

It's *Your* Benefit

Health insurance and other benefit programs for state and local government employees and retirees



Developing and delivering quality benefits and services to members while safeguarding the integrity of the Trust Funds.

It's Your Choice October 7 - November 1

The It's Your Choice health insurance enrollment period is set for October 7-November 1, 2013. This is your annual opportunity to change from one health plan to another, switch from single to family coverage, or add/delete certain dependents. It is also the only open enrollment opportunity of the year for eligible state employees, retired state employees and active local government employees of participating employers. Changes become effective January 1, 2014.

Even if you are satisfied with your health plan, take the time to review the It's Your Choice materials for any changes to your plan's monthly premium, service area and health care providers. If you want to remain with your current plan, you do not need to do anything if it is still offered in 2014.

Active employees (excluding UW System and UW Hospital and Clinics employees): Your employer will send you an e-mail with links to enrollment materials and information on our website. If you want to switch plans or change your level of coverage for 2014, you must make the change during the It's Your Choice period. Use the myETF Benefits system to make your changes by 4:30 p.m., Friday, November 1, 2013. See page 5 for more information on how to find and use the myETF Benefits system, which is on the Department of Employee Trust Funds (ETF) website.

UW System and UW Hospital and Clinics employees: Do NOT use the myETF Benefits system to enroll or make changes to coverage. UW System employees should go to <http://www.uwsa.edu/abe>.

UW Hospital and Clinics employees must complete a paper application and submit it

This edition of *It's Your Benefit* provides an overview of some of the health insurance benefit changes in the State of Wisconsin Group Health Insurance Program for 2014. For complete details, refer to the following resources:

- Review our online materials, including the *It's Your Choice Reference Guide* and *It's Your Choice Decision Guide* (available in late September), and an online tutorial explaining 2014 changes to the program. Go to <http://etf.wi.gov>.
- Contact your employer's payroll and benefits office.
- Call the Department of Employee Trust Funds at 1-877-533-5020. Customer Service Call Center hours are 7:00 a.m. to 5:00 p.m. (CST), Monday through Friday.

to their payroll and benefits office.

Retirees: If you want to make a change, you can do so either through the online myETF Benefits system or by submitting an application to ETF, postmarked no later than Friday, November 1, 2013.

Significant health plan changes will be listed in the *It's Your Choice Reference Guide* and *It's Your Choice Decision Guide*, which you will receive prior to the beginning of the enrollment period. Please review these materials to ensure your plan and/or plan service area will be offered in 2014 and review the monthly premium information.

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September 2013



New Initiatives to Help You Get Well and Stay Well

The State of Wisconsin Group Health Insurance Program continues to focus on helping members get and stay well. To that end, we are pleased to announce the following initiatives:

1. **Uniform financial incentives**—no matter which health plan you choose, the financial incentives offered to members for completing a health risk assessment (HRA) and biometric screening will be identical.

2. **The launch of the Well Wisconsin campaign**—the State of Wisconsin's commitment to raising awareness of healthy living, preventive screenings and to help all citizens understand potential health risks.

In 2014 group health insurance program participants who complete both a health risk assessment and a biometric screening will be eligible to receive \$150 paid directly by their health plans. This incentive will be paid either by cash, check, or gift card, depending on your health plan. In addition, state agency employers are providing employees with more opportunities to complete a biometric screening on the job site.

Completing an HRA will help you and your doctor identify potential health risks for certain diseases and chronic conditions. HRAs are available online through your health plan's website. Contact your health plan if you need help locating the HRA webpage. If you are unable to complete the online version and request an accommodation from your health plan, you

may complete your HRA on a paper form or over the phone with a representative from your health plan.

Biometric screenings consist of blood pressure, body mass index, cholesterol and glucose levels; they can be done either through your annual physical or at an onsite wellness event. **Please note:** HRAs and biometric screenings have no out-of-pocket costs when done as preventive screenings, and all results are confidential. Members must complete both the HRA and biometric screening to receive the incentive. This opportunity is available to all adult members covered under the group health insurance program.

In addition to these important screening tools, many plans will continue to offer discounts or reimbursement for fitness club memberships, community supported agriculture, and health education courses for tobacco cessation, weight loss, and nutrition.

