

**Department of Employee Trust Funds
Local Health Insurance Administration Manual**

Chapter 6 — It's Your Choice Open Enrollment

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601 It's Your Choice Open Enrollment Eligibility

It's Your Choice Open Enrollment provides an annual opportunity for **uninsured employees** to apply for new health insurance coverage and currently **insured subscribers** to change from one health plan to another, drop or add an adult dependent (age 19 or older) or a dependent who does not qualify as a tax dependent, transfer the coverage from one spouse to the other or one domestic partner to the other, or change from single-to-family or family-to-single coverage without limitations.

A. It's Your Choice Open Enrollment Period:

The Group Insurance Board sets the It's Your Choice Open Enrollment period, normally a four-week period in October. Changes in coverage take effect January 1 of the following year.

B. Participation in the It's Your Choice Open Enrollment Period:

Two requirements must be met to make a change or enroll during It's Your Choice:

1. To enroll, the employee must be eligible for and be enrolled in the WRS or be an employee of a non-WRS employer enrolled in the Wisconsin Public Employers' Group Health Insurance Program for Non-WRS Employers. To make a change, the employee must be currently insured in the WPE Group Health Insurance Program; **and**
2. The employee must enter the change request online into the myETF Benefits system or provide the *Health Insurance Application/Change Form* (ET-2301) to the employer within the designated It's Your Choice Open Enrollment period.

C. Distribution of *It's Your Choice Reference and Decision Guide*:

The *It's Your Choice Reference and Decision Guides* (ET-2128r and ET-2128d) provides information on important changes, health insurance rates, uniform benefits,

coordination of benefits and plan availability for the plan year. The guides are forwarded to local employers that participate in the WPE Group Health Insurance Program prior to the It's Your Choice Open Enrollment period for distribution to all eligible employees, insured and uninsured (including those on leave of absence and layoff). There is a limited supply of paper *It's Your Choice Guides* available; employers are encouraged to direct employees to the electronic version found on ETF's website at: <http://etf.wi.gov/publications/insurance.htm>. The *It's Your Choice Guides* must be distributed in a timely manner.

D. Employees Initially Eligible for Coverage on November 1 or December 1:

Employees initially eligible for coverage on November 1 or December 1, who wish to change to a different health plan or coverage type effective January 1, **must file two Health Insurance Application/Change Forms** during their regular enrollment period. The first application will cover the period from the date of initial coverage through December 31. The second application will change to whatever health plan or coverage type is selected effective January 1, and must have the It's Your Choice box checked as the reason for submitting the application.

E. Employee's employment and/or health coverage ends after submitting an It's Your Choice election:

- If coverage ends on or prior to December 31, list the health plan that coverage is with as of the coverage end date on the *Continuation - Conversion Notice* (ET-2311).
- List *It's Your Choice* elected health plan on *Continuation - Conversion Notice* if current coverage ends after December 31.

602 Withdrawing/Rescinding *It's Your Choice* Enrollment Elections

Entry of an employee's request to withdraw/rescind an It's Your Choice election in MEBS must be completed by ETF. Employees may withdraw/rescind an It's Your Choice election by notifying their employer in writing (letter or e-mail) prior to the January 1 effective date.

A. If the employee submitted their It's Your Choice election on a *Health Insurance Application/Change Form* (ET-2301), upon receipt of the written request to withdraw/rescind:

1. Employer makes two photocopies of the *Health Insurance Application/Change Form* that was initially submitted by the employee and writes "Rescind" across each copy.
2. Forward one copy of the application along with a copy of the employee's written request to withdraw/rescind the application to ETF.

3. Retain the second copy of the application for the employer's records.
 4. ETF will update myETF Benefits by deleting the initial It's Your Choice request and reinstating the employee's coverage that was to end on December 31.
- B. If the employee entered their It's Your Choice change online and now wishes to withdraw/rescind their requested online change, the employee must notify their employer in writing (letter or e-mail) prior to the January 1 effective date. On receipt of the employee's written request to withdraw/rescind their online change:
1. Employer will make a copy of the employee's letter and forward the copy to ETF while retaining the original copy for the employer's records.
 2. ETF will update MEBS by deleting the initial It's Your Choice request and reinstating the employee's coverage that was to end on December 31.

