



Administrative Employer Guide for EPIC Benefits+

(Provided through the collaborative effort of Employee Fringe Benefit Committee, Employee Trust Funds (ETF) and EPIC Life Insurance Company for Payroll and Human Resources Staff.)

The EPIC Life Insurance Company (EPIC) is pleased to be part of the benefit offerings for the State of Wisconsin Employees. We are confident you will be pleased with the EPIC Group Insurance plans. We continue to strive to provide you and the State of Wisconsin employees with the very finest of insurance services.

This Administrative Employer Guide provides you with clear and helpful guidelines for administering your EPIC Benefits+ Group Insurance plan. The information provided is divided into sections for easy use. These sections are listed in the Table of Contents.

If you have any questions on any information covered in this Guide, please call or write us at the address and telephone numbers shown below including contacting us through our Internet Web site.

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*The terms “agency”, “employer” and “State” are used generically herein to refer to all eligible government employers, including State of Wisconsin agencies, the University of Wisconsin System, UW Hospital and Clinics and any other eligible state entity. **If the employer uses an electronic enrollment or reporting process, this will coordinate with the processes described herein when referring to Enrollment Application.***

This is only a guide. Always review the Group Master Policy for complete information about coverage and benefits for your group. Coverage is subject to the terms, conditions, and provisions of the EPIC Insurance Policy issued. Any provision listed in this guide that conflict with state or federal laws will conform to those laws.

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GENERAL INFORMATION

I PLAN DESCRIPTION

The EPIC Life Insurance Company (EPIC) offers EPIC Benefits+, an optional employee-pay-all plan, to State of Wisconsin government entities. EPIC contracts with each agency separately so each employer may determine whether to offer EPIC Benefits+ to its employees. The Group Insurance Board has approved the plan for payroll deduction.

Once enrolled, members must remain in the plan for the full calendar year unless eligibility for coverage is lost. (Voluntary cancellation of coverage may limit future re-enrollment opportunities.

For applicable deductibles, copayments and waiting periods please see the most current benefit summary at www.epiclifec.com.

EPIC Benefits+ Plan Description

EPIC Benefits+ was formerly known as the EPIC Dental and Excess Medical plan and has been offered to State and UWS employees since 1994. It includes four components:

- Dental;
- Hospital/Surgical;
- Accidental Death and Dismemberment; and
- Vision (there is no additional cost for the vision discount program; there is an additional premium cost for the Vision Benefit Extension insurance).

EPIC Benefits+ complements all other major health and dental plans including the Dental Wisconsin PPO or Select plan.

- A. The **Dental Benefit** provides 50% coverage, after an annual per-person deductible, for major services, some restorative, and orthodontia for children if the appliance is placed prior to the age of 19. It has an annual benefit maximum for dental services and a separate lifetime benefit maximum for orthodontia. Delta Dental processes the dental claims.
- B. The **Hospital/Surgical** benefit provides a payment of \$100 for each day a member is hospitalized beginning with the third day or following an outpatient surgery performed at a hospital or ambulatory center. The maximum benefit is 363 days per hospitalization. Confinement in a skilled nursing facility does not qualify.

If a member has an outpatient surgery performed at a hospital or ambulatory center and then is admitted to the hospital, the claim for the outpatient surgery is payable even if the hospitalization is for less than three (3) days. Surgical procedures performed in a physician's office setting are excluded.

Note: Annuitants who are age 65 or older will receive a benefit of \$75 for each day hospitalized beginning with the sixth day. Maximum benefit is 360 days per hospitalization.

The Hospital/Surgical benefit of the plan is paid directly to the member and may be used however the member chooses. The Hospital/Surgical benefit is

tax free.

- C. The ***Accidental Death and Dismemberment (AD&D)*** provision pays benefits in case of death or dismemberment of a covered member to the employee, covered spouse/domestic partner or covered children.
- D. The **basic EPIC Benefits+** plan automatically includes a **vision discount program** when covered services are received through the Davis Vision Network. To find a vision care provider, call Davis Vision at 1-888-825-8390 or visit their web site at www.davisvision.com, click on “members”, enter client code 7748 and click “Find a Provider”. Printing the generic Davis Vision Identification card will provide the Davis Vision provider with the information they need to process the EPIC Affinity Vision discount.
- E. For an additional cost, the employee may elect the **Vision Benefit Extension**. The Vision Benefit Extension provides **vision insurance** through the Davis Vision Network. Members pay a co-payment for in-network services and receive an allowance for non-network services.

Because annual vision exams are covered under most State of Wisconsin group health insurance plans, they are not covered under EPIC Benefits+. This allows for a lower premium.

Davis Vision will send the employee a Welcome Packet that will include a list of providers in their specific area (driven by the employee’s home zip code) along with a separate identification card. The member may use the Davis Vision ID card or they can use their EPIC Benefits+ ID card. The Davis Vision providers are able to access the member’s eligibility by using either the Davis ID number or the EPIC Benefits+ ID number.

If the employee has at least one full calendar year of active Vision Benefit Extension coverage, the employee may drop just the Vision Benefit Extension for himself/herself and covered family members by submitting an application no later than December 1 with coverage ending at the end of that calendar year. Once the Vision Benefit Extension coverage is cancelled, the employee is not eligible to re-enroll for the coverage.

II PROVIDER NETWORK

Delta Dental Premier Providers

The provider network used for the EPIC Benefits+ dental benefits is Delta Dental Premier. The Delta Dental Premier network is available nationwide.

Members may see the dentist of their choice to be eligible for dental benefits.

While the covered employee and his/her family may choose any dentist under the EPIC dental coverage, participating Delta Dental Premier dentists have agreed to accept the fees approved by EPIC as full payment for covered services. More than 80% of

Wisconsin's dentists participate in Delta Dental Plan of Wisconsin.

To determine if a dentist is a Delta Dental Premier provider, the member can call Delta Dental Plan at 1-800-236-3712 or may obtain a list of Premier Providers through the EPIC website, www.epiclife.com. Click the ETF logo, then click on the "Search for a Delta Dental Premier Provider" link near the bottom of the webpage, then select access to Delta Dental Premier providers.

Premier providers may not bill members for fees that exceed the amount approved by EPIC as full payment for covered services so using a Delta Dental Premier provider will likely reduce the member's out-of-pocket costs. If a non-Premier provider is used, charges in excess of the amount approved by EPIC as full payment, if any, will be the member's responsibility.

A. Example if a Premier Provider is used:

- Dentist charges \$250 for a service
- EPIC approves \$220 for the service
- EPIC applies deductible and 50% coinsurance
(\$220 - \$75 deductible = \$145)
- EPIC pays 50% of \$145, or \$72.50.
- *Member pays deductible and 50% of remaining charges or **\$147.50***

B. Example if a Premier Provider is NOT used:

- Dentist charges \$250 for a service
- EPIC approves \$220 for the service
- EPIC applies deductible and 50% coinsurance
(\$220 - \$75 deductible = \$145)
- EPIC pays 50% of \$145.
- Member is responsible for difference between actual and approved charges
(\$250 - \$220 = \$30)
- *Member pays deductible, 50% of remaining charges + \$30 or **\$177.50***

C. Example if a dental service is covered under the Uniform Dental Benefits provided through the member's health plan:

- Dentist charges \$250 for a service
- Health plan approves and pays 80% or \$200
- EPIC looks at the total charges and approves \$220 for the service
- EPIC applies deductible and coinsurance
(\$220 - \$75 deductible* = \$145)
- EPIC would pay up to 50% of \$145 or \$72.50, but payment will not exceed the balance remaining.
- There is only a \$50 balance that the member owes so EPIC would pay the \$50 and *the member would have a **\$0** balance.*

III LEVELS OF COVERAGE

Levels of coverage differ between the EPIC Benefits+ and Dental Wisconsin plans. Upon enrollment, it is the employee's responsibility to examine and understand the level of coverage selected.

The employee may elect one of the following levels of coverage for EPIC Benefits+:

- Employee only
- Employee Plus 1 dependent (spouse/domestic partner or child)
- Employee Plus 2 or more dependents [(spouse/domestic partner and/or child(ren))]

IV ID CARDS & CERTIFICATE BOOKLETS

EPIC will issue ID cards to the employee/continuant/annuitant. If they are covered under both EPIC Benefits+ and Dental Wisconsin, they will receive two ID cards, one for each plan. The member will have different ID numbers under the two plans. The ID cards must be shown to the provider at the time of service for claims to be processed appropriately.

