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Introduction

This brochure includes general information about health insurance through the Department of Employee Trust Funds (ETF). This coverage is available to Wisconsin Retirement System (WRS) covered state and some local government employees, and annuitants (and their insured survivors). The details of the health insurance contracts are included in the annual It’s Your Choice booklets that are provided before the It’s Your Choice open enrollment period each year. The booklet is available online at etf.wi.gov.

Obtaining Coverage When Not Currently Covered

If you are not currently covered under the State of Wisconsin Plan or the Wisconsin Public Employers Group Health Insurance Program, but are interested in annuitant health insurance coverage when you retire, you may want to enroll before you terminate employment.

If you are a state or local employee whose employer participates in this group health insurance program, you can enroll in the Standard Plan 30 days before you retire to have coverage in effect by your termination date for the purpose of delaying initiation of or using post-retirement employer premium contribution. You can change to another plan during the next It’s Your Choice open enrollment period. As a local employee with rights to apply for this group coverage while an active employee, you will not be eligible to apply for this insurance coverage once your employment ends.

If you are a local employee without this group insurance coverage when you terminate employment or you are a local employee of a nonparticipating employer, you are eligible to enroll in the Local Annuitant Health Program. Please contact ETF to request the Local Annuitant Health Program (ET-2156) brochure for more information.

Requirements to Continue Coverage

When receiving ICI payments. If you are an insured local government employee when you begin a retirement or disability (excluding ICI) benefit, you may continue coverage as long as your former employer participates in the program.

Regular Retirement

To continue coverage, you must have an immediate annuity, which means your retirement benefit effective date is within 30 days after you terminate your employment.

If you meet this, your coverage in effect on your termination date will automatically be continued. If you do not want coverage to continue once your coverage through your employer ends, you must submit a request to cancel your health insurance using myETF Benefits, or submit a Health Insurance Application/Change Form (ET-2301) or submit a signed letter to ETF. State employees who qualify may submit an escrow form to ETF instead. (See Sick Leave Escrow section.)

If you are on an unpaid leave of absence immediately prior to termination and your coverage lapsed due to non-payment of premiums, your coverage will be reinstated if you begin an immediate annuity and file a health insurance application with ETF by the date of your first annuity payment.

Your coverage may be continued if you terminate employment after age 55 (50 for protective category employees) and have at least 20 years of creditable WRS service, even if you do not take an immediate retirement annuity. You must file the Continuation - Conversion Notice (ET-2311) and a health insurance application with ETF.

If you are a state employee who qualifies for continued coverage and have accumulated sick leave credits, your premiums will automatically be deducted from your sick leave credits. You may also be eligible to escrow your sick leave credits for use at a later date. (See Sick Leave Escrow section.)

Deductions for premiums will be automatically taken from your annuity if you do not have sick leave credits. You will be billed for the entire premium from your health insurance carrier if your monthly payment is insufficient to cover the entire premium or you are paid a lump-sum retirement benefit. If you are a local employee, an Employer Verification of Health Insurance Coverage (ET-4814) must be submitted to ETF when you apply for retirement or disability. You and your employer will need to complete a section of the form.
State Employee Terminating Before Minimum Retirement Age With 20 Years of Service

You are not eligible for an immediate annuity if you are an insured state employee who leaves state service before your minimum retirement age. You may continue coverage under the state group plan indefinitely if you have at least 20 years of creditable WRS service and you do not close your WRS account. You are required to pay the full premiums; you cannot use sick leave credits to pay your premiums or escrow your sick leave credits until you begin an annuity (lump-sum or monthly). However, your sick leave will be preserved until you begin a retirement or disability benefit.

If you wish to continue coverage until you begin a retirement or disability benefit, you must submit to ETF a Continuation-Conversion Notice (ET-2311), available through your employer. A health application might also be needed.

