Iron River
Blueberry Festival

IMPORTANT CHANGES — EFFECTIVE JANUARY 1, 2013

Generally, if you plan to stay with your current plan and you are not changing your coverage, you do not need to take any action during the It's Your Choice Open Enrollment period. However, you should review the following grid to understand how your coverage may change. If you have questions or concerns about any of these changes, contact your health plan using the information listed in the back of this Guide.

Coverage for Specialty Prescription Drugs	

All plans	**Specialty Drugs**
	• Specialty medications obtained from ***Diplomat Specialty Pharmacy*** are payable at:
	  • $15 for formulary drugs to a separate $1,000 individual/ $2,000 family out-of-pocket limit.
	  • $50 for non-formulary specialty drugs with no out-of-pocket limit.
	• Specialty medications obtained from another network pharmacy are payable at:
	  • $50 for formulary drugs to a separate $1,000 individual/ $2,000 family out-of-pocket limit.
	  • $50 for non-formulary specialty drugs with no out-of-pocket limit.
	See the *Uniform Benefits Schedule of Benefits* in the *It's Your Choice: Reference Guide* or contact Navitus Health Solutions for more information.

Health Risk Assessments (HRAs) and Biometric Screenings	
All plans	HRAs are a great tool to help you understand and potentially improve your health. Every health plan will have one available, including biometric screenings. All plans offer incentives for completing them. Contact your plan for more information.

Sheboygan
Fiesta Hispana

New Prior Authorization Requirements	
Plans that offer Uniform Benefits (Insured HMOs, PPOs and SMP)	Prior authorization will be required for high-tech radiology (for example: MRI, PET and CT scans) and low back surgeries. Contact your health plan for more information.
Primary Care Physician (PCP) Selection	
All plans	You are strongly recommended to select a primary care physician (PCP) or clinic for yourself and your covered dependents if you submit an application. This doctor would coordinate your care with specialists.
New Changes Resulting from Federal Law	
All plans	• The federal list of preventive services that are allowed at 100% has been updated. See **http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html**. • Federally required *Summaries of Benefits and Coverage* (SBCs) and the *Uniform Glossary* are available at: **etf.wi.gov/members/health-plan-summaries.htm**. If you need printed copies sent to you, please call the Department of Employee Trust Funds (ETF) at 1-877-533-5020 to let us know which plan's *Summary of Benefits and Coverage* you want.

Choose Wisely

New Health Plan	
WPS Metro Choice Northwest	Offered in 11 counties in northwest Wisconsin including Barron, Burnett, Chippewa, Dunn, Eau Claire, Pierce, Polk, Rusk, Sawyer, St. Croix and Washburn.
Health Plan Name and/or Provider Network Changes	
Health plans listed below have made significant changes by adding or terminating contracts with provider groups in two or more counties. Other plans have also made changes. Refer to the map on Page 24 and call the health plan for more details.	
Anthem Blue Northeast	Added providers in Door, Green Lake, Marinette, Oconto, Waupaca and Waushara counties
Anthem Blue Northwest	Added providers in Ashland, Douglas, Polk, St. Croix and Washburn counties
Humana Eastern	Added providers in Calumet, Door and Oconto counties
Physicians Plus	Primary care providers located at UW Health East, West, University Station and Oakwood clinics will no longer be available. Specialty providers at these locations will require approved prior-authorization. Providers at three new clinics, Meriter- Fitchburg, Stoughton and Dermatology, are now available. UW Hospital is no longer in-network, but out-of-network referrals may be available if prior approved by the health plan.
Security Health Plan	Will no longer offer providers in Green Lake and Vernon counties and is no longer qualified in Juneau county
WEA Trust PPO East (Formerly WEA Trust PPP East)	Expanding into Adams, Juneau, Langlade, Lincoln, Menominee and Taylor counties
WPS Metro Choice Southeast (Formerly WPS Metro Choice)	Expanding into Dodge and Jefferson counties
Health Plan Tier Changes	
Anthem Blue - Northwest	Changing to Tier 3
WPS Metro Choice Southeast	Changing to Tier 3

Milwaukee
Asian Moonfest

Medicare Plus Coverage Changes	
Medicare eligible participants who are enrolled in Medicare Plus	This plan is changed to fully supplement Medicare and allow for coverage during foreign travel. Some benefits, such as Medicare approved transplant coverage, will increase and others will decrease, such as skilled nursing care in a non-Medicare approved facility. However, the overall value of the program will not materially change.
Changes to Dental Coverage	
For more information, see the *Health Plan Description* pages in the *Choose Your Health Plan* section.	
Anthem Blue	Adding: deductible of $50 individual/$150 family, 50% coverage after deductible for amalgam and composite fillings, $500 individual annual maximum plan payment. For orthodontia, adding 50% coverage up to a $500 lifetime maximum.
Network Health Plan	Increasing the age limit for sealants to 18. Decreasing the allowable frequency of X-rays to: bitewings once a year and full mouth once every five years.
Security Health Plan	Adding overall $25 individual/$50 family deductible and coverage for some basic services such as fillings at 50% up to an annual maximum of $1,500. Orthodontia is covered at 50% up to a new lifetime maximum of $1,500.

Other Information on ETF's Internet Site	
All plans	The *It's Your Choice: Decision Guide* and *Reference Guide* are available at **etf.wi.gov**. Any known printing discrepancies will be clarified on this site. Other information is available about insurance programs, including the complete Report Card on health plans. Sign up for ETF E-Mail Updates for the most current information at **etf.wi.gov**.
Online Help	
All plans	Are you unsure where to start with the *It's Your Choice: Decision and Reference* Guides? ETF has an online tutorial to provide information on changes and services we offer. Find them on **etf.wi.gov** under the Group Health Insurance menu.

How can the Employee Reimbursement Account (ERA) program help to offset out-of-pocket medical costs?

Save money when you pay for out-of-pocket medical expenses through the ERA Program. A medical expense reimbursement account allows you to contribute tax-free money to pay for your family's health plan coinsurance, prescription drug copayments and other qualifying expenses that you pay out-of-pocket—such as dental, orthodontics and vision care. Federal law limits contributions to $2,500 annually to a medical expense account. Review the 2013 ERA enrollment booklet at **etf.wi.gov** for information about how the ERA program can help you save money.