



### 1. How are the health plans determined?

Each year the Group Insurance Board (GIB) sets program requirements for health plans participating in the State of Wisconsin Group Health Insurance Program. After requirements are set, participating health plans submit bids to the Department of Employee Trust Funds (ETF) for the upcoming plan year. Health plan bids generally include the:

- Provider networks.
- Service area.
- Monthly premium cost.

ETF compiles the bids and works with actuaries (professionals who use data to provide estimates about health care costs) to analyze them. Premiums are broken into three premium tiers. Tier 1 bids have the lowest premiums while Tier 3 have the highest. Any health plans that bid in Tier 2 or Tier 3 with their initial bid, get another chance to submit a Tier 1 bid.

Sometimes plans choose not to participate in the program. There may be a few reasons:

- They do not wish to lower their premium bid.
- They do not agree with the contract terms.
- They have withdrawn based on an overall business strategy.

### 2. Why are there so many changes this year?

This year brought some extraordinary circumstances. The first was the Governor's proposed state budget which required significant cost savings from the State Group Health Insurance Program. The GIB and ETF did not want this budget requirement to increase health care costs for participants, so a self-insured health program was proposed. The Joint Committee on Finance (a 16-member bipartisan legislative committee, who can approve or reject any self-insured contracts negotiated by the GIB) rejected this proposal.

Because the self-insurance proposal was rejected, ETF worked hard during negotiations with the health plans to ensure costs were not passed on to participants. ETF also developed a new contract for health plans with increased customer service expectations and performance standards.

Finally, there has been a recent trend of national insurance companies making business decisions to leave certain markets.

### 3. Which health plans will be available in my area?

The health plans available in Kenosha, Milwaukee and Racine counties for 2018 will be:

1. Network Health (Tier 1).
2. WEA Trust – East (Tier 1).
3. It's Your Choice (IYC) Access Plan by WEA Trust (Tier 3).

### 4. Why have health plans been leaving Southeast Wisconsin for the last three years?

In addition to reasons described in number 2, some health plans face difficulty negotiating with health care systems in the region which makes it difficult to submit a Tier 1 bid.

**5. Why is Medicare Advantage going away?**

Humana was the only Medicare Advantage plan available under the State Group Health Insurance Program. Humana elected not to participate in 2018. ETF is working on an improved Medicare Advantage option for 2019.

**6. Will I have to find a new doctor(s)?**

Possibly. This table summarizes which major health care providers are covered by the available Tier 1 health plans. It does not include all health care providers. Use the interactive map at [etf.wi.gov/IYC2018](http://etf.wi.gov/IYC2018) to find provider directories to determine if your doctor(s) is covered by an available health plan.

<b>Health Care Provider</b>	<b>Network Health</b>	<b>WEA Trust - East</b>
<b>Aurora Health Care</b>		<b>X</b>
Aurora St Luke's Health Center - Franklin*		<b>X</b>
Aurora Health Center - Kenosha*		<b>X</b>
Aurora Memorial Hospital - Burlington*		<b>X</b>
Aurora Psychiatric Hospital - Wauwatosa*		<b>X</b>
Aurora Sinai Medical Center - Milwaukee*		<b>X</b>
Aurora St Luke's Medical Center - Milwaukee*		<b>X</b>
Aurora St Luke's South Shore - Cudahy*		<b>X</b>
Aurora West Allis Medical Center*		<b>X</b>
<b>Children's Hospital of WI Inc - Milwaukee*</b>	<b>X</b>	
<b>Columbia St Mary's Hospital Milwaukee*</b>	<b>X</b>	<b>X</b>
<b>Froedtert Health</b>	<b>X</b>	
Froedtert Memorial Lutheran Hospital Inc - Milwaukee*	<b>X</b>	
<b>Independent Physicians Network</b>	<b>X</b>	<b>X</b>
<b>Lakeshore Medical Clinic</b>		<b>X</b>
<b>Medical College of Wisconsin</b>	<b>X</b>	
<b>Midwest Orthopedic Specialty Hospital LLC*</b>	<b>X</b>	<b>X</b>
<b>Orthopaedic Hospital of WI*</b>	<b>X</b>	<b>X</b>
<b>Post Acute Specialty Hospital Of Milwaukee LLC*</b>		<b>X</b>
<b>Sacred Heart Rehabilitation Institute*</b>	<b>X</b>	<b>X</b>
<b>Select Specialty Hospital - Milwaukee*</b>		<b>X</b>
<b>United Hospital System</b>	<b>X</b>	
<b>Wheaton Franciscan Healthcare</b>	<b>X</b>	<b>X</b>
Wheaton Franciscan Healthcare - Franklin*	<b>X</b>	<b>X</b>
Wheaton Franciscan Healthcare - St Francis* (Milwaukee)	<b>X</b>	<b>X</b>
Wheaton Franciscan Healthcare - St Joseph* (Milwaukee)	<b>X</b>	<b>X</b>
Wheaton Franciscan Healthcare All Saints* (Racine)	<b>X</b>	<b>X</b>

\* = Hospital

All the health care providers listed above are in the IYC Access Plan network.

If you need information regarding transitioning care to another health plan and/or health care provider, see the Transitioning Care with a New Health Plan Resource Sheet.