If you had a sick leave balance when you terminated employment, you can use the sick leave to pay for coverage when you begin an annuity. You must apply for health insurance by submitting a Health Insurance Application/Change Form (ET-2301) to ETF within 30 days of your annuity application in order to convert the sick leave balance to credits to be used for paying premiums. You may also escrow your sick leave credits at this time by submitting the Sick Leave Escrow Application (ET-4305).

Disability Instead of Regular Retirement

If you are applying for a WRS disability annuity, or Long Term Disability Insurance (LTDI) and/or a duty disability benefit, you must pre-pay your health insurance premiums through your employer until your disability application or LTDI claim is approved or your coverage will lapse.

If you have health insurance coverage in effect at the time your disability application or LTDI claim is approved, your coverage will automatically continue. If you do not want coverage to continue when your coverage through your employer ends, you must submit a request to cancel your health insurance using myETF Benefits, or submit a Health Insurance Application/Change Form (ET-2301) or submit a signed letter to ETF. State employees who qualify may submit an escrow form to ETF instead. [See Sick Leave Escrow section]

If you are on an unpaid leave of absence when your employment is terminated and your coverage has lapsed due to non-payment of premiums, you can apply for your coverage to be reinstated if your disability application or LTDI claim is approved. Within 30 days of ETF’s notification letter, you must file a health insurance application (ET-2301), which will be enclosed with the letter. The entire cost of the premium will be paid by you unless you have sick leave. [See Medicare Requirements section for information about when to apply for Medicare.]

To prevent a lapse when your employment ends before your disability benefit is approved, you need to submit a Continuation - Conversion Notice (ET-2311) and a health application. Once your disability application or LTDI claim is approved, you must apply again (as explained above for lapsed coverage) or your coverage will end in 36 months.

Unused Sick Leave and Disability Benefits

If your compensation plan or contract provides for converting unused sick leave to pay group health insurance premiums, and you qualify for a disability benefit, you can either:

1. Convert your accumulated sick leave credits to pay health insurance premiums, or

2. Use your accumulated sick leave credits until exhausted. This will extend your last day paid, creditable service, covered WRS earnings, and disability benefit begin date.

Spouse, Domestic Partner or Other Dependents and Event Changes

If you have family coverage in force, you or a family member must notify your employer (if you are actively employed by a WRS employer) or ETF (if you are not actively employed by a WRS employer) within 60 days of any of these events:

1. Your death.
2. You terminate employment (for any reason other than gross misconduct) or your hours of employment reduce to less than the number required for WRS participation.
3. Divorce or termination of a domestic partnership certified to ETF.
4. An insured child’s eligibility status changes.

You (or your insured dependents) will then be notified of your rights to apply for continuation coverage if coverage is lost due to any of these events (other than your death). If you wish to continue coverage, you must apply for the continuation coverage within 60 days after coverage ceases or within 60 days of the date the notice was issued, whichever is later. An application is not needed for insured survivors to continue coverage after your death. With a
family plan in effect when you die, coverage will automatically continue for your insured survivors (or single, if only one survivor) but a follow-up, signed application is required. If eligible, this coverage may be continued beyond the 18 to 36 months maximum for the other events.

If your insured survivors do not want coverage continued, they must request cancellation of their coverage. To voluntarily cancel the health insurance coverage continued when you die (will be a future effective date):

- ETF must receive a signed written request to cancel the continued coverage. After the death is reported, ETF will send the Continuation of Health Insurance (ET-6203) form which provides an opportunity for cancellation.
- Use the Sick Leave Escrow Application (ET-4305) for a state employee or annuitant who dies with sick leave credits and the spouse/dependent is eligible to escrow the sick leave. This cancels the health insurance coverage and saves the unused sick leave credits for future use to pay state group health insurance premiums.

Coverage will end on the last day of the month that ETF receives the written cancel request (or if eligible, escrow form). Premiums paid by annuity deduction or from sick leave for the month(s) before the cancel request is received will not be refunded.

The insured dependents on your family plan may obtain comparable health insurance and apply to escrow your sick leave credits if you die as an active state employee.

