

Contact ETF



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1-877-533-5020

608-266-3285 (local Madison)

7:00 a.m. to 5:00 p.m. (CST), Monday-Friday



Benefit specialists are available to answer questions.

Wisconsin Relay: 711



P.O. Box 7931

Madison, WI 53707-7931

Write ETF or return forms.



Local Annuitant Health Program Important Health Insurance Information

This insurance is available to retirees from local units of government through the State of Wisconsin Group Insurance Board and the Department of Employee Trust Funds. If you need health insurance now or in the future, you may benefit from this program.

The Department of Employee Trust Funds 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 us 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.

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

ET-9019 (REV 12/18/2017)

What is the Local Annuitant Health Program (LAHP)?

The Program was established by 1987 Wisconsin Act 107 to provide group health insurance for retirees from local public employers participating in the Wisconsin Retirement System whose group health insurance with their former employer does not meet their needs or is not permanently available after retirement.

Who is eligible for this health insurance?

Employees who retire from local government employment are eligible if:

- The local government employer participates in the Wisconsin Retirement System, and
- The retiree elects to receive a monthly or lump sum WRS annuity, and
- The retiree submits an application within 60 days of retirement or Medicare Part B enrollment.

In the event of death, the surviving spouse and dependents of a deceased local government employee or retiree are eligible for LAHP if:

- They are receiving a continuation of the monthly annuity, or
- They take the monthly WRS death benefit.

Note: Individuals who are receiving only a § 40.65 duty disability or LTDI benefit are not eligible to apply.

What insurance coverage is available?

The program allows eligible retirees to enroll in one of the health plans available through the Wisconsin Public Employers Group Health Insurance Program. There are many insurers and health plan designs to choose from. Details on health plans available in your area are outlined in the *It's Your Choice 2018 Decision Guide for Local Annuitant Health Program* (18ET-2156).

Members with Medicare

If you are enrolled in Medicare, you will receive coverage that supplements Medicare deductibles and coinsurance, but you should choose which health plan will best serve your needs. You have your choice of the nationwide Medicare supplement, IYC Medicare Plus, or you can choose one of the health plans called the IYC Health Plan - Medicare, which use different provider networks. Prescription drug coverage is also provided at no additional cost to you through a Medicare Part D plan offered by Navitus Health Solutions (Navitus), LAHP's pharmacy benefit manager (PBM).

Members without Medicare

You have a choice of a variety of health plans, called the local health plans. These plans all offer the same medical benefits, and a few of these plans include coverage for out-of-network services. You can also choose the nationwide Local Access Plan PPO, which offers the broadest provider network.

You will have prescription drug coverage offered by Navitus Health Solutions (Navitus). Navitus is LAHP's Pharmacy Benefit Manager (PBM).

When should I apply for this insurance?

You and your dependents may enroll if ETF receives both your insurance and annuity applications within 60 days after the date you terminate employment from a local government agency. Both applications can be submitted up to 90 days before you terminate employment, but your insurance application cannot be accepted before ETF receives your annuity application.

An enrollment opportunity also exists when you turn age 65, or first enroll in Medicare Part B and are over age 65. You may apply for coverage as early as three months prior to the month you enroll in Medicare Part B, and up to six months after the month in which you enroll in Medicare Part B.

When should I cancel my current insurance?

Do not cancel your current insurance until you have been notified in writing of your acceptance into this program, and of the effective date of coverage.

I Would Like More Information

Before choosing to enroll in LAHP, please read the *It's Your Choice 2018 Decision Guide for Local Annuitant Health Program* (18ET-2156) for more information. This guide is available at etf.wi.gov or by contacting ETF.

If you choose to apply for LAHP, you will then need to complete the *Health Insurance Application/Change* (ET-2301) form and return it to ETF. You can print the application from etf.wi.gov or you request a copy from ETF.

If you have questions about the program, please contact ETF.

Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) and (d)(1)

The Wisconsin 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: 711; 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.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 711).

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 : 711)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 711).

Arabic: ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك دون أي مصاريف: اتصل بالرقم 1-877-533-5020 (خدمة الصم والبكم: 711)

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 711)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 711).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 711).

Laotian/Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-533-5020 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 711) पर कॉल करें।

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë. Telefononi në 1-877-533-5020 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 711).