Members with the Vision Benefit Extension coverage will receive a Vision ID card along with their EPIC Benefits+ ID cards. They may use either the EPIC Benefits+ or Davis Vision card to obtain services from a Davis Vision provider or may submit a paper claim for services from a non-Davis Vision provider.

Certificate/booklets are available to employees via the ETF (http://etf.wi.gov/members/benefits_other_insurance.htm) and the EPIC (<http://www.epiclifeline.com/policyinformation/>) websites. The certificate/booklet is also available to the member from EPIC as a paper certificate upon enrollment or request.

V ELIGIBILITY AND ENROLLMENT

1. Who is an eligible employee?

An active employee who is eligible for the State sponsored health insurance plan, with or without employer contribution, or upon initial eligibility for the Wisconsin Retirement System (WRS).

Rehired annuitants are not eligible to enroll.

Note: Also refer to "Definitions" section of the certificate/booklet.

2. When is the employee eligible to enroll?

Eligible employees may enroll within the first 30 days of their eligibility date. In addition, employees have the following enrollment opportunities:

- State employees (except UWS unclassified and any limited term employee) may enroll within 30 days of the date the employee completes two full months of WRS participation.
- UW/UWHC employees eligible for the graduate assistant/short-term academic

state health insurance plan may enroll within 30 days of the start of their first appointment.

- Employees eligible for health insurance under the UWS or UWHC graduate assistant plan may enroll within 30 days of assuming a WRS-participating appointment.
- UW/UWHC employees eligible for the graduate assistant/short-term academic state health insurance plan may enroll within 30 days of the start of their first appointment.
- There has been more than a 30-day termination or break in employment.
- WRS-covered LTEs or an employee who is eligible for insurance benefits but appointed to work less than 1,044 hours per year have another 30-day enrollment opportunity if:
 - The hours of employment increase due to a change in the position and the employee now qualifies for a higher share of employer contribution towards state group health insurance; or
 - The employee is appointed to a permanent position and the employee now qualifies for the full share of the employer contribution towards state group health insurance.

For EPIC Benefits+ loss of comparable dental insurance, marriage, creation of domestic partnership or the birth or adoption of a child does *not* create an enrollment opportunity for the employee.

If the eligible employee applies more than 30 days following an eligibility date, the application will be returned and his or her coverage shall not become effective under the policy. The employee will be considered a late enrollee and eligible to apply for coverage only when an enrollment opportunity for that purpose is offered.

3. How do I enroll a new employee?

(If your agency/UWS institution utilizes electronic enrollment, that process will supersede these instructions.)

The employee completes an Enrollment Application for EPIC Benefits+ (Form No. E11444).

Review the eligible employee's signed application and submit it to EPIC within 30 days of the employee's eligibility date by mail or fax to EPIC at 1-800-236-7610. **Due to the lack of email security, do not send applications through email unless you have an encrypted email system.**

See Section XVII for instructions on completing the employer section and reviewing an application.

4. How can I ensure my employees' applications are processed as quickly as possible?

An application cannot be processed until all of the required information is completed and the form is signed and dated by the employee. Before forwarding the completed and signed application to EPIC, review the employee's application

to ensure all required information has been included on the application. The employee should type/print the information on the application in blue or black ink.

See Section XVII for instructions on completing the employer section and reviewing an application.

5. When does a new employee's coverage become effective?

The coverage effective date is the first of the month following receipt of the application in the payroll/benefits office.

The certificate/booklet states that the eligible employee must be actively at work or on an approved leave of absence and not totally disabled on his or her effective date of coverage under the policy or coverage will be delayed. However, if the employee is not actively at work, but is considered an active employee with the agency, EPIC will consider the member to be an eligible employee and coverage will become effective.

6. Can employees enroll in both the EPIC Benefits+ plan and the Dental Wisconsin Plans?

Yes, an employee and their eligible dependents may enroll in both plans if the agency offers both plans, but may only choose one **Dental Wisconsin** plan and one **EPIC Benefits+** plan. The employee may have different levels of coverage under the two plans (e.g., one plan could be single coverage and the other family coverage).

If the employee has both EPIC Benefits+ and Dental Wisconsin, the Dental Wisconsin plan will always process the claim before the EPIC Benefits+ considers the claim.

7. What do I do if an employee wants to waive coverage?

If an eligible employee declines the EPIC Benefits+ coverage(s), he/she should place a check mark in the waiver box as well as sign and date the Enrollment Application to show that you offered the coverage to the employee, and it was the employee's choice to decline. This does not need to be submitted to EPIC. However, waiving the initial enrollment opportunity will lead to limited enrollment opportunities in the future.

Please keep a copy of all applications for the employee's benefits file.

For online enrollment, there is not a way to waive the coverage – they just do not select coverage.

See Section XVII for instructions on completing the employer section and reviewing an application.

8. Will EPIC offer a designated enrollment period every year?

No. The reason EPIC does not offer annual enrollment each year is to eliminate the adverse-selection that causes premiums to increase.

9. Does EPIC Benefits+ qualify for pre-tax premium deductions under the ERA program?

The Department of Employee Trust Funds has asked EPIC to relay the following information regarding the tax deductibility of EPIC premiums.

Effective with payroll checks paid on or after March 1, 1997, the optional benefit plans offered by The EPIC Life Insurance Company will be eligible for inclusion in the automatic premium conversion component of the State of Wisconsin Employee Reimbursement Account (ERA) program. Under the ERA premium conversion component, eligible employees (LTEs are not eligible) may have EPIC insurance premiums deducted from their salary before federal, state and social security taxes are calculated. When premiums are deducted on a pre-tax basis:

- Tax liability will be lower because gross income used to compute state, federal, and social security taxes will be lower.
- Gross income used in calculating social security benefits when retiring will be lower, resulting in a slight benefit reduction. However, this reduction is small compared to the tax savings realized.
- Changes to coverage may be made only at the beginning of a new plan year (January 1) unless the change is due to a valid life event. Generally, the EPIC rules for adding or deleting coverage and/or dependents are in compliance with the change in status event rules.
- Income used for determining any other benefits that are based on salary such as WRS retirement benefits, disability benefits and life insurance coverage will not be decreased.

Covered employees need not do anything to participate in the pre-tax premium program. EPIC premiums are automatically deducted on a pre-tax basis unless the covered employee files a waiver or one or more enrolled dependents are not eligible tax-dependents or qualifying relatives under the Internal Revenue Code (IRC) §152, as indicated on the initial or subsequent applications.

If the covered employee does not wish to have EPIC premiums taken on a pre-tax basis, they should complete an ERA Automatic Premium Conversion Waiver (form ET-2340). **However, if the application reflects enrollment of non-eligible tax-dependent, premiums should be taken post-tax even if the employee does not complete ET-2340.**

Note: Premiums for limited-term employees are always to be taken post-tax.

VI MOVEMENT BETWEEN STATE WRS EMPLOYERS

10. What procedure do I follow when an employee moves between State employers (payroll centers)?

Employee is Leaving Your Employment or Employee is Moving to Your Agency/Institution/Payroll System

If the employee is terminating from a DOA Central Payroll agency or moves to a DOA Central Payroll agency:

- Coverage will be transferred; DOA Central Payroll will provide the updated information to EPIC when the payment/participant file is sent after the payroll is processed.
- The employee should still complete a new EPIC Benefits+ application for the same level of coverage to be transferred from the old agency to the new agency. The EPIC Benefits+ application must be received in your office within 30 days of their start date in order to continue coverage.
- The effective date will be the first of the month following their paid-through date with the prior agency to eliminate duplication of coverage and payroll deduction.

If the employee is terminating from a non DOA Central Payroll agency or moves to a non DOA Central Payroll agency:

- The employee needs to complete a new EPIC Benefits+ application for the same level of coverage to be transferred from the old agency to the new agency.
- The EPIC Benefits+ application must be received in your office within 30 days of their start date in order to continue coverage.
- The effective date will be the first of the month following their paid-through date with the prior agency to eliminate duplication of coverage and payroll deduction.

Moving into a new agency does not constitute a new enrollment period unless the transferring agency does not offer the EPIC Benefits+ plan.

11. When an employee moves to a new agency, can they choose a different option of the EPIC coverage?

No, the employee can only continue the plan(s) they had with the prior agency (for example, they can't add the Vision Benefit Extension to the EPIC Benefits+ coverage).