If you die when your sick leave credits are preserved or escrowed (and you had comparable health insurance in effect for the entire escrow period), your insured dependents may apply to escrow your sick leave credits.

Sick leave credits may be escrowed indefinitely. To be eligible to escrow your sick leave credits, ETF must receive your survivor’s Sick Leave Escrow Application (ET-4305) 90 days after your date of death or 30 days after receipt of notification from ETF, whichever is later.

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**Coverage Types**

There are two types of coverage available: “family” and “single.” Family coverage means more than one person is insured. The family coverage premium is the same whether there are two or more persons covered. Single coverage is for one person only.

The insurance plan you have in force when you begin a retirement or disability benefit will automatically continue if you qualify. If you have family coverage in force when you die, coverage for your insured survivor(s) continues without applying.

**Domestic Partnerships**

Under state law, same-sex and opposite-sex domestic partners are treated similarly to spouses for the benefit programs authorized in Chapter 40 of the state statutes.

Chapter 40 benefit programs are administered by ETF, and include the Wisconsin Retirement System (WRS), group health insurance, deferred compensation, life insurance and other programs. An Affidavit of Domestic Partnership (ET-2371) must be received and approved by ETF to establish a Chapter 40 domestic partnership. Due to state and federal law, adding a domestic partner to your health coverage may affect your taxable income. For more information, please see the domestic partnership information on ETF’s Internet site at etf.wi.gov or call ETF to request the packet. When the term domestic partner is used in this brochure, it means a Chapter 40 domestic partnership is in effect.

**Changing Coverage**

You may change from single to family coverage (or vice versa) by filing an application with ETF. Be sure to read the It’s Your Choice Decision and Reference guides carefully as there are restrictions when adding or deleting a spouse, domestic partner and/or children to your contract. Applications must be filed promptly upon marriage, birth, etc. You can obtain a health insurance application from your employer or ETF.

**Changing Health Insurance Plans**

Each fall there is an It’s Your Choice open enrollment period during which you may change your health insurance plan to any other plan available. Any change in plans becomes effective on the following January 1. Under most circumstances, the It’s Your Choice open enrollment period is the only time you
can change from one plan to another. You may also change plans if you move out of your current plan's service area for at least three months. An application must be received within 30 days after the move to ensure continuous coverage.

**Amount**

The total premiums for active and non-Medicare retired employees are exactly the same. However, the employer normally pays part of the premiums for active employees. The amount paid by retired employees and surviving dependents is higher because the employer does not pay a portion of the premiums. This employer payment ends at the end of the month in which you terminate WRS employment. Premium rates are in the most recent *It's Your Choice Decision Guide* and on ETF’s website. Rates are subject to change each January 1. Retired employees—and/or dependents insured on a family plan—enrolled in Parts A and B of Medicare have lower premium rates.

**Method of Payment for State Employees**

As a state employee, you pay your health insurance premiums one month in advance. Your premiums for coverage continued after your WRS employment ends are paid as described below.

1. *From Accumulated Sick Leave.* If you have accumulated sick leave credits:
   - when you retire, or
   - terminate employment after you have 20 years of WRS creditable service and are eligible for an immediate annuity but defer application, or
   - when your disability application or LTDI claim is approved, or
   - upon your death.

   Your premiums (or the premiums for your insured survivor(s), if you are deceased) will be deducted from these sick leave credits, if you meet the eligibility requirements.

   Sick leave credits can only be used to pay group health insurance premiums for coverage under the State of Wisconsin Group Health Insurance Program. There is no cash value for this benefit. You cannot withdraw money from this account.

   If you retire or are approved for a disability or LTDI benefit and are also a dependent on your spouse’s or domestic partner’s state group health insurance contract, your sick leave credits will be held in an inactive account until your spouse or domestic partner retires and depletes his or her own sick leave credits. Then your sick leave credits will be used. Both you and your spouse or domestic partner must meet the eligibility requirements for an immediate annuity.

