
Deductible HMO - Deductible Standard PPP Addendum

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*Keep this as a reference throughout the year with the
It's Your Choice book, ET-2128.*

ET-2159 (Rev 9/2009)

2010

Wisconsin Public Employers' Group Health Ins.

(Participating Local Government Employees & Annuitants)

**2010 MONTHLY LOCAL EMPLOYEE RATES:
DEDUCTIBLE HMO OPTION--DEDUCTIBLE STANDARD PPP**

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2010	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 1*	FAMILY MEDICARE - 2**
ANTHEM BLUE NORTHEAST	1351.10	3374.10	992.60	2341.20	1982.70
ANTHEM BLUE NORTHWEST	983.80	2455.80	784.00	1765.30	1565.50
ANTHEM BLUE SOUTHEAST	1351.10	3374.10	992.60	2341.20	1982.70
ARISE HEALTH PLAN	605.90	1511.10	533.50	1136.90	1064.50
DEAN HEALTH PLAN	461.90	1151.10	456.60	916.00	910.70
GHC OF EAU CLAIRE	772.60	1927.80	601.70	1371.80	1200.90
GHC OF SOUTH CENTRAL WISCONSIN	480.60	1197.80	485.90	964.00	969.30
GUNDERSEN LUTHERAN HEALTH PLAN	665.80	1660.80	563.50	1226.80	1124.50
HEALTHPARTNERS	768.80	1918.30	596.80	1363.10	1191.10
HEALTH TRADITION HEALTH PLAN	692.00	1726.30	576.80	1266.30	1151.10
HUMANA EASTERN	1243.70	3105.60	471.80	1713.00	941.10
HUMANA WESTERN	1243.70	3105.60	471.80	1713.00	941.10
MEDICAL ASSOCIATES HEALTH PLAN	499.50	1245.10	416.10	913.10	829.70
MERCYCARE HEALTH PLAN	464.10	1156.60	462.70	924.30	922.90
NETWORK HEALTH PLAN	544.60	1357.80	502.90	1045.00	1003.30
PHYSICIANS PLUS	455.70	1135.60	456.40	909.60	910.30
SECURITY HEALTH PLAN	888.40	2217.30	581.70	1467.60	1160.90
STANDARD PLAN: BALANCE OF STATE-PPP	844.50	2107.40	395.50	1240.00	788.50
STANDARD PLAN: DANE-PPP	785.20	1959.20	395.50	1180.70	788.50
STANDARD PLAN: MILWAUKEE-PPP	910.50	2272.60	395.50	1306.00	788.50
STANDARD PLAN: WAUKESHA-PPP	844.50	2107.40	395.50	1240.00	788.50
STATE MAINTENANCE PLAN (SMP)	609.80	1520.90	NA	NA	NA
UNITEDHEALTHCARE NE	630.00	1571.30	545.60	1173.10	1088.70
UNITEDHEALTHCARE SE	635.00	1583.80	548.10	1180.60	1093.70
UNITY COMMUNITY	459.20	1144.30	460.20	916.90	917.90
UNITY UW HEALTH	459.60	1145.30	460.40	917.50	918.30
WPS METRO CHOICE	869.60	2170.30	665.40	1532.50	1328.30
STANDARD PLAN AREA INCLUDES THE FOLLOWING:	¹ DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix ² MILWAUKEE: Milwaukee county & <u>retirees and continuants living out of state</u> ³ WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha ⁴ BALANCE OF STATE: All other Wisconsin counties				

N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.

*Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.

**Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D.

Medicare premium rates apply only to subscribers who have terminated employment.

FREQUENTLY ASKED QUESTIONS AND THEIR ANSWERS

General Information

Can my employer pay for my out-of-pocket costs for medical services and prescription drug copays, deductibles and/or coinsurance?

No, however, if your employer offers you a Section 125 Cafeteria Plan, you may be able to lower the amount you pay for certain medical out-of-pocket costs by having dollars deducted on a pre-tax basis from your payroll, for reimbursement through a medical reimbursement Employee Reimbursement Account (ERA).

If your employer offers you a medical reimbursement ERA program you should know that ERA's allow you to reduce your taxable income by an agreed-upon amount each pay period and to have these amounts set aside to pay certain medical expenses. Contributions are made on a pre-tax basis to your account as established by you annually. These contributions are returned to you by submitting receipts and other required documentation to your employer's ERA vendor.

