
NETWORK HEALTH PLAN	1	292.50	292.50	585.00	729.40	729.40	1458.80
HEALTH	1	266.35	266.35	532.70	664.05	664.05	1328.10
SECURITY HEALTH PLAN	1	335.55	335.55	671.10	837.05	837.05	1674.10
UNITEDHEALTHCARE NE	1	295.20	295.20	590.40	736.15	736.15	1472.30
UNITEDHEALTHCARE SE	1	320.90	320.90	641.80	800.40	800.40	1600.80
UNITY COMMUNITY	1	306.65	306.65	613.30	764.80	764.80	1529.60
UNITY UW HEALTH	1	265.80	265.80	531.60	662.65	662.65	1325.30
WPS METRO CHOICE	1	330.90	330.90	661.80	825.40	825.40	1650.80

PART TIME EMPLOYEE RATE TABLE

LOCATION OF HEALTH PLANS - 2009



* Qualified in a county with no hospital.

** Hospital 4 miles from major city.

A number of plans have changed their service areas for 2009; some have made significant changes. As a result, you may need to change plans for 2009.

“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.