   When your sick leave credits are depleted, premiums will be paid by:

   2. *Deductions from an annuity.* Premiums will be deducted each month from your retirement, disability or beneficiary payment. If the amount after other deductions is not large enough to cover the premiums, or you are receiving only an LTDI or Duty Disability benefit, then:

   3. *Direct Billing.* The insurance carrier will bill you for premiums, and you will pay them directly.

**Sick Leave Escrow**

As described earlier, in many cases an insured state employee's health coverage will continue automatically and premiums are paid using any available sick leave credits. Your employer will compute your sick leave credits and certify the value on a form they send to ETF.

**Note:** If you have at least 15 years of continuous state service when your state employment ends, you may be eligible for additional sick leave credits under the Supplemental Health Insurance Conversion Credit Program. Your employer will determine if you qualify.

If you do not want to use your sick leave credits because you have comparable coverage elsewhere, you may apply to escrow (delay using) your sick leave credits for an indefinite time if you:

- are covered by the State of Wisconsin Employees Group Health Insurance Program on your retirement date, and
- are covered by comparable health insurance thereafter, and
- take an immediate annuity or are eligible to take an immediate annuity and have 20 years of creditable WRS service or your disability application or LTDI claim is approved.

Contact ETF at retirement if you may be eligible to escrow so that you can file the *Sick Leave Escrow Application* (ET-4305) within the time limit. When you apply for coverage in the state’s program, you will need to do so during the It’s Your Choice open enrollment period. Submit the *Health Insurance***
Application/Change Form (ET-2301) and the Sick Leave Re-enrollment Application (ET-4317) to ETF at that time. Coverage will be effective January 1 of the following year, or any other date you specify during that year. You may also re-enroll at any time to coincide with the loss of comparable coverage if eligibility for comparable coverage is lost. You must apply within 30 days of the loss.

If you die while your sick leave is escrowed, your eligible survivor(s) must apply to continue the escrow you had in place by filing the escrow form or your sick leave will be lost. They will also have the same annual re-enrollment opportunity, as well as the requirement to re-enroll when they lose other comparable coverage.

State employees should review the Sick Leave Conversion Credit Program (ET-4132) booklet on ETF’s Internet site at etf.wi.gov. for details about sick leave benefits.

Method of Payment For Local Employees

Your premiums for continued coverage after your WRS employment ends will be paid in one of the following ways:

1. **Through your employer**, if your employer permits accumulated sick leave to be converted to credits to pay health insurance premiums and/or if your employer pays part or all of the premiums; or

2. **Deductions from an Annuity**. Premiums will be deducted each month from your retirement, disability or beneficiary payment. If the amount after other deductions is not large enough to cover the premiums or you are receiving only an LTDI or duty disability benefit, then:

3. **Direct Billing**. The insurance carrier will bill you for premiums, and you will pay them directly.

**Premium Schedule for Deductions From Annuity Payments**

Your employer will report the date your employer coverage ends based on premiums you paid them. As an annuitant, you will pay your premiums two months in advance. In order for premiums to be paid as scheduled for annuitant coverage, a deduction may be set up from your monthly annuity payments to cover any underpaid premiums. A notification of underpaid premiums will be sent to you with the opportunity to pay the missed premiums in full or to increase the amount of these deductions. The schedule for health insurance premiums to be deducted is shown in the following chart.

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**Converted Life Insurance**

You may elect to convert your life insurance to pay health insurance premiums if you are retired and have life insurance coverage through the Wisconsin Public Employers Group Life Insurance Program, are at least 66 (67 for some local government employees), and used all your sick leave credits.

State retirees may also elect to have premiums for approved long-term care insurance plans paid with converted life insurance.

If you make this election, your life insurance coverage will cease and you will receive credits in a conversion account equal to the present value of your life insurance. The present value ranges from about 41% to 80% of the face amount, depending on your age.

The carrier, Minnesota Life Insurance Company, will pay health and/or long-term care insurance premiums on your behalf from your conversion account until your account is exhausted. You will **not** receive any direct cash payment.