12. What if an employee is moving *from* an employer that does not offer EPIC Benefits+ to an employer who does offer it?

The employee has a 30-day enrollment period if the employee is coming from an agency that did not offer EPIC Benefits+ to an agency that does offer it. This is now their first enrollment opportunity for EPIC Benefits+.

13. What if an employee is moving *from* a state agency that does offer EPIC Benefits+ to an agency that does not?

The employee and any covered dependents may elect COBRA continuation due to loss of eligibility (also see Continuation of Coverage).

14. If the employee had other group dental coverage before moving to the new employer and enrolls in Benefits+, do the waiting periods have to be met before benefits are payable?

Yes, the waiting periods will apply. EPIC Benefits+ is a supplemental plan that offers coverage in addition to the dental benefits. Prior coverage under a stand-alone dental plan is not considered to be comparable to this plan.

15. If the employee paid towards the annual deductible of another employer offered dental coverage before moving to the new employer and enrolling in Benefits+, does the deductible have to be met before benefits are payable?

Yes, the EPIC Benefits+ deductible does have to be met separately from any other plan's dental deductible applied in the same calendar year.

VII ELIGIBILITY & ENROLLMENT – DEPENDENTS

Under EPIC Benefits+, an event such as marriage or the birth of a child does not create an enrollment opportunity for the employee.

16. Who are eligible dependents?

Eligible dependents include:

- Spouse (if legally recognized in the State of Wisconsin).
- Domestic Partner, if elected. See question 21. for more information on enrolling a domestic partner or same-sex spouse.
- Married or unmarried child under age 26. A child born outside of marriage becomes a dependent of the father on the date of the court order declaring paternity or on the date the acknowledgement of paternity is filed with the Department of Health Services (or equivalent if the birth was outside of Wisconsin). The effective date of coverage will be the date of birth if a statement of paternity is filed within 60 days of the birth.
- Legal ward that becomes a legal ward of the subscriber prior to age 19, but not a temporary ward.
- Adopted child when placed in the custody of the parent as provided by Wis. Stat. § 632.896.
- Stepchild.
- Child of the domestic partner insured under the policy.
- A child age 26 or older who is incapable of self-support due to a mental or physical disability that can be expected to be of long-continued or indefinite duration of at least one year so long as the child remains disabled and dependent on the covered employee or annuitant (or other parent) for at least 50% of the child's support and maintenance as determined by the support test for federal income tax purposes, whether or not the child is claimed.
- After attaining age 26, as required by Wis. Stat. § 632.885, a dependent includes a child that is a full-time student, regardless of age, who was

called to federal active duty when the child was under the age of 27 years and while the child was attending, on a full-time basis, an institution of higher education.

- Grandchild, if the parent is a dependent child, until the end of the month in which the parent of the grandchild turns age 18.

A child who is considered to be a dependent ceases to be a dependent on the date the child becomes insured under this plan as a state employee.

Eligible dependents of foreign nationals who arrive in the United States after the employee's initial enrollment period will be allowed to enroll in the EPIC Benefits+ if the employee is already enrolled and the eligible dependents are eligible to enroll in the State Group Health plan due to loss of other coverage. The enrollment period for the EPIC Benefits+ will coincide with the enrollment opportunity for State Group Health.

If an eligible dependent is not listed on the application for coverage, he or she can be added only during an enrollment period designated for such action, except as required for newborn and adopted children under Wis. Stat. § 632.895(5) and § 632.896. This can only occur once. If the dependent child is later dropped from coverage, he or she may not later re-enroll.

17. What is the effective date of coverage for dependents?

If the employee has or is applying for limited-family or family coverage, his/her eligible dependent(s) becomes insured on the first month following the latest of:

- The date the employee becomes effective as an insured;
- The date the dependent(s) becomes eligible if appropriate application is made within 30 days of eligibility.
- The date of birth or adoption if application for the child is submitted within 60 days of the event or as allowed under § 632.895(5), Wis. Stats.

No previously eligible dependents may be added at the same time.

To eliminate prorated premium, the effective date will be the first of the month after the eligibility date provided the completed application has been submitted to the HR/benefits office. However, if claims were incurred during the partial month of coverage before the effective date, EPIC will process the claims and the employee will be responsible for any premium charged for the prorated month.

18. Do dependents have to meet the waiting periods before benefits are payable?

Yes, dependents are subject to the applicable waiting periods, regardless of whether they are enrolled with the same effective date as the employee or enrolled due to a later eligibility or enrollment opportunity.

19. What do I do if a covered employee gets married?

When a covered employee marries, an Enrollment Application must be completed and signed within 30 days of the date of marriage if the employee wishes to insure the spouse and any eligible dependents of the spouse.

To eliminate prorated premium, the effective date will be the first of the month after the date of marriage provided the completed application has been submitted to the HR/benefits office. However, if there are claims that were incurred during the partial month of coverage before the effective date, EPIC will process the claims and the employee will be responsible for any premium charged for the prorated month.

Please note that same-sex marriage is not recognized in Wisconsin and does not constitute an enrollment opportunity. An employee wishing to cover his or her same-sex spouse must enroll the spouse as a domestic partner.

If the employee's opposite-sex spouse was previously covered as his/her domestic partner, see question 23.

20. If the employee's spouse/domestic partner is also a state employee, are there restrictions on them both enrolling for coverage?

If the covered employee's spouse/domestic partner is also a state employee, they cannot both carry limited family or family coverage. They may elect two single plans or one limited family or family plan under each EPIC plan (Benefits+ and Dental Wisconsin).

21. How does an employee enroll their domestic partner or same-sex spouse?

Please note that because same-sex marriage is not legally recognized in Wisconsin, this event does not constitute an enrollment opportunity. An employee wishing to cover his or her same-sex spouse must enroll the spouse as a domestic partner.

To enroll a domestic partner or same-sex spouse, an Affidavit of Domestic Partnership* must be filed and an insurance application must be submitted within 30 days of the date the partnership is established for benefits purposes. The partnership is established for benefits purposes on the date ETF issues the domestic partner Acknowledgement letter. See note below if the employee does not wish to establish a domestic partnership for "Chapter 40" benefits (i.e., WRS, state group health and life insurance).

If the employee is enrolling the domestic partner for "Chapter 40" benefits, he or she must submit the completed ETF Affidavit of Domestic Partnership, form ET-2371, to ETF and receive the ETF Acknowledgement, which will indicate an effective date of the partnership for benefit purposes. The employee must provide the benefits office with the ETF Acknowledgement when it is received. The application(s) will not be processed without proof of the domestic partnership and should not be submitted to EPIC until you receive the ETF Acknowledgement.

The domestic partner's children are eligible and may enroll with the domestic partner. If the children are not enrolled when first eligible, there will be limited future opportunities to enroll the children.

To eliminate prorated premium, the effective date of coverage will be the first of the month after the date the domestic partnership Acknowledgement Letter is confirmed by ETF, provided the completed application has been submitted to the HR/benefits office. However, if there are claims that were incurred during the partial month of coverage before the effective date, EPIC will process the claims and the employee will be responsible for any premium charged for the prorated month.

**Agencies may permit the use of an alternate domestic partner affidavit if the employee is not enrolling the domestic partner for “Chapter 40” benefits. For example, the UWS has an alternate Domestic Partner Affidavit for Optional Plans.*

Annuitants Establishing a Domestic Partnership:

Annuitants may add a domestic partner and the domestic partner’s children by submitting the ETF Affidavit of Domestic Partnership (ET-2371) to ETF if they want to enroll the domestic partner in Chapter 40 benefits and/or the optional benefits plans. Upon receipt of the ETF Acknowledgement letter, a copy of the letter and a completed Benefits+ application should be submitted directly to EPIC within 30 days of the date of the ETF Acknowledgement letter.

22. How does an employee terminate coverage for a domestic partner if the partnership ends?

If a domestic partnership terminates, two forms must be submitted to the payroll/benefits office:

- If the ETF Affidavit of Domestic Partnership* was filed, the employee must submit the ETF Affidavit of Termination of Domestic Partnership (ET-2372) to ETF. Upon receipt of ETF’s Acknowledgement letter, the employee should provide a copy of the letter to the payroll/benefits office.
- A new EPIC application(s) is required removing the domestic partner and his/her dependent(s) from coverage.