A medical reimbursement account is used to pay medical expenses for you, your spouse and dependents that are not paid by insurance. This would include deductibles and co-insurance amounts; drugs; dental, vision and hearing care; orthodontia; and other uncovered medical procedures or supplies. Certain over-the-counter drugs such as antacids, allergy, pain and cold remedies, may also be paid.

Deductible HMO

How is the Deductible HMO option different from Uniform Benefits, the Traditional HMO option?

Under the Deductible HMO option, you have an upfront deductible per calendar year of \$500 per individual, \$1,000 per family for medical services. That is, you pay the first \$500 in services per individual or \$1,000 per family. Once the deductible is met, you receive benefits as described in Uniform Benefits, for example, copayment on emergency room visits, coinsurance on durable medical equipment (DME), etc.

Are there any services that do not apply to the upfront deductible?

The deductible applies to all medical services. However, pharmacy claims do not apply, and continue to be subject to existing prescription drug copays.

How will I know when my deductible is met?

Until you meet your deductible, your HMO will send you an Explanation of Benefits (EOB) each time it processes a claim. The EOB will identify information about the claim, including the provider name, the amount billed, and the amount applying to your deductible, which you are responsible for paying the provider. Typically, you would pay your provider after you receive the EOB from your health plan. The EOB will allow you to track when your deductible is met.

Deductible Standard Preferred Provider Plan (PPP)

What is this change to a PPP all about?

The redesign of the Wisconsin Public Employer's Classic Standard Plan into a preferred provider plan (PPP) with a network will be effective on the date selected by your employer. This PPP network offers participants the choice to see any provider, but there are differences in reimbursements depending on whether you go to an in-network or an out-of-network provider. If you receive services from an in-network provider you will have lower out-of-pocket costs. If you choose an out-of-network provider, you contribute more toward your health care costs by incurring additional deductible and coinsurance costs.

This arrangement can be attractive to members who for the most part are comfortable with the plan's providers, but occasionally feel the need to utilize a particular specialist or desire coverage for routine care while traveling. In addition, members who have students away at college may choose the plan to offer comprehensive coverage to all family members, regardless of where they live. The provider network is nation-wide, so covered members who receive care out-of-state will have improved access to providers.

Note that the Deductible Standard PPP uses elements of the Classic Standard Plan, and is separate from Uniform Benefits offered by the alternate plans (HMOs and WPS Metro Choice's PPP). All eligible employees and annuitants have the option to enroll in this plan.

How do I know which providers are in-network providers?

You can get this information from WPS Health Insurance (WPS) over the Internet at www.wpsic.com/state. See the plan description page for more information. Or you can call WPS at (800) 634-6448 for information or to request a printed provider directory.

How is the Deductible Standard PPP with a preferred provider network different from the Classic Standard Plan?

Under the Deductible Standard PPP, when you receive services from providers, you will need to meet up-front deductible and coinsurance amounts. You will not have to pay the old major medical deductible and co-insurance. If you use in-network providers, you will have lower deductible and coinsurance costs.

Please keep in mind that in- and out-of-network deductibles and coinsurance out-of-pocket *amounts accumulate separately*. Your in-network costs do not apply to the out-of-network deductible and coinsurance, and vice versa. Therefore, if you use both in- and out-of-network providers, you will pay more for your care.

A few other benefits have been adjusted to keep the overall benefit level comparable to the Deductible HMO plan. The lifetime maximum benefit will increase to an overall \$2,000,000 from \$250,000 major medical only.

A hospital pre-certification program is newly included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice within 48 hours after an emergency admission. If you do not notify WPS, their

payment for your claim will be reduced by \$100. You will be responsible to pay that amount in addition to your deductible. This program does not apply if Medicare pays for your claims first, for example, if you are an annuitant over 65 years old.

Refer to the plan description page for more details. After the effective date your employer has chosen, the Classic Standard Plan will no longer be available to you.

How does the application of the preferred provider network into the Standard Plan save money and improve services?

When using a preferred provider network, claim charges are discounted by in-network providers to a greater extent than those of out-of-network providers. As members utilize in-network services, the plan saves money and future increases would reflect the savings.

The Classic Standard Plan was implemented in the 1970s. Health insurance has changed dramatically since that time, and the Classic Standard Plan had become one of the few of its type remaining in the marketplace. With this change in applying a preferred provider network, we hope our plan will become easier to understand and use, for members and providers, as it becomes more similar to other plans in the marketplace. Also, this change helps to keep the cost of administration down.

Why is the Standard Plan with the Preferred Provider Network being implemented now?