You may file the election up to five months before you are eligible. It will be effective at the beginning of the third full month after ETF receives it, if you are eligible on that date.

When the life insurance account is exhausted, you must resume health insurance premium payments through your WRS annuity or by direct payment to the carrier. Long-term care insurance premiums must be paid directly to that carrier. Contact ETF for more information or to request the brochure.
Converting Your Group Life Insurance to Pay Health or Long-Term Care Insurance Premiums (ET-2325) or an election form (ET-2324).

Sick Leave Credits Statement
Former State Employees Only

Your employer will report your sick leave balance when they report your retirement (regular or disability). ETF sends a Group Health Insurance Certificate (ET-4803) when processing your benefit application (unless your sick leave is preserved). See the definition of preserved on Page 8. It will include your sick leave hours and value, and when your coverage as an active employee ends, etc. (as reported by your employer). ETF sends an annual statement to state annuitants and most other former state employees with unused sick leave credits. The statement includes the status of your account and the remaining balance of your sick leave credits.

Termination of Coverage
As a retiree, your coverage can only be terminated if:

- Premiums are not paid.
- Coverage is voluntarily cancelled.
- You are ineligible for coverage as an annuitant because you become an active WRS employee (cancel annuity). You will be eligible for coverage as an active employee if the employer participates.
- Fraud is committed in obtaining benefits or inability to establish a physician/patient relationship. Termination of coverage for this reason requires Group Insurance Board approval.
- Subscriber’s death, unless you have a family plan in effect when you die. Then coverage will automatically continue for your insured survivors.
- Your local employer withdraws from the Wisconsin Public Employers Group Health Insurance Program.

To voluntarily terminate your health insurance coverage, you must notify ETF in writing. Coverage will terminate the first of the month after ETF receives your written request or on a later date, if specified.

As a state retiree with sick leave credits who becomes eligible to escrow, you may submit the Sick Leave Escrow Application (ET-4305) to voluntarily terminate your coverage. This will allow you to re-enroll based on your escrowed sick leave.

If you have single coverage in force on the date of your death, coverage terminates on that date.

Your surviving dependents are not eligible for group insurance coverage. In addition, state employees lose any unused sick leave credits. Premiums are collected through the end of the month of death.

Former State Employees

Applying for State Group Coverage for Those Who do Not Have Escrowed or Preserved Sick Leave

If you terminate state employment and either do not have group coverage or do not continue your group coverage for any reason, you may apply for single or family coverage in the state group plan, if you meet one of the following conditions:

1. You are receiving a monthly annuity or received a lump-sum retirement benefit (not separation) from the WRS;
   **OR**

2. You terminated state employment before reaching your minimum retirement age (55 for most employees, 50 for protective category employees) with at least 20 years of creditable service and do not close your WRS account by taking a separation benefit.

You must submit a Health Insurance Application/Change Form (ET-2301) during the It’s Your Choice open enrollment period. Your coverage will be effective on January 1 of the following year.

Applying for State Group Coverage for Those Who Have Escrowed or Preserved Sick Leave

Escrowed is the term used to describe when ETF has approved an application to delay sick leave credit use for former state employees or their surviving insured dependents who have comparable coverage through another insurance plan. Comparable coverage must be in effect for the entire escrow period. (See the Sick Leave Escrow section.)

ETF sends a letter each year during the fall It’s Your Choice open enrollment period to remind individuals with escrowed sick leave of the open enrollment period. To apply, you must submit a Health Insurance Application/Change Form (ET-2301) and a Sick Leave Re-enrollment Application (ET-4317). You select the coverage to begin January 1 of the next year or the first of a later month within the next year. When comparable coverage is involuntarily lost, you must apply within 30 days after the lost coverage ends to choose any plan that will be
effective the date your lost coverage expires. 