Coverage for the domestic partner and his/her children ends on the last day of the month in which ETF sent an Acknowledgement letter upon receipt of the Affidavit of Termination of Domestic Partnership provided the application to remove the former domestic partner has been submitted.

This change may result in a reduction in the employee’s monthly premium. Refunds should be issued for full months of coverage after the domestic partnership terminated and for which premium has been paid.

Except in the case of fraud or misrepresentation, any retroactive premium adjustments will be limited to 90 days.

**Agencies that permit the use of an alternate domestic partner affidavit if the employee is not enrolling the domestic partner for “Chapter 40” benefits should*

use an alternate Termination of Domestic Partnership rather than the ETF Affidavit of Termination of Domestic Partnership.

23. If the employee and his/her domestic partner get married, does an application need to be submitted?

Please note that same-sex marriage is not recognized in Wisconsin and does not constitute an enrollment opportunity. An employee wishing to cover his or her same-sex spouse must enroll the spouse as a domestic partner.

The employee should submit an application to you that reflects the change in status from opposite-sex domestic partner to spouse. A Termination of Domestic Partnership Affidavit may be submitted as well but is not required.

The employee should also review the post-tax nature of their premium deductions as the deductions may be eligible to be taken on a pre-tax basis.

On the EPIC Benefits+ application, this should be designated as a “Change” with the date of marriage indicated.

If the employee dies, a spouse or domestic partner may continue coverage for up to 36 months of continuation.

Note: If the covered employee previously executed an Affidavit of Domestic Partnership but did not enroll the domestic partner at that time, the marriage does create a new enrollment opportunity for these dependent(s) if the marriage is legally recognized in Wisconsin. No other previously eligible dependents may be added at this time.

24. If a dependent child is mentally or physically disabled, are they eligible to remain covered past age 26?

Yes, the child may remain covered indefinitely provided the disability began prior to age 26. EPIC requires proof of disability, which is verified by the child remaining an eligible dependent for State Group Health insurance. This may be a copy of the health plan’s certificate of coverage.

25. When can the employee add dependents to coverage?

Absent a qualifying event, the dependent can be added only during an enrollment period designated for such action, except as required for newborn and adopted children under Wis. Stat. § 632.895(5) and 632.896. The newly added dependent will be subject to waiting periods applied to new enrollees.

26. When can the employee remove dependents from coverage?

Absent a qualifying event (e.g., loss of eligibility, enrollment in a comparable group plan), the employee may only elect to remove covered dependents annually during the “It’s Your Choice” enrollment period. Coverage ends on December 31.

When the dependent is removed, he or she may not again re-enroll except during

a designated enrollment period. There are no mid-year opportunities to remove a dependent from coverage, except due to a qualifying event.

EPIC will terminate a dependent the first of the month following the date they turn age 26. EPIC does this quarterly and this information will be forwarded to the agency at least 2 months in advance as notification to change the employee’s status. The employer may require the employee to complete a new application but the application does not need to be provided to EPIC. The employer should issue the COBRA election form to the dependent losing eligibility and adjust the records accordingly so that there is no excess premium deducted from the employee’s payroll.

27. Are “non-tax” dependents eligible for coverage?

Yes. A domestic partner and his/her children do not need to be dependent upon the employee for care or support to be eligible as a dependent. However, if the domestic partner or his/her children do not qualify as a tax dependent or qualifying relative under IRC § 152, the employee should so indicate on the application or advise you of a change prior to the start of a new calendar year. If coverage is elected for any “non-tax” dependents, the entire premium is taken on a post-tax basis. If the “non-tax” dependent loses coverage during the year, premiums can then be taken on a pre-tax basis.

Please note that a same-sex spouse and his/her children **are** considered to be eligible tax dependents as of September 16, 2013.

Event	Enrollment Period	Effective Date*
Marriage Legally Recognized in WI	30-day enrollment for new dependents	First of the month following marriage
Domestic Partnership (DP)	30-day enrollment for new dependents	First of the month following Acknowledgement of DP Affidavit
Birth or Adoption	60-day enrollment for new dependents	First of the month following birth, adoption or placement for adoption
Legal Guardianship	30-day enrollment for new dependents	First of the month following date legal guardianship is granted

* If claims are incurred during the partial month of coverage before the effective date, EPIC will process the claims and the employee will be responsible for any premium charged for the prorated month.

VIII ENROLLMENT QUESTIONS

28. What if an employee wants to enroll for vision insurance (Vision Benefit Extension) only?

The Vision Benefit Extension is not sold as a stand-alone plan. To have this

vision insurance coverage, the employee has to take all four coverages: Dental, Hospital/Surgical, AD&D and the Vision Benefit Extension.

29. Can an employee elect to have EPIC Benefits+ with the vision insurance (Vision Benefit Extension) for himself/herself, but only the Medical/Surgical, Dental, AD&D and vision discount program for his/her dependents?

No, the option the employee elects will be the benefits provided to all eligible dependents he/she is enrolling.

30. Does an employee moving between state WRS employers have an opportunity to enroll in the Benefits+ plan if they had not enrolled in the plan with the prior agency?

No. All state agencies offer Benefits+. (Dental Wisconsin allows an employee to enroll in it if the prior agency did not offer it.)

31. Does an employee who has the Benefits+ plan with the prior agency have a choice to elect or deselect the vision insurance when moving to a new agency?

No, once the employee chooses a plan, he or she cannot change the selection until a designated enrollment opportunity that specifically allows this change.

32. If employees are married or in a domestic partnership, is there an advantage to electing two separate policies (single for each versus limited-family or family coverage to cover their children)?

There is no difference in the dental, hospital/surgical; or vision coverage of EPIC Benefits+ as each member has the exact same level of benefits. However, for the Accidental Death and Dismemberment (AD&D) benefit, the employee who is a policyholder is covered at a higher level than the employee who is designated as a dependent (spouse or domestic partner). The employees need to evaluate which situation best fits their needs. Keep in mind an employee can only be covered once under EPIC Benefits+ (the employee cannot be covered as an employee and also as a dependent).

33. Should the covered employee designate a beneficiary for the EPIC Benefits+ Accidental Death and Dismemberment coverage?

Yes, it is important that the covered employee designate a beneficiary. The beneficiary designation is located on the Enrollment Application. If a change of beneficiary is requested, the employee should complete the beneficiary and signature sections of the application. If a beneficiary is not stated, payment of benefits, if any, will go to the estate of the insured.

Only the employee may name a beneficiary. If a dependent dies, the benefit is paid to the employee/annuitant or his/her estate.

34. If an employee's spouse/domestic partner/child loses coverage through another carrier, can the employee elect the EPIC Benefits+ coverage?

No, loss of other coverage does not allow the employee an opportunity to enroll in EPIC Benefits+. The employee was eligible to enroll in the plan during a prior enrollment opportunity and will need to wait until another enrollment opportunity

is made available.

Keep in mind that enrollment due to loss of comparable coverage does not apply to EPIC Benefits+ as there are not comparable benefit plans on the market that include benefits for dental, vision, AD&D and Hospital/Surgical as a stand-alone supplemental plan.

IX. CHANGES IN COVERAGE

35. How does a covered employee add a newly eligible dependent child when single or limited family coverage is in force?

The covered employee must complete, sign and submit an Enrollment Application to the HR/benefits office within 60 days of the date of birth, adoption, or legal guardianship or within 30 days of the event that makes the dependent eligible (e.g., marriage, Adult Child qualifications).

The effective date will be the first of the month after the child's date of birth, the date the covered employee takes custody of the adoptive child, the court-appointed date for the legal guardianship or adoption of the child or the date that the adult child becomes eligible.

The effective date will be the first of the month to eliminate prorated premium. However, if there are claims that need to be paid during the partial month of coverage before the effective date, EPIC will pay the claims and the employee will be responsible for any pro-rated premium.

Note that no previously eligible child may be added at this time who was not enrolled during a prior opportunity. (For example, when adding a new baby, cannot add step-children at that time.)

36. How does a covered employee cancel coverage for an eligible dependent?

Coverage can only be canceled mid-year if there is a qualifying event that makes the dependent ineligible for coverage. Otherwise, the employee may submit an application by December 1 to remove the dependent for the following calendar year (whether or not the plan is offering an open or special enrollment).

To cancel a dependent of a covered employee due to a qualifying event, the employee must indicate the date of and reason for the loss of eligibility in the "Delete" section of the Enrollment Application. This must be completed and signed by the covered employee.

