



It's *Your* Benefit

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

Dual-Choice Period Set for October 7-25

The Dual-Choice health insurance enrollment period for 2003 is set for October 7-25, 2002. Dual-Choice is for currently insured active employees and retirees who take part in the State of Wisconsin Group Health Insurance program. It gives subscribers the opportunity to change from one health plan to another or switch from single to family coverage without a waiting period for pre-existing medical conditions. Changes become effective January 1, 2003.

Even if you are satisfied with your current plan, you should take the time to review any changes to the plan's premium, service area and health care providers. If you want to remain with your current plan, you do not need to file a health application if your plan is still offered in 2003.

Active employees: If you want to switch plans

or change your level of coverage for 2003, you must submit a completed health application to your payroll representative by 4:30 p.m. on October 25, 2002.

Retirees: You must submit completed applications to the Department of Employee Trust Funds (ETF) by 4:30 p.m. on October 25, 2002.

Significant health plan changes will be listed on the first page of the 2003 *It's Your Choice* booklet, which you will receive prior to the beginning of the Dual-Choice enrollment period. **It is especially important that you take the time to assure that your plan and/or plan service area will be offered in 2003.** Failure to switch plans if the plan or service area will no longer be offered can result in delayed claims payments or even loss of coverage.

How Will Uniform Benefits Change in 2003?

In 1994, the Group Insurance Board (GIB) adopted a medical benefits package for alternate health plans (the Health Maintenance Organizations, or HMOs) that was "uniform." That is, all of the participating HMOs would offer all of the benefits in the package.

Offering a Uniform Benefits package helps contain the rising cost of health insurance for the State of Wisconsin and at the same time greatly simplifies the selection of a health plan for employees. Employees are able to select a plan based on the following: cost of the plan; quality of services provided; access to specific physicians or other health care providers; drug prior authorization requirements; and plan referral policies.

Each year, the Department of Employee Trust Funds (ETF) and the GIB review the current Uniform Benefits package, looking for cost-neutral ways to clarify, improve, or modify aspects of the package. Any cost increases caused by changes or improvements to the package must be "off set"

or reduced by changes or modifications elsewhere in the package. The net effect is overall benefit levels that stay the same from year to year.

Note: Uniform Benefits do not apply to the Standard Plan, Standard Plan II, the State Maintenance Plan (SMP), or Medicare Plus \$100,000.



The Board recently approved the following changes to the Uniform Benefits package, effective January 1, 2003. To review the entire package (*Certificate of Coverage*), review your *Dual-Choice* booklet distributed in October or visit our Internet site, etf.wi.gov and go to "Benefit Programs," then "Insurance Plans."

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Wisconsin
Department of
Employee Trust Funds

P.O. Box 7931
Madison, WI
53707-7931

1-877-533-5020
(608) 266-3285
etf.wi.gov

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State Sick Leave Escrow Re-Enrollment Reminder

This is a reminder to all annuitants and surviving dependents who have escrowed their unused sick leave under the State's plan. **If you want to continue to keep your sick leave credits in escrow, no action is necessary. However, if you intend to be covered under the state employee program during 2003, you must file a dual-choice application by October 25, 2002.** Coverage will be effective January 1, 2003, unless you specify that the coverage goes into effect on the first day of a later month.

There is one exception to this re-enrollment requirement. Currently, you are required to be covered by a health insurance plan that is comparable

to the state employee plan. For example, you may have comparable coverage through another employer. At some point, you may lose eligibility for that coverage or lose the employer contribution for that coverage. If this happens, you may file our health insurance application within 30 days of the loss of coverage or contribution, and your coverage in our program will be effective on the date that the other coverage or contribution is lost.

For the first time this year, we will be sending an *It's Your Choice* book to those on escrow who are eligible for this enrollment. Be sure to watch for your copy of *It's Your Choice* in the mail in late September/early October. You may also review it on our Internet site at etf.wi.gov.

Educational Teleconference and Health Fairs

The Wisconsin Coalition of Annuitants will sponsor an educational teleconference through UW-Extension's WisLine Web and Teleconferencing Service on Tuesday, October 15 from 9 a.m. to 10:30 a.m. Bill Kox, ETF Director of Health Benefits & Insurance Plans, will discuss how you can make the most of the upcoming Dual-Choice period.

For details on the WisLine Web and Teleconferencing site in your area, check the Web site at <http://www.uwex.edu/payroll/DCSites.html> or contact the UW-Extension Instructional Communication Service (ICS) at (608) 262-7590; the Department of Employee Trust Funds Telephone Message Center at 1-800-991-5540 or (608) 264-6633.

When contacting ETF, select the Dual-Choice Health Fair message. Follow the prompts. To access the message directly, key the message code 10970 as soon as the introductory message begins. The information pertaining to the WisLine Web conference will be announced prior to the listing of the Dual-Choice Health Fairs at the end of the message.

Information Sessions Scheduled

Each year during Dual-Choice, health fairs are scheduled throughout the state. Representatives from the area plans are available to provide you with information about their plans. For details on dates and times, check the 2002 *It's Your Choice* booklet, call the Department's Telephone Message Center toll-free at 1-800-991-5540 or (608) 264-6633, or check our Internet site at etf.wi.gov.

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Notable Changes to HMO Uniform Benefits for 2003:

1. Prescription Drug Out-of-Pocket Maximum

The annual prescription drug out-of-pocket maximum will be \$300 for an individual and \$600 for a family.



2. Ambulance coverage

Will now be paid in full as medically necessary.