For more information on disease management and wellness programs, see the "Health Plan Features At-a-Glance" section of your *It's Your Choice: 2014 Decision Guide*, the "Frequently Asked Questions" section of the *It's Your Choice: 2014 Reference Guide*, or contact your health plan. At <http://www.wellwisconsin.wi.gov> you may also access your health plan's wellness offerings and HRA and biometric forms; learn about onsite wellness events; find contact information for agency wellness coordinators; review wellness tips; and find answers to frequently asked questions.



Stay Informed: Sign up for ETF Email Updates

Find out about important health insurance benefits-related information in between regularly scheduled editions of *It's Your Benefit* by signing up for *ETF E-mail Updates*. The Department of Employee Trust Funds (ETF) will notify you when, for example, our website is updated with:

- Group Insurance Board meeting notices, agendas and other news and information
- It's Your Choice enrollment period news and information, including rates, guides, and program changes
- Benefits presentations in your area of Wisconsin
- New educational videos and webinars

Registration for this free service is easy and quick. Look for the red envelope icon on our website and join the more than 25,000 subscribers who have already signed up for this great service!

Optional "Employee Pay All" Plan News

WRS eligible employees of the State of Wisconsin may have access to optional, employee-pay-all plans such as dental, vision, accident, or accidental death and dismemberment insurance. To find out which plans are available through your agency, contact your employer's payroll and benefits office.

What's New in 2014:

1. **Aflac Group Accident Advantage Plus plan will be offered.** This plan is an "indemnity" plan—it pays a fixed sum directly to the covered member or dependent for listed injuries or procedures related to injuries. Many, but not all, state agencies are making plans to offer the Aflac plan, including the Departments of Corrections, Transportation, and Public Instruction. However, several agencies, including the University of Wisconsin (UW) System and UW Hospital and Clinics, will **not** offer this plan in 2014.
2. **There will be no premium increases to any state dental plans for 2014.** Anthem DentalBlue will change its orthodontic benefit from a "discount" and will, instead, pay 50% of qualified charges for children and adults, up to \$1,000 lifetime. Anthem DentalBlue will offer open enrollment for active employees in participating agencies for 2014.
3. **EPIC Benefits+ is increasing its annual maximum dental benefit to \$1,500 and offering an enrollment opportunity.**
4. **VSP vision plan will increase its premiums in 2014.** In addition, the contact lens benefit will match the eyeglass benefit of \$130.

What is the Health Insurance Marketplace and is it an Option for Me?

The Marketplace (formerly known as the Health Insurance Exchange), established under the federal Patient Protection and Affordable Care Act (PPACA), allows most people to shop for individual health insurance—as opposed to the group insurance offered to employees and retirees through the State of Wisconsin Group Health Insurance Program. Open enrollment in the Marketplace begins on October 1, 2013 for coverage effective January 1, 2014.

This may be of interest to **early retirees** (those who are not on Medicare) who are also paying premiums out-of-pocket, because premiums for Marketplace insurance cannot be paid using sick leave credits or with any employer contribution. **For individuals with incomes below a certain threshold of the federal poverty limit:** Tax credits and/or cost-sharing subsidies for expenses like deductibles may be available to you.

Health insurance plans offered through the Marketplace are described as being 1 of 4 "metal"

Marketplace Plan Options	
Level of Coverage	Approximate percentage of eligible costs Marketplace plan is expected to cover
Platinum	90%
Gold	80%
Silver	70%
Bronze	60%

levels of coverage for Essential Health Benefits. These levels are shown in the chart above.

Insurers across the nation were required to apply for and be accepted into the Marketplaces in order to offer coverage in a given state.

Visit <http://HealthCare.gov> for detailed information about the Marketplace in the state in which you live. **Please note:** Because this is a federal program, the Department of Employee Trust Funds does not have the information necessary to help you evaluate whether the Marketplace in your area is right for you.

Legislative Update

The 2013-15 biennial budget (2013 Wisconsin Act 20), signed into law last June, contains provisions affecting benefit programs administered by the Department of Employee Trust Funds (ETF).

For an ETF summary of these provisions and a document of frequently asked member questions, see the "News" section of our website at <http://etf.wi.gov>. The budget contains a few health insurance-related provisions, including the following:

- A recommendation that the Group Insurance Board (GIB) expand the current wellness program.
- A directive that the GIB offer to state employees an optional high deductible health insurance plan and health savings account beginning January 1, 2015.
- A requirement that ETF and the Office of State Employment Relations (OSER) study the feasibility and cost effectiveness of offering health reimbursement accounts compared to health savings accounts and

present findings by January 1, 2014.