Even if family coverage will remain in force, an Enrollment Application should be submitted indicating which dependent is being canceled, the reason for the cancellation as well as the date of the cancellation.

37. What happens when the covered employee gets a divorce or an annulment or terminates a domestic partnership?

Refer to the “Group Continuation” section to determine if continuation should be offered to the former spouse/domestic partner and his or her children. If the covered employee is removing a former spouse from coverage, an Enrollment Application(s) must be completed. Children of a divorced covered employee will be eligible for coverage under his/her family coverage even if they do not reside with the covered employee.

An individual may only be covered under one EPIC Benefits+ policy. If both parents are eligible employees for EPIC Benefits+, only one parent may cover the child(ren).

Coverage ends at the end of the month in which the divorce was final or the domestic partnership terminated, except that under State law, the ex-spouse remains covered until end of month in which he/she notified of continuation rights.

Except in the case of fraud or misrepresentation, any retroactive premium adjustments will be limited to 90 days.

Note: Federal COBRA regulations do not apply to domestic partners/same-sex spouses or their dependents that are losing eligibility for coverage. However, by contract, the EPIC Benefits+ plan offers the same continuation rights to a domestic partner or same-sex spouse and their child(ren) as is offered to opposite-sex spouses and natural children.

38. Can two covered employees change from two single plans to family or limited family coverage?

If a husband and wife or domestic partners are both employees in the same or different agencies and each carries single coverage, they can change to limited family or family coverage if there is a new dependent child (e.g., birth or adoption) within 60 days of the event. If there is no qualifying event, these changes can only be during an enrollment period designated for this purpose and will be effective on the following January 1.

39. Can two covered employees who are married or in a domestic partnership, each carry EPIC Benefits+ family coverage?

No. Spouses or domestic partners who are both employed by the State may not cover each other or dependents under dual family contracts. One covered employee should elect coverage to cover the spouse or domestic partner and any eligible children or they may maintain two single plans if there are no dependent children covered.

40. Can two covered employees who are married or in a domestic partnership do a spouse-to-spouse transfer of coverage?

Spouses or domestic partners who are both employed by the State and have limited family or family coverage may change the subscriber under the plan from one spouse or domestic partner to the other within 30 days of the following events:

- The employee designated as the subscriber retires. The change will be

effective on the first day of the month following the date of retirement of the subscriber for which premiums have not already been deducted.

- The employee designated as the subscriber goes on an unpaid or military leave of absence. The change will be effective on the first day of the calendar month following the first date of the subscriber's unpaid or military leave of absence for which premiums have not already been deducted.
- During the annual "It's Your Choice" enrollment period for State of Wisconsin group health insurance. The change will be effective on the following January 1.

X. CHANGES IN EMPLOYEE STATUS/LOSS OF ELIGIBILITY

41. What if a covered employee dies?

Notify EPIC of a covered employee's death. If the employee has single coverage, coverage will end at the end of the month in which the death occurred. Pro-rated refunds may be issued upon your request.

Family coverage for the spouse/domestic partner and/or dependents of the deceased covered employee terminates on the last day of the month for which premium has been paid. Covered surviving dependents may elect Group continuation. Surviving dependents have 60 days from the date on the continuation notice provided by the employer to elect to continue coverage. Each dependent has an independent right to elect continuation. See the Group Continuation section.

If a covered annuitant dies, the surviving dependent(s) should contact EPIC to request the appropriate forms to apply to remain covered.

Once continuation of coverage begins, no new dependents may be added other than a newborn or adopted child within 60 days of birth or adoption.

Important: If a death of the employee (or annuitant) or one of the covered dependents is due to an accident, submit a claim to EPIC for the AD&D benefit. Claim forms are located on EPIC's website www.epiclife.com.

42. What if a covered employee loses eligibility for group coverage?

When a covered employee loses eligibility for group coverage due to termination of employment, the covered employee and dependents may have group continuation rights. Review the Continuation section of the Certificate of Insurance to determine if group continuation should be offered to that covered employee and/or any covered dependents.

You must complete the employer sections of the continuation form before providing it to the employee (use EPIC Form No. E11472).

43. What if a covered employee retires?

A covered employee who terminates employment and qualifies as an annuitant should complete and submit to EPIC a Continuation form (Form No. E11472) within 60 days of coverage termination as an active employee or the date of the COBRA notice, whichever is later.

Since eligible annuitants/surviving spouse/domestic partner are covered under an annuitant plan, they are not eligible for COBRA Continuation; however, under the plan contract they may maintain their annuitant coverage indefinitely.

Annuitant coverage begins on the first of the month following the date on which employment terminates. See question 46, Billing.

44. What if a covered employee has a military leave for a duration of more than 30 days?

A covered employee and their covered dependents may maintain their EPIC coverage(s) while the employee is on active military duty with the requirements set forth below:

- Email notification or a copy of the insured's order for active military status to EPIC.
- Premium for EPIC coverage(s) must be sent through the agency. EPIC will not bill the insured directly.

You need to notify EPIC that the employee is on military leave if the employee intends to let coverage lapse. EPIC does not terminate the coverage of the insured and dependents upon notification of active military status. Eligibility will remain active until notice of termination of coverage, requested by the insured or the agency, is received and as long as premiums are paid.

Benefits are not payable for an AD&D claim if the loss or death is due to an act of war.

If the covered employee allows coverage to lapse while on military leave, he or she may re-enroll in the same level of coverage that was in force prior to the lapse of coverage within 30 days of his or her return to work. Previously satisfied waiting periods do not need to be re-satisfied. If an "It's Your Choice" enrollment period occurred while the employee was on military leave, he or she may change the level of coverage or make any other changes that were allowed during the enrollment period.

45. What if a covered employee takes an approved leave of absence?

To continue benefits the covered employee must pay the monthly premium to the employer who will submit payment to EPIC with the monthly billing statement. Payment arrangements are between the agency and the covered employee, but payment to EPIC is to be timely, and on a prepayment basis. A lapse in payment will end the coverage for the employee.

You need to notify EPIC that the employee is on an approved leave of absence if the employee intends to let coverage lapse.

If the covered employee lets coverage lapse while on leave of absence, he or she may re-enroll in the same level of coverage that was in force prior to the lapse of coverage within 30 days of his or her return to work. Coverage will be effective the first of the month following receipt of the application from the employee. If an “It’s Your Choice” enrollment period occurred while the employee was on leave of absence, he or she may make any changes that were allowed during the enrollment period.

The definition of “leave of absence” (LOA) is the same for the EPIC plans as for State Group Health. A LOA is any period in which an employee is not working for, or receiving earnings from, the employer and has not terminated the employer-employee relationship as defined in Wis. Stat. § 40.02 (40). A leave of absence ends when the employee has returned to work for 50% of his or her regular work schedule for 30 days.

46. How are annuitants and continuants billed for coverage?

EPIC uses the Individual Billing method for former employees and annuitants who choose to continue their coverage (not for employees on leave of absence).

Currently, individual billing options are available on monthly, quarterly, semi-annual or annual basis. Monthly billing is available if the Automatic Cash Handling (ACH) system is chosen. The quarterly and semi-annual billing options include a \$2.00 administrative fee for direct billing unless ACH system is chosen. Annual billing has no fee. Members may also select quarterly, semi-annual, or annual premium through ACH. Using ACH payments will eliminate a billing fee.

XI TERMINATION of COVERAGE

Once enrolled, members must remain in the plan for the full calendar year unless eligibility for coverage is lost as described below. Cancellation of coverage may limit future re-enrollment opportunities.