3. Prescription Drug Co-Pay

The prescription drug copayment is increasing to \$5 for generic, and \$17.25 for brand-name drugs.

4. Prescription Drug Supply Limit

Prescription drugs are to be dispensed in maximum quantities not to exceed a 30-day supply except for oral contraceptives, which will be dispensed at one copay per package.

5. Cochlear Implants

Cochlear implants are now covered when medically necessary and prior authorized by the plan, payable at 80%.

6. Lifetime Maximum

The lifetime maximum is increasing to \$2,000,000.

7. Orthoptics

Orthoptics (eye exercise training) will be payable for two sessions as medically necessary. The first session is for training, the second is for follow up.

What If I Have a Complaint About My Health Plan?

Do the terms “complaint” “grievance” or “independent review” confuse you? These are terms you should become accustomed to if you ever have a problem with your health plan concerning referrals, prior authorization, claim denials, and other issues.

Health plans participating in the state’s health insurance program are required to have a complaint and grievance resolution procedure to help resolve member problems. Your health plan has information on how to initiate this process. If you have exhausted all of your appeal rights through the plan and if the plan upholds its denial, then it will state in its final decision letter your options if you wish to continue.

Depending on the nature of your complaint, you may be given rights to request an independent review through an outside organization approved by the Wisconsin Office of the Commissioner of Insurance. This option becomes available when a plan has denied services as either not medically necessary or experimental. If you choose to have an independent review organization (IRO) review the plan’s decision, that decision is binding on both you and your health plan and you have no further rights to a review through the Department of Employee Trust Funds (ETF).

As a member of the state’s group health insurance

program, you have the right to request an administrative review through ETF if an IRO has not rendered a decision on your grievance. To initiate an

ETF review, you may call or send a letter to ETF and request a complaint form (ET-2405). This form is also available on our Internet site, etf.wi.gov. Please note that ETF will not initiate a review until you have completed the appeal process available to you through your health plan. Your complaint will be referred to ETF’s Quality Assurance Services Bureau for review and investigation.

Each year, the Department prints health plan grievance statistics and ETF complaint statistics in the *It’s Your Choice*

booklet. You can review how your plan compares to others in the number of grievances filed and resolved in favor of the member. The data also provides information on ETF complaints and common types of complaints filed by participants. This information may be useful as you choose a health plan for the upcoming year.

If you have a dispute with your health plan and have questions concerning review options available to you, contact ETF at 1-877-533-5020 or (608) 266-3285 and request to speak with an ombudsperson in the Quality Assurance Services Bureau.



What Are the Best Health Web Sites?

A recent national survey found that 73 million American adults – 62% of all Internet users – have gone on-line to search for health information and resources. But how can you be sure that what you are reading is reliable, accurate, and legitimate? Experts say that you should check a health site’s sponsor – take into consideration whether the site is selling something. Also, check the date of the information, set aside time for a health search, and visit four to six sites. Also, it’s a good idea to discuss your findings with your doctor.

Here are some of the most useful consumer health Web sites, according to a survey conducted by the Pew Research Center, a Washington, D.C.-based opinion research group:

Centers for Disease Control and Prevention

Healthfinder.gov

The Mayo Clinic

NOAH: New York Online Access to Health

Oncolink: U. of Pennsylvania Cancer Resource Center

Medlineplus

HealthWeb

www.cdc.gov

www.healthfinder.gov

www.MayoClinic.com

www.noah-health.org

<http://oncolink.upenn.edu>

<http://medlineplus.gov>

<http://healthweb.org>



Get to Know the Differences Between Generic and Brand Name Drugs

The U.S. Food and Drug Administration (FDA) promotes and protects public health by assuring the safety and effectiveness of consumer products, including prescription drugs. The following information was excerpted from the FDA's Center for Drug Evaluation and Research Web site, www.fda.gov/cder.



What are generic drugs?

A generic drug is a copy that is the same as a brand-name drug in dosage, safety, strength, how it is taken, quality, performance and intended use.

Are generic drugs as safe as brand-name drugs and are they as strong as brand name drugs? Yes. The Food and Drug Administration (FDA) requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand-name counterparts. They are required to have the same quality, strength, purity and stability as brand-name drugs. Note: not every brand name drug has a generic equivalent.

If brand-name and generic drugs have the same active ingredients, why do they look different? In

the United States, trademark laws do not allow a generic drug to look exactly like the brand-name drug. Remember, a generic drug must duplicate the active ingredient, but colors, flavors and other inactive ingredients may be different.

Do generic drugs take longer to work in the body? No. Generic drugs work in the same way and in the same amount of time as brand-name drugs.

Why are generic drugs less expensive? Because generic manufacturers don't have the investment costs of the developer of a new drug. New drugs are developed under patent protection. The patent protects the investment by giving the company the sole right to sell the drug while the patent is in effect. As patents near expiration, manufacturers can apply to the FDA to sell generic versions. Because those manufacturers don't incur the same development costs, they can sell their product at substantial discounts. Also, once generic drugs are approved, there is greater competition, which keeps the price down. Today, almost half of all prescriptions are filled with generic drugs.

What is the best source of information about generic drugs? For more information, contact your physician, pharmacist, insurance company, or review FDA reports at the Web site listed above.

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Department Secretary
Deputy Secretary
Editor

Eric Stanchfield
David Mills
Nancy Ketterhagen

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Department of Employee Trust Funds
PO Box 7931
Madison, WI 53707-7931