- A requirement that ETF and OSER study the feasibility of excluding from state employee health insurance coverage a spouse or domestic partner who has health insurance available from his or her employer. This study must also evaluate the creation of an incentive payment program for state employees that opt not to take health insurance through the state.
- Allowing the GIB to modify or expand benefits if the modification or expansion is required by law or would maintain or reduce premium costs for the state or its employees in the current or any future year.

In addition, the Governor vetoed a budget provision requiring the Group Insurance Board to implement a tobacco use premium surcharge for state employees in 2014 and 2015.

The legislature is still in session. We will continue to monitor developments and provide updates as they occur. In the meantime, sign up for news and information alerts via our *ETF E-mail Updates* notification service (see page 2).

Ombudsperson Services: Extra Help When You Need It

Since 1991, the Department of Employee Trust Funds (ETF) Ombudsperson Services program has provided members of the Wisconsin Retirement System (WRS) with information, resources and assistance to resolve issues related to their benefits. An ETF ombudsperson offers impartiality and functions as a neutral party. The goal is a fair resolution for all parties within the context of program policies, contracts and the law. If you have questions, concerns or have a potential dispute regarding your benefits, start by contacting ETF's Customer Service Call Center toll free at 1-877-533-5020.

An ETF ombudsperson can provide you with:

Information—Staff are available to answer detailed questions about health insurance and other ETF-administered programs.

Resources—Ombudspersons have access to resources both inside and outside ETF to help members get the most out of their benefits and resolve issues at the most appropriate level.

Assistance—Members may contact an ETF ombudsperson for assistance in resolving a benefits-related issue or complaint. Housed in ETF's Office of Legal Services, ombudspersons work with staff throughout ETF to resolve issues and complaints. If unsuccessful in informally resolving the member's concerns, the ombudsperson provides a response and advice for pursuing other options.

For more information about these services, call our Ombudsperson Assistance Line at (608) 261-7947 or 1-877-533-5020, extension 17947. E-mail Ombudsperson@etf.wi.gov.



News and Notes

Important Medicare information for current and future retirees:

If you and/or your dependents are eligible for Medicare upon or following your retirement, you must be enrolled in the hospital (Part A) and medical (Part B) portions as soon as Medicare eligibility is reached. The State of Wisconsin Group Health Insurance Program also contains Medicare prescription drug Part D coverage—you and/or your dependents will be automatically enrolled in Part D when you are enrolled in Part A and upon or following your retirement.

If you are not enrolled for all available parts of Medicare (A, B and D) upon retirement, then you can expect to be held liable for the portion of your claims that Medicare would have paid, beginning on the date Medicare coverage would have become effective. If you are covered as an active employee but are also eligible for Medicare, the requirement to enroll for Medicare coverage is deferred until you terminate employment. It is also deferred if you have other active employee coverage, such as through your spouse.

NEW! Navitus MedicareRx (PDP) recently changed the format of the Medicare Part D *Explanation of Benefits* (EOB), based on your feedback. This form is sent to members enrolled in our Medicare Part D prescription drug coverage. The new EOB is easier to read and identifies which entity is paying which parts of the bill, either:

- the Navitus MedicareRx (PDP) plan, which pays Medicare Part D benefits, or;
- the supplemental wrap coverage, which pays what the Medicare Part D coverage does not, or;
- the member paying out-of-pocket.

If you have questions about the information on your EOB, see the contact information on page 1 of that document.

Coordination of Benefits: RSVP

Your health plan will contact you to ask for updated information about other health insurance coverage you or your covered dependents may have. Please respond to this request in a timely way so that claims can be processed accurately and quickly.

Life Insurance Premium Updates

Monthly premium rates for life insurance will remain unchanged in 2014. And here's a reminder: Don't forget that Minnesota Life Insurance Company's LifeSuite services are available at no cost to employees and their immediate family members. These include legal services, travel assistance, beneficiary financial counseling, and legacy planning. You do not need to be insured under the Life Insurance Program to access the Travel Assistance or Legal Services benefits—they are available to all employees. The Beneficiary Financial Counseling is offered only to beneficiaries of employees with Wisconsin Public Employers Life Insurance. Visit http://etf.wi.gov/news/ht_20110511.htm for more information.