47. When does coverage end for employees and their covered dependents in the following situations?

Terminates Employment*	Retirement*	Unpaid LOA+	Active Military Duty+	Employee Death*	Transfers to another Agency
The end of the month for which premiums have been paid.	The end of the month for which premiums have been paid.	The end of the month for which premiums have been paid. While on LOA, employee may continue to remit premiums to employer.	The end of the month for which premiums have been paid. While on LOA, employee may continue to remit premiums to employer.	If single coverage, end of the month of death. If any dependents are covered, end of the month for which premiums have been paid.	The end of the month for which premiums have been paid
<p>*For UWS, UWHC, coverage ends at the end of the month in which the event occurs. + If coverage lapses, employee may re-enroll within 30 days of RTW.</p>					

48. When does coverage end for covered dependents in the following situations?

Domestic Partnership Termination*	Divorce*	Child Reaches Limiting Age	Disabled Adult Child	Child Called to Active Duty While a Full-time Student
End of the month in which the domestic partnership is terminated by acceptable Affidavit. Note: For UWS, UWHC, coverage ends at the end of the month in which the domestic partnership ends.	End of the month in which the divorce is final, however, ex-spouse remains covered until end of month in which he/she notified of continuation rights.	End of the calendar month in which the dependent turns 26.	Disability must begin before age 26. Coverage ends at the end of month in which the child is determined, by EPIC, to no longer be disabled.	If under age 26 and attending school on a full-time basis when called to active duty. Returns to full-time student status within 12 months of fulfilling active duty. Coverage ends at the end of the month in which full-time student status ends.
<p>*Coverage for stepchildren or a domestic partner’s children ends on the same day as coverage ends for the former spouse or domestic partner.</p>				

XII GROUP CONTINUATION

The offering of continuation of coverage is mandated under state and federal law, and it is the responsibility of the employer to notify the qualified beneficiary of their continuation rights. A continuation notice must be issued regardless of whether the former member is eligible to continue coverage.

COBRA is a federal law that allows a qualified beneficiary (an employee and his/her spouse, children and stepchildren) to continue coverage for a period of time in the event of an involuntary loss of coverage. State continuation law also applies. When the laws are in conflict, the law that is more beneficial to the qualified beneficiary should be applied.

Domestic partners and their children are not considered to be qualified beneficiaries under federal COBRA or State continuation. However, the right to continue coverage has been extended to these individuals by contract so they are treated like any other dependent.

Retirees are only eligible to continue coverage for 18 months under federal COBRA and State continuation. However, the right to continue coverage indefinitely has been extended to these individuals by contract.

- For **EPIC Benefits+** - use EPIC Form No. E11472.

49. What are the COBRA Continuation Coverage Requirements?

The EPIC plans have the same continuation privileges offered under the State of Wisconsin Health Insurance program.

Federal COBRA requires employers having 20 or more employees to provide for the continuation of identical coverage to persons who are “qualified beneficiaries” under the law. For the purpose of COBRA, all participating agencies and payroll centers are considered to be one employer (including the UWS and UWHC).

Within five days of notification of a qualifying event, the employer must provide the qualified beneficiary with EPIC’s appropriate Continuation Form.

If the qualified beneficiary chooses to elect continuation or annuitant coverage, they will need to return this form to EPIC within 60 days of the date they were notified of their continuation rights or the date that their coverage as an active employee ends, whichever is later. The covered employee then has an additional 45 days to pay the initial premium due. EPIC will direct bill these individuals for future premiums as elected on the continuation form and as of the date the premium was no longer paid through payroll deductions.

50. How do I provide the continuation election notice to a terminated or retired covered employee?

Complete all appropriate information on the bottom of the Continuation form. Indicate the date the form is provided to the qualified beneficiary and the date

through which coverage will continue on the bottom of the form. This information affects the covered employee's effective date.

Continuation or annuitant status will begin as of the paid through date provided.

51. How do I provide the continuation election notice to a dependent that has lost eligibility?

The employee is responsible for notifying the employer of an event that makes a dependent ineligible for coverage, whether it is divorce, death, limiting age, etc. The employee must provide the payroll and benefits office notice of a child's or a domestic partner's loss of eligibility within 60 days of the event. Failure to notify you in that period makes the dependent ineligible to continue coverage; however, a continuation election form must still be issued.

In the case of divorce, state law mandates that, provided limited-family or family coverage is in force, coverage remains in effect until the (ex) spouse is notified of the right to continue. Once the continuation notice is issued, the 60-day period to accept continuation begins.

Each covered member has an independent right to elect to continue coverage. Ask the employee for the dependent's current address. If it's not available, send the notice to the last known address for the dependent. If the individuals are eligible to continue coverage and live together in a common household, one notice to all eligible individuals is acceptable.

Complete all appropriate information on the bottom of the Continuation form, including the date the form was sent and premium paid through date. This information affects the individual's effective date of continuation coverage. Continuation or annuitant status will begin as of the paid through date you provided.

While not eligible for COBRA or State continuation of coverage, a domestic partner and his or her children have the same continuation rights as a current/former spouse and stepchildren (except that the employee must notify the employer within 60 days of a domestic partner losing eligibility or the domestic partner will lose the right to continue coverage).

52. What is the timeline for a member or annuitant to complete a continuation form for EPIC?

The member or an annuitant has 60 days from the date they were notified of their continuation rights or the date that their coverage as an active employee ends, whichever is later, to submit the continuation form to EPIC.

53. Does the member sign a separate contract to continue the EPIC insurance?

When the member completes a continuation form, it is not a contract between EPIC and the member; it's only an application to continue the coverage through the employer contract with EPIC. EPIC does not have a contract with the individual member.

54. When is payment of premium due for a continuation member?

Once the member has submitted the continuation application, EPIC bills the member directly based on his/her selection indicated on the application.

- The member may elect to receive and pay their bill by mail annually, semi-annually, or quarterly. There is a \$2.00 billing fee if semi-annual or quarterly are selected; or
- The member may elect to have the premiums deducted directly from their bank account through electronic funds transfer as semi-annually, quarterly or monthly. There is no billing fee for this option and the members do not receive a billing statement.

55. If the member does not receive a billing statement if they choose the electronic funds transfer, how are they notified of the premium increases?

If EPIC makes a change to annuitant rates, WPIC will send a letter to covered annuitants/surviving dependents at least 60 days prior to the new premium effective date with the new premium amount. The letter is not a billing statement. The letter advises them that the increase will show as an adjustment on their first billing statement following the date of change.

Below is the paragraph that is in the letter:

These new rates will be reflected on your first billing statement in 20XX, retroactive to January 1, 20XX. If your EPIC premiums are automatically withdrawn from your bank account, please make note of the rate adjustment for your next scheduled withdrawal in 20XX. If you wish to cancel your current coverage, please notify us in writing at the address or email below or write cancel on your billing statement.

EPIC's contract is with the group and all increases take place at the same time for annuitants and COBRA/continuation members. Therefore, the premium change is usually effective as of January 1st for all members.

56. How long can members continue their EPIC coverage?

Pursuant to COBRA continuation:

- An employee who terminated employment may continue coverage for up to 18 months.
- A spouse/dependent child who lost eligibility due to employee's termination may continue coverage for up to 18 months.
- An ex-spouse due to divorce and his/her covered children (the employee's stepchildren) may continue coverage for up to 36 months or until the children otherwise lose eligibility (such as reaching the limiting age for coverage).
- In limited situations, the length of the COBRA period is extended. If a qualified beneficiary is determined by the Social Security Administration (SSA) to be disabled before the 60th day of continuation coverage *and* the disability continues during the rest of the 18-month period of continuation coverage, coverage may be continued for a total of 29 months. The

extension applies to everyone covered under that qualified beneficiary's COBRA coverage.

Under EPIC Benefits+, continuation of coverage also allows:

- An annuitant and his dependent(s) may continue coverage indefinitely.
- Surviving spouse or domestic partner may continue coverage indefinitely.
- Surviving dependent children may continue coverage until they otherwise lose eligibility (such as reaching the limiting age of coverage).
- A former domestic partner and his/her children to continue coverage for up to 36 months (or until the children otherwise lose eligibility, such as reaching the limiting age of coverage).

57. Who is an eligible annuitant for the purpose of indefinite continuation of coverage?

The following individuals are eligible to continue their coverage as long as premiums are paid in a timely manner:

- A covered employee who retires and is eligible for the State group insurance plans issued pursuant to Chapter 40
- The surviving spouse/domestic partner of an annuitant who retired as defined in Chapter 40.
- An employee who receives a disability annuity and remains continuously covered. Employees who apply for disability retirement under Wis. Stat. 40.63, Long-Term Disability Insurance (an LTDI benefit under Administrative Rule ETF§ 50.40, Wis. Stats. or a duty disability under § 40.65, Wis. Stats., must be offered the option to reinstate coverage even if no coverage was in effect while no earnings were being received or the employee elected to continue coverage.

58. How is the COBRA/continuation end date handled?

When EPIC receives a notice of COBRA/continuation, EPIC is able to calculate the end date and term the member at the end of their eligibility period.

