



STATE OF WISCONSIN  
Department of Employee Trust Funds

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**SECOND NOTICE**

***Urgent! Information Regarding Your Prescription Drug Coverage  
For 2006-- Response Required Immediately!***

December 6, 2005

Dear Medicare Eligible Participant:

In recent months, you have received communications from both the Department of Employee Trust Funds (ETF) and Dean Health Insurance (DeanCare Rx) regarding your prescription drug coverage for 2006. We understand that some of the information may have been confusing and, in some cases, the materials contained conflicting messages. This letter is to provide you with accurate and current information and to remind you of a critical deadline.

**Overall, it is true that very little will be changing with your prescription drug coverage in 2006, but here are the key points that you must understand:**

- You **must** return the *Medicare Information Form* (see the attached letter from DeanCare Rx) to ensure that your coverage is effective January 1, 2006. Information contained in this form is a federal requirement for group enrollment. Instructions for returning the form and a postage-paid envelope are included in the letter. Please do not discard this important form! Your prescription drug benefits will be affected if it is not returned to DeanCare Rx.
- Returning the form enrolls you in DeanCare Rx, the Medicare Part D plan that the Group Insurance Board has chosen for Wisconsin Public Employers' retirees in the Group Health Insurance Program. This plan, combined with an enhanced drug benefit offered by DeanCare Rx, will ensure that the transition to your new drug coverage is seamless in 2006, and that you will not incur any changes in copayment amounts, out of pocket maximums, etc.
- A new Medicare D prescription drug identification (ID) card cannot be issued to you until the form is received by DeanCare Rx. If you do not receive your new identification card prior to January 1<sup>st</sup>, please watch for a DeanCare Rx

confirmation letter, as this letter will contain your member ID number and can be used at the pharmacy until your card is issued.

- If you did not return your form because you want to opt out of this Medicare Part D plan, please contact DeanCare Rx immediately. If you do not return the form and do not select a Medicare Part D plan, your prescription drug benefits will be reduced by the amount Medicare would have paid had you enrolled in this or another Part D plan.
- It is important to note that prescription drug coverage through DeanCare Rx does NOT affect your health insurance benefit. You will continue to receive coverage for your medical services through the Group Health Insurance Program health plan in which you are enrolled.
- For more information, please do not hesitate to contact the DeanCare Rx Customer Service department toll free at 1-888-422-3326, or locally at (608) 827-4372.

We apologize for any confusion our materials may have caused. We do not want you to miss any important deadlines, and stand ready to help you with your questions.

Thank you!

Attachments:

- Medicare Informational Letter
- Medicare Information Form
- Statement of Benefits