Attend a Benefit/Health Fair to Learn More, Ask Questions

The Department of Employee Trust Funds (ETF) has scheduled benefit/health fairs throughout the state during the It's Your Choice open enrollment period. The fairs are a great opportunity to ask questions on the full range of ETF-administered benefit programs, including health insurance benefits for participating employees and retirees.

For ETF's interactive map showing benefit/health fairs by region, see the Benefit Presentations page at http://etf.wi.gov/members/presentation_map.html or call ETF at 1-877-533-5020 or (608)266-3285. State employees and retirees can also see the schedule in the *It's Your Choice: Decision Guide*.

Health Plan Dental Benefit to be Uniform in 2014

For many years the insured alternate health plans (but neither the Standard Plan nor SMP) have offered varying levels of dental benefits to state employees with their health insurance plan. In 2014, those benefits will be identical, as per a new Uniform Dental Benefits Plan. Some health plans will also choose to offer the new plan to local government employees.

How will this affect you? Some participants see an increase in their benefits, while others will see a decrease, but the plan was designed so that the **state employees as a group** will see the same overall value. The Uniform Dental Benefit has no deductible and includes diag-

nostic and preventative services, as well as restorative fillings and orthodontia. Major restorative benefits such as a bridge or a root canal are not covered. Review the 2014 *It's Your Choice Reference Guide* for details on the Uniform Dental Benefit.

Note some employers may offer employees other, optional dental benefit coverage that could supplement some of the benefits not covered in the new Uniform Dental plan. Ask your employer if additional dental benefits are available.



New for 2014: Appeals Related to Cases of Medical Necessity to IRO

As a member of the State of Wisconsin Group Health Insurance Program you have the right to appeal a health plan's determination that services or supplies are not "medically necessary".

Medical necessity generally refers to accepted health care services that are necessary to treat a health condition or illness. Medically necessary services follow the appropriate standard of care in order to accomplish the desired end result in the most economical manner. This is the standard terminology that the health care industry uses in the review process, when determining if medical care is appropriate and essential.

Determinations of medical necessity by the health plan are made on a case-by-case basis. The process used in evaluating medical necessity should be made known to the patient. All medical review organizations have written procedures for appeals of negative determinations, such as through a formal grievance with the plan.

Beginning January 1, 2014 members who want to appeal a negative determination of

medical necessity will appeal the decision to an Independent Review Organization (IRO). The IRO process is regulated by state and federal law and provides an efficient and meaningful review of the medical necessity claim by medical advisors who have the clinical training to review the individual's particular clinical issue.

Independent review of medical necessity also includes denial of a member's request for out-of-network services when the member believes that the clinical expertise of the out-of-network provider is medically necessary. Under the law, IRO decisions are final and binding. IRO decisions may not be appealed to the State of Wisconsin Group Insurance Board or to any other court for review.

A fact sheet on the IRO process in Wisconsin is available on the Wisconsin Office of the Commissioner of Insurance website at http://oci.wi.gov/pub_list/pi-203.htm. You may also contact ETF's Ombudsperson Services at (608) 261-7947 or toll free at 1-877-533-5020, extension 17947. You may also send an e-mail to Ombudsperson@etf.wi.gov.

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State Employees

Enroll in the Employee Reimbursement Accounts (ERA) Program and Save Money



State employees: How would you like to save money when paying for out-of-pocket health care expenses and/or dependent daycare expenses? If so, then participate in the Employee Reimbursement Account (ERA) program, administered by WageWorks. You can use pre-tax dollars of up to \$2,500 a year for health care expenses for you and/or your dependents. This includes coinsurance, dental, orthodontia and vision expenses.

You can also use up to \$5,000 for dependent day-care expenses. In addition, you can use the commuter benefit program for parking, vanpool and public transit costs.

How much should I set aside in an ERA account and what are the maximum amounts?

Review the 2014 ERA enrollment booklet (available in late September) on ETF's website at <http://etf.wi.gov>. Enroll online for health care and/or dependent daycare expenses from October 7 through November 1, 2013 by visiting www.wageworks.com and click "Register with WageWorks now!" or call WageWorks toll free at 1-855-428-0446. Watch for more information in an e-mail from your employer.

Reminder: Under Internal Revenue Service rules you must use the ERA funds set aside by March 15 of the following year or you will lose them. For example, you have up to April 15, 2014 to submit claims for reimbursement for claims from January 1, 2013 through March 15, 2014.