XIIV CLAIMS STATUS

59. How does an employee submit a claim?

Claims forms are available at www.epiclifecom.com.

A. Benefits+ Hospital/Surgical Claims:

Hospital/Surgical benefit provides a payment of \$100 for each day a member is hospitalized beginning on the third day of hospitalization or following an outpatient Surgical performed at a hospital or ambulatory center. Annuitant coverage is different.

To file a claim:

- Hospital/Surgical claims should be submitted directly to EPIC. The claim form (EPIC Form No. E11816) can be found on EPIC's website www.epiclifecom.com. The member should complete the claim form and

gather any necessary documentation immediately following the hospital discharge or outpatient surgery.

- A member must be confined in a hospital for more than two days to be eligible for the Hospital Benefit. All claims filed for confinements that lasted two days or less will be denied.
- Claims must be submitted within 120 days from the date of service.
- If a member was hospitalized or had outpatient surgery outside of the United States, the member must submit an English translation of the claim, current exchange rate and provider certification.

Benefits+ Hospital/Surgical Claims may be sent to:

EPIC Life Insurance Company
Attention: Hospital/Surgical Claims
PO Box 8430
Madison, WI 53708-8430
Phone: 800-520-5750
Fax: 608-223-2159 or 800-236-7610

B. Benefits+ Dental Claims

EPIC Benefits+ is a supplemental plan and will only process the claim after all other insurance plans have processed the claim. Because of the supplemental nature of this plan, an EOB is required from all other insurance plans to complete processing. EPIC Benefits+ always processes the claims last; after all other applicable benefits plans have processed the claim.

When a member receives treatment from a dental provider, the member should present his/her EPIC Benefits+ identification card to the dental provider's insurance department. If the member has other insurance coverage, they should also present the other carrier's information to the dentist, and inform the provider that the non-Benefits+ plan would be the primary carrier over EPIC Benefits+.

Claims must be submitted within 120 days from the date of service. Dental claims are processed by Delta Dental and they will issue the EOBs to the member.

If the member has Dental Wisconsin coverage (or any other medical or dental plan) and Benefits+ coverage, the other plans will process the claim first, even if the member has had the Benefits+ plan prior to the other plans.

Benefits+ Dental claims may be sent to:

EPIC Life Insurance
C/O Delta Dental
PO Box 828
Stevens Point, WI 54481
1-800-236-3712

C. **Benefits+ AD&D claims**

Death: In case of death, EPIC requires the following documentation:

- Completed claim form (available on the EPIC website at www.epiclifecom.com). The employer completes sections A, B
- Certified copy of the Death Certificate.
- Copy of the individual's application (for beneficiary verification).
- Copy of the previous year's W-2 form.
- If due to an injury or accident:
 - Copy of the police report.
 - Copy of the autopsy report, including toxicology results.
 - Any newspaper articles or obituary.
- Medical records may be requested if the death occurred within two years of the effective date.

Dismemberment: In case of dismemberment, the following documentation will be required:

- Completed claim form (available on the EPIC website at www.epiclifecom.com). The employer completes sections A, B
- If due to an injury or accident:
 - Copy of the police report.
 - Any newspaper articles.

A claim request should be made within 20 days after a loss occurs or as soon as reasonably possible.

AD&D claims may be sent to:

EPIC Life Insurance Company
Attention: Life and Disability Department
PO Box 8430
Madison, WI 53708
1-800-520-5750

AD&D benefits are **not** payable for any loss due to:

- injury you receive while operating, riding in or descending from any aircraft, except as a fare-paying passenger in a commercial aircraft on a regularly scheduled flight;
- illness or disease;
- bacterial infections (unless due to accidental food poisoning);
- injury sustained while intoxicated;
- injury sustained while under the influence of any controlled substance unless prescribed by and taken under the direction of a physician;
- during the first two years of coverage, an intentionally self-inflicted injury or illness, suicide or attempted suicide, whether a member is sane or insane; and
- participation in a riot or in the commission of a crime.

D. **Benefits+ with Vision Extension**

The Vision claims are processed during the member's visit to a Davis Vision provider. The member presents his/her Vision Card or their EPIC Benefits+ ID card to the Davis provider; the provider will access the member's eligibility and process the claim through the Davis direct link.

The provider will then charge the member for the member's responsibility. The member will not have to submit any paper work.

If the member has the Benefits+ with the Vision Extension, but sees a non-Davis provider they would need to submit a claim form along with the detailed charge from the provider within 120 days from the date of service to:

Vision Care Processing Unit
P.O. Box 1525
Latham, New York 12110

E. Benefits+ with the Affinity Discount Vision

If the member enrolls in the Benefits+ without the vision extension, they still have the ability to take advantage of the Davis Vision Affinity Discount program.

The member may log into the Davis Vision website under the member section.

https://idoc.davisvision.com/davis/member/member_login.asp

Enter the code 7748, click on review member benefits, click on ID card to print a generic ID card. Using this card will show that the member is eligible for the Affinity Discount program.

The link will also provide the member a description of the Vision Plan Benefit Description affiliated with the Affinity Discount program.

60. If an employee has both the Dental Wisconsin and EPIC Benefits+, will the employee or the dental office have to submit the appropriate claims twice to Delta Dental?

No. After processing the claim under Dental Wisconsin, Delta Dental will automatically submit the claim for processing under EPIC Benefits+.

61. Will the deductible applied to the Dental Wisconsin also apply toward the dental deductible of EPIC Benefits+?

These are two separate insurance plans; the deductible will have to be satisfied for each plan.

62. Who should a covered employee contact with questions?

The contact information should be on the back of the member's ID card.

For questions on Benefits+ claims or benefits, contact the EPIC customer service department at 1-800-520-5750. This number is also listed on the back of the employee's Identification Cards.)

For questions on dental claims or dental benefits contact Delta Dental at 1-800-236-3712.

For questions on eligibility, contact one of the EPIC Client Service Administrators at 1-800-520-5750.

Annuitants and members continuing coverage should contact EPIC at 1-800-520-5750.

XIV EMPLOYER ERROR

63. Is there any recourse in the case of employer error?

Yes, in limited circumstances employer errors may be corrected.

A. The following situations will constitute an employer error:

1. A monthly premium taken after an employee has filed a cancellation notice with the benefits office. Refund premiums if taken.
2. Failure of the benefits office to advise an employee of his/her initial program eligibility or eligibility as a result of a change to an eligible position.
3. If an employee is enrolled in EPIC Benefits+, but is not initially eligible based on his/her job position. The employee will be reimbursed for premiums that were taken.
4. Employee submitted application but the employer failed to deduct premium.

In no event will premium refunds exceeding three months of premium be approved. Premium refunds in excess of three months should be submitted to your risk management department.

Even in the case of employer error, the coverage effective date is always prospective, never retroactive, unless specifically agreed upon by EPIC.

(Note to UWS Institutions, the UWSA HR Plan Administrator must be contacted in all cases involving employer error.)

B. The following do not constitute an employer error:

1. Initial Enrollment: Failure of the employee to submit a completed application to the benefits office within required deadlines if advised of his/her plan eligibility prior to the filing deadline.
2. When an application to reduce coverage is not submitted and the omission is reported after the fact. The employee must bear some responsibility in this situation. These situations will not result in the refund of past premiums.

3. Designated Enrollment Periods: Failure on the employee's part to submit a completed paper or electronic application where notice has been given to the general.
4. An employee misunderstanding of benefits. The exception to this rule is if the benefits office misinformed an employee as to the level of benefits available under a specific plan.

XV GRIEVANCE APPEAL PROCESS

64. How does a member appeal a claim decision?

A plan member who is not satisfied with EPIC's decision regarding benefit payment, denial of a claim or customer service can use the grievance appeal process. After the member has contacted EPIC's Customer Service Department, in an effort to resolve the issue informally, the grievance appeal process involves the member filing a personal letter.

The letter should include the employee's name (and name of family member involved), EPIC Benefits+ ID number, home address, subscriber number and daytime telephone number. The explanation of the complaint should be specific and include dates of service and contact with the dental provider. EPIC must receive the letter within 60 days of notification of the denial of benefits. The letter and any supporting documentation should be sent to:

The EPIC Insurance Company
Attention: Grievance and Appeals Unit
P.O. Box 8430
Madison, WI 53708-8430

The employee has the right to represent their concerns in person at the grievance review and will be notified of the time and place of the review at least 7 days in advance. The EPIC Insurance Company will provide a written decision, including the rationale for the decision, within 30 days of receipt of the grievance. If special circumstances exist which require an extensive review, the decision will be made within 60 days of the grievance receipt.