Note: No application or on-line request for coverage may be withdrawn/rescinded on or after the effective date of coverage. After the coverage effective date, the subscriber can only cancel coverage prospectively *if* premiums are paid with post-tax dollars (refer to subchapter 803) or through the late It's Your Choice process, also prospectively (refer to subchapter 604).

603 When a Health Plan is not Available at *It's Your Choice*

When a plan is no longer available for the upcoming year, subscribers enrolled in that plan **must** make an It's Your Choice change online **or** submit a *Health Insurance Application/Change Form* (ET-2301) during the It's Your Choice Open Enrollment period to enroll in a new plan. Subscribers are notified by letter from the departing plan at the onset of It's Your Choice. Information on plans no longer available will also be included in the "Important Changes" section in the *It's Your Choice Decision Guide*.

Note: In some instances, such as a health plan service area merger, applications are not required and subscribers are switched automatically to a new plan. In the event a new application is not required, annual It's Your Choice *Employer Bulletins*, e-mail updates, and the *It's Your Choice Guides* will include instructions.

Subscribers whose plan will no longer be available and who fail to submit an application selecting an available plan during the It's Your Choice Open Enrollment period are deemed to have cancelled coverage and must apply through the late It's Your Choice application process to select a new health plan to continue coverage. Coverage is effective the first day of the calendar month on or after the date ETF receives the application.

604 Late It's Your Choice Applications

Subscribers may request a review by ETF if they believe they were not offered an It's Your Choice enrollment opportunity and they feel that their *Health Insurance Application/Change Form* (ET-2301) should be accepted after the designated It's Your Choice Open Enrollment period. Please note that a late It's Your Choice application does not guarantee approval. The steps included in this process are as follows:

1. Employee submits application after the end of the It's Your Choice Open Enrollment period.
2. Employer rejects and returns late application to employee with instructions on requesting a review. A sample letter informing an employee of this process is found in subchapter 605.
3. Employee submits a written request (letter or e-mail) for ETF to review to the employer no later than January 31 following the It's Your Choice Open Enrollment period.
4. Employee includes in the letter or e-mail the facts or circumstances regarding the reason(s) their application is being filed late and the remedy being sought.
5. Employer develops a cover memo, letter or e-mail addressed to ETF detailing the process used to distribute It's Your Choice materials and information to employees, the date of receipt of the employee's It's Your Choice application, and any pertinent facts that either supports or does not support the employee's request.
6. Employer sends a copy of the employee's late It's Your Choice *Health Insurance Application/Change Form*, the original employee's letter or e-mail requesting a review, and the employer cover memo, letter or email to:

EMPLOYER SERVICES SECTION
DEPT OF EMPLOYEE TRUST FUNDS
P O BOX 7931
MADISON WI 53707-7931

These materials and information can also be scanned and e-mailed to:
etfhealthandins@etf.wi.gov.

E-mails must be sent encrypted to comply with HIPAA standards; if you cannot send encrypted e-mail, please mail or fax only. The subject line should be titled "Late It's Your Choice Application".

7. ETF reviews the materials submitted and issues a letter within 30-60 days to the employee, copying the employer, that the request was either approved or denied.

605 Late It's Your Choice Review Sample Letter

Below is a sample letter from the employer informing an employee of the review process for a Late *It's Your Choice* application.

(DATE)

(EMPLOYER NAME AND ADDRESS IF NOT ON THE LETTERHEAD)

Dear (EMPLOYEE NAME):

Your It's Your Choice health insurance application is being returned to you by our office because it was not received timely. You may request a review of your late application by the Department of Employee Trust Funds (ETF) through the following process:

- Prepare a written request detailing the circumstances and facts surrounding the reason for your late application and the remedy you are seeking.
- **Submit your written request and your application to our office at the address noted above by January 31.** Do **not** submit your request directly to ETF.
- We will review your request for completeness and attach any pertinent documentation.
- We will submit your request, your health insurance application, and other documentation to ETF for review.
- ETF will review the materials and issue you a letter either approving or denying your request.

If you have questions, please contact (NAME) at (TELEPHONE NUMBER).