*Preserved* is the term for sick leave that may *not* be used when employment ends but is held for a former state employee who has 20 years of creditable WRS service and is not eligible for retirement. The sick leave becomes available when the former employee begins a retirement benefit. There is no requirement to have comparable coverage to preserve the sick leave.

If you had 20 years of WRS creditable service but were not eligible for an immediate annuity when you left state employment on or after July 26, 2003 and had sick leave credits, your sick leave credits are preserved. You may begin using your sick leave credits to pay for health insurance premiums when you begin your retirement benefit. You must submit a *Health Insurance Application/Change Form* (ET-2301) within 30 days from the date ETF receives your retirement application. Your coverage will be effective the first of the month after ETF receives your health insurance application, unless otherwise specified.

**Address Changes**

Be sure to keep ETF and your health insurance carrier advised of your current address to facilitate claims processing.

You may also want to evaluate your health plan choice if you move. While alternate plans (HMOs and certain PPOs) provide reimbursement for emergency care outside of their service areas, routine care must be received from each alternate plan’s own physicians.

Some alternate plans also require that follow-up care after an emergency be received from a plan provider. Only Medicare Plus and Preferred Provider plans like WEA Trust or the Standard Plan allow you the flexibility to seek routine care outside of a particular service area. If you move from the service area, either permanently or temporarily (for 3 months or more), you will be permitted to enroll in the Standard Plan, Medicare Plus or an available alternate plan, provided an application is submitted within 30 days after your move. The change in plans will be effective on the first day of the month on or after your application is received.

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**Medicare Requirements**

**Enrollment in Medicare Part A and Part B**

It is *mandatory* that any insured retiree and/or their dependents enroll in Medicare Part A (Hospital) and Part B (Medical) when first eligible. Most people become eligible for Medicare upon reaching age 65. For some, it occurs earlier due to disability, end stage renal disease (ESRD) or ALS (Lou Gehrig’s Disease). When you or an insured dependent enrolls in Medicare Parts A and B, coverage continues under your group health insurance plan. Medicare becomes the primary coverage for each person with both Parts A and B. The continued coverage is at a reduced premium rate if you have a single plan or a family plan when one or all insured are covered by Medicare Parts A and B.

The requirement to enroll in Medicare Part B coverage is deferred for active employees and their dependents until the subscriber’s termination of the WRS-covered employment through which active employee health insurance coverage is provided. You and/or your insured dependents should enroll in Medicare Part A when first eligible. Medicare Part A is free to most people and may cover hospital services if your health plan denies them. If you or a dependent are eligible for Medicare due to ESRD or if you insure a domestic partner who is eligible for Medicare, you should contact your Social Security office to discuss enrollment to avoid any Medicare late enrollment penalties.

Individuals who contributed to Social Security for a short time may be required to pay a premium in order to enroll in Part A. The requirement to enroll in Part A, therefore, is deferred for as long as the individual is subject to that premium payment. A reduced premium rate is *not* applied until Medicare Part A and Part B coverage is in effect. However, if you do not enroll in Part A, the reduced premium rate will not be applied. If you have terminated WRS-covered employment; are an insured surviving spouse, domestic partner, or other dependant or a continuant; and are eligible for coverage under the federal Medicare program, you must immediately enroll in both Part A and Part B of Medicare.

For example, you have a family plan in effect when you retire at age 64 and your spouse or domestic partner is 65 or older. Your spouse or domestic partner must immediately enroll for Part B coverage (and Part A if not in effect). Your coverage is not continued when your active employee coverage ends until ETF receives evidence that your spouse is
covered under Part A and Part B. However, if you are otherwise employed and have health insurance coverage through that employment, or if you are insured under a non-state plan of your actively employed insured spouse or domestic partner, enrollment in Medicare may be deferred until that employer coverage ends.

It is your responsibility to notify ETF when you and insured family members enroll in Medicare. ETF will adjust your retiree group health insurance premium to the appropriate Medicare premium once we know the effective date(s) of Medicare coverage for both Part A and Part B. Send a completed Medicare Eligibility Statement (ET-4307), available from ETF, and a photocopy of your Medicare card and insured family members’ cards to ETF to inform us of Part A and Part B effective date(s) for all who are insured.