The employee may also contact the Office of the Commissioner of Insurance, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the Office of the Commissioner of Insurance by writing to:

Office of the Commissioner of Insurance
Complaints Dept.
P.O. Box 7873
Madison, WI 53707-7873

They can also call 1-800-236-8517 outside of Madison or 266-0103 in Madison, and request a complaint form.

XVI PREMIUM BILLING/ADDRESS CHANGES/MARKETING

65. How does the employer remit the monthly premium payment to EPIC?

There are two options for paying premiums; the premium notice method and the self-billed method (*note: for UW System offices, the premium payment is handled centrally by the UW Service Center*).

A. Premium Notice Method

Under this method, EPIC will mail the employer a Premium Due Notice approximately ten (10) days prior to the date the premium is due. This notice will include all covered employee changes received and processed by EPIC prior to the date the Premium Due Notice is generated. If retroactive changes are made after the date the notice was generated, these changes will appear on the billing for the next month. Voluntary changes will only be allowed on current and future months in coordination with the last payroll deduction.

If applicable, two payments should be made per month, one payment for the EPIC Benefits+ coverage and one for the Dental Wisconsin coverage.

B. Self-Billed Method

Under this method, send the Deduction Remittance Reports to EPIC each month, one for Benefits+ and one for Dental Wisconsin (if applicable). Each report will reflect the employee and the appropriately deducted EPIC premium. This report should be submitted indicating:

- Additions of employees that are not on the report and the additional premium amount;
- Deletions of employees that are no longer on the report and changes in coverage level; (EPIC allows up to three months premium refund on non-voluntary deletions); and
- Changes for the month.

The employing agency is responsible for all billing adjustments and member eligibility updates.

C. Retroactive Changes:

EPIC will allow up to THREE months premium refund for NON-voluntary retroactive coverage changes and terminations.

1. Under the Premium Notice Method

A credit for retroactive coverage cancellations will appear on your bill. You will be responsible for returning to your covered employee that portion of the refund which that covered employee contributed.

2. Under the Self-Billed Method

The employer can request that EPIC send a refund premium check directly to the covered employee, if the premium has already been sent to EPIC and the employer does not have a method to

reimburse the employee. This will only be completed for non-voluntary changes and terminations. If group adjustment is taken, EPIC will not refund to the covered employee.

66. How do I submit a covered employee's change of address?

Write or call The EPIC Life Insurance Company with the change of address, or email this change to EPIC at wseeligibility@epiclifec.com.

Make sure you notify EPIC of both the EPIC Benefits+ change and the Dental Wisconsin change, if applicable.

Changes made in UW HRS system are not transmitted to EPIC.

67. How do I notify EPIC if I am a new group leader?

If a new person is in charge of the administration of insurance (group leader) at your agency, notify EPIC in writing. If the prior person is still listed as the group leader on the monthly Premium Notice, cross out the name and replace it with the new contact or email EPIC at wseeligibility@epiclifec.com. Provide EPIC with email address to help with timely updates. Some employers prefer to have billing information sent to "Attention: Payroll" rather than to a specific person.

Notify EPIC of both the Benefits+ change and the Dental Wisconsin change, if applicable. Notify the Optional Plans manager at ETF as well, with your name, title, phone number and email address.

68. How can employees contact EPIC or get information on EPIC?

Please direct your questions to the appropriate area:

A. Eligibility, Enrollments or Billing

The EPIC Life Insurance Company
Attn: Client Services Representative
PO Box 8430
Madison, WI 53708-8430
Phone: 1-800-520-5750 Fax: 1-608-223-2159
Email: wseeligibility@epiclifec.com
Web: www.epiclifec.com

B. Order Supplies

If what you need is not available on-line, please contact EPIC staff at wseeligibility@epiclifec.com or contact:

The EPIC Life Insurance Company
Attn: Administrative Services
PO Box 8430
Madison, WI 53708-8430
Phone: 1-800-520-5750,
Fax: 1-608-223-2159

C. Dental Benefits or Claims

Delta Dental Plan of Wisconsin
PO Box 828
Stevens Point, WI 54481
Phone: 1-800-236-3712
Fax: 1-715-343-7616
Email: claims@deltadentalwi.com
Web: www.deltadentalwi.com

D. EPIC Benefits+ Benefits and Claims

The EPIC Life Insurance Company
Attn: Claims
PO Box 8924
Madison, WI 53708-8924
Phone: 1-800-520-5750
Fax: 1-608-223-2159

E. AD&D Benefits and Claims

The EPIC Life Insurance Company
Attn: Life & Disability Department
PO Box 8430
Madison, WI 53708-8430
Phone: 1-800-520-5750
Fax: 1-608-223-2159
Email: www.wseepic@wpsic.com
Web: www.epiclifec.com

XVIII FORMS AND INSTRUCTIONS

Most forms are available online at <http://www.epiclifec.com/>.

EPIC Supply Order Form

Complete this form (located at back of this manual) to order hard copy documents for your department.

- Specify your group number or group numbers
- Detail address where you want the supplies delivered (cannot deliver to a post office box)
- Number of each document you need
- Signature of authorized person

For EPIC Benefits+ Forms:

- Enrollment Form – E11444
- Continuation Election Form – E11472
- Beneficiary Designation Form (no employer section) – E11722

Completing Enrollment Form – E11444

- Employee completes sections 1 – 6.
- You complete the For Office Use Only section:
 - Date Rec'd - the date you receive the completed application from the employee.
 - Rec'd by - Name of staff who accepted the application or who processed it if not the same person.
 - Hire Date – needed only if this is the employee's initial enrollment opportunity
 - Cov Eff Date - the first of the month after the date the application is received.
 - Indicate if a domestic partner affidavit is on file.
 - Show the monthly premium for coverage elected.
 - UW only – include the employee ID number.

Completing Continuation Election Form – E11472

- Complete employee, applicant information at top of form. If applicant is not the employee, obtain current address from employee. If not available, send to last known address.
- Complete section 1 to indicate the qualifying event
- Applicant completes Sections 2, 3, 4 and 5.
- Complete the Employer Use Only section
 - Indicate basis for extension of group coverage. Use Retiree Continuation to ensure annuitant may continue coverage indefinitely. Use COBRA when extension is due to loss of eligibility due to termination of employment, divorce or reaching the limiting age. Use COBRA/Continuation when a domestic partnership is terminating.
 - Indicate if the member is eligible to continue or not. If not eligible, it is typically due to the failure to notify the employer in a timely manner. The member still gets the election form but it will reflect that the member is not eligible and why.
 - Paid Through Date – if continuation is offered due to the employee's death, coverage ends at the end of the month in which the person died. If it is offered for any other reason, the paid through date is the last day for which premium has already been deducted.
 - Completed by is the name of the HR/benefits staff completing this form.
 - Date Notified of Term is the date that you are notified.
 - Date of Notice is the date that you issue the continuation election form.
 - Name of Employer is the agency name or UW institution.

EPIC Life Insurance Company has made every effort to ensure that this manual is current and accurate. However, changes in the law or processes since the last revision to this manual may mean some details are not current. Please contact EPIC if you have any questions about a particular topic in this manual.



EPIC Supply Order Form

EPIC Group Number: _____

Group Name: _____

Group Address (please provide street address):

If your order is over 50, please provide street address for UPS delivery.

Brochure E11549	Count: _____
Enrollment Applications E11444	Count: _____
Continuation Election Form E11472	Count: _____
Beneficiary Designation Form E11722	Count: _____
Dental WI Enrollment Form E10402	Count: _____
Dental WI Continuation Form E13000	Count: _____

Person Requesting: _____ Date: _____

EPIC Approval: _____ Date: _____

EPIC Fax: 1-608-223-2159
EMAIL: *WSEEPIC@WPSIC.COM*

Mail: The EPIC Life Insurance Company
Attn: Administrative Services
Post Office Box 8430
Madison, Wisconsin 53708-8430

P.O. Box 8430 | Madison, WI 53708-8430 | www.epiclife.com
toll-free: 1-800-520-5750 | toll-free fax: 1-800-236-7610 | fax: 608-223-2159
A Subsidiary of WPS Health Insurance