**7. If I have a primary care physician at Aurora and see a specialist at Froedtert Hospital or Children's Hospital of Wisconsin, will I have coverage for both under any of the 2018 health plans?**

No, not as an in-network benefit. Participants will need to review the providers available by Network Health and WEA Trust – East, or the IYC Access Plan by WEA Trust. These directories are all available at [etf.wi.gov/IYC2018](http://etf.wi.gov/IYC2018) through the interactive map.

For 2018, WEA Trust will cover Aurora and Wheaton Franciscan Healthcare, but they will not cover Froedtert Hospital and the Children's Hospital.

Network Health will cover Froedtert Hospital and Children's Hospital. They will not cover Aurora.

If you need information regarding transitioning care to another health plan and/or health care provider, see the Transitioning Care with a New Health Plan Resource Sheet.

**8. If I go to a hospital that is not covered in-network by my plan, will my care be covered?**

In general, no, but there are a few exceptions:

- Emergency/urgent care. This must be a true emergency or urgent situation (as defined by the Uniform Benefits policy), such as an auto accident, heart attack, stroke, bone fracture or severe burns.
- The IYC Access Plan or IYC Access HDHP. You pay a higher premium for this plan design to have a broader provider network and out-of-network coverage.
- WEA Trust – East does cover out-of-network care at 50% after a participant meets a high deductible of \$5,000 per individual. This high deductible out-of-network coverage does not qualify as a high deductible health plan and participants are not eligible for an employer contribution to a Health Savings Account (HSA).

*Note:* A participant could be enrolled in the IYC HDHP and be eligible for an employer HSA contribution. The out-of-network deductible mentioned above is specific to out-of-network services. See Breakdown of Costs charts under the Health Benefits tab at [etf.wi.gov/IYC2018](http://etf.wi.gov/IYC2018).

**9. What if I cover a college student who lives outside of my service area?**

In general, only in-network care is covered. For routine or preventive services, the student should schedule appointments with an in-network provider for a time when he or she will be back in the service area. In-network pharmacies are available nationwide.

With a few exceptions, health plans under the State of Wisconsin Group Health Insurance Program do not cover out-of-network care.

Exceptions include the following:

- Emergency/urgent care. This must be a true emergency or urgent situation (as defined by the Uniform Benefits policy), such as an auto accident, heart attack, stroke, bone fracture or severe burns.
- Telemedicine. Plans may offer different types of remote care, known as telemedicine. Check health plan information for details of what types of services are covered. You can access specific health plan information through the interactive map at [etf.wi.gov/IYC2018](http://etf.wi.gov/IYC2018).

- Certain outpatient mental health services and treatment of alcohol or drug abuse if the dependent is a full-time student attending school in Wisconsin, but outside of the health plan's service area. A clinical assessment and five visits could be covered if the plan provides prior authorization.
- The IYC Access Plan or IYC Access HDHP. You pay a higher premium for this plan design to have a broader provider network and out-of-network coverage.
- WEA Trust – East does cover care out-of-network at 50% after a participant meets a high deductible of \$5,000 per individual. This high deductible out-of-network coverage does not qualify as a high deductible health plan and participants are not eligible for an employer contribution to a Health Savings Account.

*Note:* A participant could be enrolled in the IYC HDHP and be eligible for an employer HSA contribution. The out-of-network deductible mentioned above is specific to out-of-network services. See Breakdown of Costs charts under the Health Benefits tab at [etf.wi.gov/IYC2018](http://etf.wi.gov/IYC2018).

#### 10. What is the difference with all the options available through WEA Trust in southeast Wisconsin?

If you do not have Medicare, your options from WEA Trust are **WEA Trust – East** or **IYC Access Plans**. The medical benefits are the same if you are using providers in the network. However, WEA Trust – East only has in-network providers in eastern Wisconsin while the IYC Access Plans have in-network providers throughout the state and nation. WEA Trust – East has a lower premium.

If you have Medicare, your options from WEA Trust are **Medicare Plus** or **WEA Trust – East**. The medical benefits are different and WEA Trust – East covers some items that Medicare Plus does not, such as routine hearing and vision exams. However, Medicare Plus offers nationwide and worldwide coverage while WEA Trust – East only has in-network providers in eastern Wisconsin. Medicare Plus has a lower premium.

Learn more by accessing the interactive map and benefit comparisons at [etf.wi.gov/IYC2018](http://etf.wi.gov/IYC2018).

#### 11. Will my costs go up?

Employee contribution rates will not increase for most state and UW employees. Overall, there is no premium increase for state or UW retirees, though there are changes to the premium rates set by each health plan. Check rates under the Rates tab at [etf.wi.gov/IYC2018](http://etf.wi.gov/IYC2018) or in the IYC Decision Guide.

***Disclaimer:*** Every effort has been made to ensure information in this document is accurate. The provider directories available on each participating health plan's website contain the most accurate provider listings. In the event of conflicting information not related to available providers, federal law, state statute, state health contracts and /or policies and provisions established by the State of Wisconsin Group Insurance Board shall be followed. The most current information can be found at [etf.wi.gov](http://etf.wi.gov).