If you and/or all insured dependents do not enroll for all available portions of Medicare when required, you will be liable for the portion of your claims that Medicare would have paid beginning on the date Medicare coverage would have become effective.

Enrollment in Medicare Part D
Retired employees and their dependents who are enrolled in Medicare will automatically be enrolled in the Navitus Medicare Rx (PDP) plan, underwritten by Dean Health Insurance Inc. This is an Employer Group Waiver Plan (EGWP), which is Medicare Part D coverage. You cannot be enrolled in more than one Medicare Part D Prescription Drug Plan (PDP).

The EGWP will provide primary coverage for prescription benefits. When you or an insured dependent become eligible for Medicare after you leave WRS employment, send ETF your completed Medicare Eligibility Statement (ET-4307). The eligible person will then be enrolled in the Navitus Medicare Rx (PDP) EGWP. If you choose to enroll in another Medicare Part D PDP, be sure to indicate this on the Medicare Eligibility Statement (ET-4307) form to be dis-enrolled from Navitus Medicare Rx. This will help avoid problems getting enrolled in, and getting prescriptions filled by your other PDP.

Your health insurance premium already includes the cost of the EGWP. In addition, you will be automatically enrolled for secondary coverage provided through what is called a Wrap product. This provides you with additional benefits that “wrap around” the benefits available from the EGWP, such as during the Medicare coverage gap commonly called the “donut hole.” Your health insurance premium already includes the Wrap coverage.

Medicare Benefits
With Medicare integration, your health insurance premiums are lowered to reflect the portion of claims paid by Medicare.

For former state employees covered under the Standard Plan or State Maintenance Plan, your coverage will be changed to the Medicare Plus plan when you become eligible for Medicare. If you have a family plan and only one insured person becomes Medicare eligible, only that person will be changed to the Medicare Plus plan.

For former state employees covered under state health insurance plans other than those listed above and for insured former local employees, the health insurance plan and benefits remain the same when any insured person under the plan becomes eligible for Medicare. However, benefits from your health plan will not duplicate benefits paid by Medicare.

The Department of Employee Trust Funds (ETF) does not discriminate on the basis of disability in the provision of programs, services or employment. If you are speech, hearing or visually impaired and need assistance, call toll free at 1-877-533-5020 or (608) 266-3285 (local Madison). We will try to find another way to get the information to you in a usable form.

ETF has made every effort to ensure that this brochure is current and accurate. However, changes in the law or processes since the last revision to this brochure may mean that some details are not current. The most current version of this form can be found at etf.wi.gov. Please contact ETF if you have any questions about a particular topic in this brochure.
Contact ETF

Visit us online at etf.wi.gov
Find Wisconsin Retirement System benefits information, forms and publications, benefit calculators, educational offerings, email and other online resources.

Call us toll free at 1-877-533-5020 or 608-266-3285 (local Madison)
Benefit specialists are available 7:00 a.m. to 5:00 p.m. (CST) Monday-Friday
Self-Service: Order forms and brochures, or change your address information 24 hours a day, 7 days a week.

Wisconsin Relay Service for hearing and speech impaired: 7-1-1
1-800-947-3529 (English), 1-800-833-7813 (Spanish)

Write or Return Forms
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Madison, WI 53707-7931

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801 West Badger Road
Madison, WI 53713
7:45 a.m. to 4:30 p.m.
Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) and (d)(1)

The Department of Employee Trust Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ETF does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact ETF’s Compliance Officer, who serves as ETF’s Civil Rights Coordinator.

If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Compliance Officer, Department of Employee Trust Funds, 801 West Badger Road, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 1-800-947-3529; Fax: 608-267-4549; Email: ETFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF’s Compliance Officer is available to help you.


Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020 （TTY：1-800-947-3529）


Hindi: ध्यान दें- यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।
