



IMPORTANT CHANGES — EFFECTIVE JANUARY 1, 2012

If you have questions or concerns about any of these changes, contact your health plan using the information listed in the back of this Guide.

Types of Changes	Plan Name	Change
Decrease in premium rates	All plans	<ul style="list-style-type: none"> Premium rates are lower in 2012 for most participants. Make sure you check the contribution schedule and premium rate tables to see how this affects you on Pages 25 through 27.
New changes resulting from state law are effective January 1, 2012.	<p>Plans that offer Uniform Benefits (Insured HMOs and PPPs)</p> <p>For more information, see <i>Frequently Asked Question 3</i>, the <i>Comparison of Benefits</i> section starting on Page 31 and the <i>It's Your Choice: Reference Guide Uniform Benefits Schedule of Benefits</i> section.</p>	<p>For non-Medicare members only*:</p> <ul style="list-style-type: none"> Adding a 10% coinsurance for non-preventive medical services, annual Out-of-Pocket Maximum (OOPM) of \$500 for a single subscriber or \$1,000 for a family. Federally specified routine preventive services including immunizations are paid at 100%. These requirements vary by age. Increasing the Emergency Room (ER) copay to \$75 from \$60. <p>*Annuitants and members on Medicare as their primary payor will see no change to their benefits.</p> <ul style="list-style-type: none"> Dependent coverage will end at the end of the month in which your eligible adult dependent turns age 26. The previous age limit had been 27.

Types of Changes	Plan Name	Change
New changes resulting from federal law are effective January 1, 2012.	Standard Plan	<ul style="list-style-type: none"> Eliminates preexisting condition waiting period for members who are late entrants. <p>See <i>Frequently Asked Question 1</i> in this Guide.</p>
New enrollment opportunities	All plans	<ul style="list-style-type: none"> The It's Your Choice Enrollment Period will become an Open Enrollment this year. Uninsured but eligible employees and annuitants can enroll during the period for coverage effective January 1st of the following calendar year. Employees who are not enrolled but who want to preserve their sick leave as credits for use later, may enroll immediately prior to retirement. Previous enrollment opportunities that applied waiting periods have been eliminated. <p>See <i>Frequently Asked Question 1</i> for more information.</p>
Contract changes	All plans	<ul style="list-style-type: none"> Health insurance coverage for an employee will end at the end of the month in which the employee terminates employment. The group health insurance program will now align with federal COBRA coverage (an 18-month maximum that may be increased to 29 to 36 months in mandated circumstances) except as required by state continuation law.

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Prescription drug coverage for Medicare-eligible participants covered under an annuitant contract	Navitus Health Solutions: Navitus MedicareRX (PDP) Underwritten by Sterling Life Insurance Company	<ul style="list-style-type: none"> Effective January 1, 2012, prescription drug coverage will be provided by a Medicare Part D Employer Group Waiver Plan. This replaces the creditable prescription drug coverage provided prior to 2012 through Navitus, and the state's participation in the Retiree Drug Subsidy program. Affected individuals will receive a new ID card. <p>See <i>Frequently Asked Question 4</i>.</p>
Prescription drug mail order vendor	Navitus Health Solutions: WellDyneRX	<ul style="list-style-type: none"> Effective January 1, 2012, the mail order vendor will change from Prescription Solutions to WellDyneRx. Members who currently use mail order services will receive a letter with additional information regarding this change. See Page 82 for additional information.
New health plan	WEA Trust PPP Northwest	Offered in 18 counties in northwest Wisconsin and in a number of counties in Minnesota.
Significant Health Plan Provider Network changes	Health plans listed below have made significant changes by adding or terminating contracts with provider groups. Other plans have also made changes. Refer to the map on Page 29, and call the health plan for more details.	
	GHC Eau Claire	Will no longer offer providers in Barron, Chippewa, Dunn, Eau Claire, Pepin, Polk or Rusk counties.
	HealthPartners Health Plan	Added Bayfield, Burnett and Douglas counties.
	WEA Trust PPP East (Formerly WEA Trust PPP)	Expanding into Dodge, Door, Columbia, Jefferson, Marathon, Portage, Rock and Wood counties.
	State Maintenance Plan (SMP)	SMP will no longer be available in Vilas County. Subscribers using providers in this county must consider selecting another plan or will be limited to the SMP providers remaining in other areas.

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Health plan changes	Standard Plan	<ul style="list-style-type: none"> • In-network: \$200 single/\$400 family deductible, 90%/10% coinsurance thereafter to an out-of-pocket maximum (OOPM) of \$800 single/\$1,600 family per year. • Out-of-network: Deductible remains at \$500 single/\$1,000 family. Coinsurance changing to 70%/30% to the existing OOPM of \$2,000 single/\$4,000 family. • A \$75 emergency room copay applies both in- and out-of-network. Services thereafter apply to the in-network deductible and coinsurance. <p>See <i>Comparison of Benefits</i> section on Pages 31, 34 and 35 for more information.</p>
Health Risk Assessment (HRA) tools	All plans	<p>HRAs are a great tool to help you understand and potentially improve your health. Every health plan will have one available for 2012 and may offer incentives for completing them. See the <i>Health Plan Features — At a Glance</i> grid on Page 40 and contact your plan for more information.</p>
Changes to dental coverage	For more information, see the Health Plan Description pages in the <i>Choose Your Health Plan</i> section.	
	Dean Health Plan	Increasing out-of-network office visit copay to \$40 from \$25. Lowering annual benefit combined maximums to \$1,500 per individual for in-network services and \$1,000 per individual for out-of-network services. Contact Dean for more information.
	Unity - UW Health	Changing administrators to Momentum Insurance plans from Delta Dental. The provider network will change.

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Other information on ETF's Internet site	All plans	<p>The <i>It's Your Choice: Decision Guide</i> and <i>Reference Guide</i> are available at etf.wi.gov. Any known printing discrepancies will be clarified on this site. Other information is available about insurance programs, including the complete Report Card on health plans.</p> <p>Sign up for ETF E-Mail Updates for the most current information at etf.wi.gov.</p>
Online help	All plans	<p>Are you unsure where to start with the <i>It's Your Choice: Decision and Reference</i> guides?</p> <p>ETF has a number of new online videos to provide information on the changes members can expect to see to their group health insurance benefits. Find them on ETF's Internet site under the Group Health Insurance menu at etf.wi.gov.</p>

How can the Employee Reimbursement Account (ERA) program help to offset my out-of-pocket medical costs?

- Increased out-of-pocket medical expenses make it more valuable than ever to participate in the ERA Program. A medical expense reimbursement account allows you to contribute tax-free money to pay for your family's health plan coinsurance, prescription drug copayments and other qualifying expenses that you pay out-of-pocket—such as dental, orthodontics and vision care. You can contribute up to \$7,500 annually to a medical expense account. Review the 2012 ERA enrollment booklet at etf.wi.gov for information about how the ERA program can help you save money.

Note: If you plan to stay with your current plan for next year and you are not changing your coverage, you do not need to take any action during the It's Your Choice Open Enrollment period.