Over the past few years the Group Insurance Board has been studying alternatives for our plans. One of the goals was to make the plan more cost-effective and affordable. Your employer is also concerned about this, and has selected this option to meet these goals.

Deductible State Maintenance Plan (SMP)

How are the Deductible SMP benefits different from the old SMP?

Like the Classic Standard Plan, SMP was a program with major medical deductible and coinsurance amounts based on a benefit design from the 1970's. Under the Deductible SMP option, you'll have an upfront deductible per calendar year of \$500 per individual, \$1,000 per family for medical services. Once met, care is covered at 100% except for certain behavioral health or drug and alcohol services. In addition, the lifetime maximum benefit will increase to an overall \$2,000,000 from \$250,000 major medical only. This change should make the plan easier to understand, and less expensive to administer.

A hospital pre-certification program is newly included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice within 48 hours after an emergency admission. If you do not notify WPS, their payment for your claim will be reduced by \$100. You will be responsible to pay that amount in addition to your deductible.

Has SMP's Network or Eligibility Requirements changed with this redesign to the Deductible SMP?

No. The Deductible SMP's network is identical to SMP's.

Deductible Standard PPP Plan

Administered by WPS Health Insurance

800-634-6448 www.wpsic.com/state

- **What's New for 2010**

Visit the Health Center at www.wpsic.com/healthcenter, an online resource designed to help you make good health decisions, whether you're looking for advice on treating a chronic condition, or for tips on leading a healthy lifestyle.

- **General Information**

The Standard Plan is a Preferred Provider Plan (PPP). It provides you with freedom of choice among hospitals and physicians in Wisconsin and nationwide. A higher level of benefits is available by using a preferred or in-network provider which are available nationwide. For more information, see the booklet at <http://etf.wi.gov/publications/et2162.pdf>.

- **Provider Directory**

Go to www.wpsic.com/state/pdf/dir2010_statewide_eastern.pdf or www.wpsic.com/state/pdf/dir2010_statewide_western.pdf to search for a provider within Wisconsin and bordering areas. You can also visit www.wpsic.com/state/fad2009_state_national.shtml to search for providers within Wisconsin as well as nationwide. You may also contact member services to request a copy.

- **Other: Pre-Certification**

To avoid a \$100 inpatient benefit reduction, you, a family member or a provider must notify WPS of *any* inpatient hospitalization to request pre-certification.

- **Referrals and Prior Authorizations**

Referrals are not needed.

WPS recommends that members or providers request prior authorization for services when you are concerned if they will be payable and at what cost. Without an approved prior authorization, WPS may deny payment. Please visit www.wpsic.com/state and follow the Member Materials link to obtain a copy of a Medical Preauthorization Request Form or contact Member Services.

- **Mental & Behavioral Health Services**

Based on recent changes to the State of Wisconsin mandates, a broader base of providers is now available to you. Medically necessary services are available when performed by licensed mental health professionals practicing within the scope of their license. Additionally, mental health and AODA services are no longer limited to certain dollar maximums based on changes from the new Federal Mental Health Parity law. Inpatient services will be limited to 365 days.

- **Dental Benefits**

No dental coverage provided.

Deductible SMP-State Maintenance Plan

Administered by WPS Health Insurance
800-634-6448 www.wpsic.com/state

- **What's New for 2010**

SMP is no longer available in Buffalo and Pierce Counties. Subscribers using providers in these counties must consider selecting another plan or will be limited to the SMP providers remaining in other areas.

- **General Information**

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment. For more information, see the booklet at <http://etf.wi.gov/publications/et2163.pdf>.

- **Provider Directory**

Please visit www.wpsic.com/state/pdf/dir2010_state_smp.pdf to search for a provider or contact WPS member services.

- **Referrals and Prior Authorizations**

You must get a referral approved by WPS before getting care outside the WPS SMP network. *Your provider must request the referral.* Retroactive referrals are not allowed. It is ultimately the member's responsibility to make sure the referral is submitted and approved prior to receiving services.

WPS recommends that members or providers request prior authorization for services when you are concerned if they will be payable and at what cost. Without an approved prior authorization, WPS may deny payment. Please visit www.wpsic.com/state and follow the Member Materials link to obtain a copy of a Medical Preauthorization Request Form or call Member Services.

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- **Dental Benefits**

After overall/medical deductible of \$500 individual/\$1,000 family, members under the age of 12 are eligible to receive preventive care limited to routine exam, prophylaxis and topical fluoride, but not more than once in any 180 consecutive day period.

SMP also available in Florence Co.

