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CORRESPONDENCE MEMORANDUM

DATE: March 5, 2015

TO: Group Insurance Board

FROM: Roni Harper, Manager of Optional Insurance Plans
Mary Statz, Director, Health Benefits and Insurance Plans Bureau

SUBJECT: Standardization of optional plan availability across state agencies

Staff recommends a "phased process" regarding implementation of the Group Insurance Board (Board) directive to have the Board sign the group master contracts for approved optional insurance plans. Further, staff recommends contractual language to implement the Board's November 18, 2014 decision to make approved optional plans uniformly available to employees of all state agencies through payroll deduction.

This memo will:

- Examine issues relating to implementation of the Board's decision, including the scope of standardization;
- Propose a transition plan for a standardized set of optional employee-pay-all plans; and
- Identify technical corrections and substantive updates to the "*Guidelines for Optional Insurance Plans"*

Background: The Department of Administration (DOA) initiative to consolidate information technology systems, known as State Transforming Agency Resources (STAR), brought forward the request for optional plan uniformity which was discussed at the November 18, 2014, Group Insurance Board meeting. The Board approved a motion to update the *Guidelines for Optional Insurance Plans* (*Guidelines*), to provide that approved plans be offered uniformly to all state employees, including those employed by the authorities and the University of Wisconsin System (UW System).

Wis. Stat. 20.921(1)(a)3 provides the Board the authority to approve "other group insurance" that can be paid for via employee payroll deduction. Further, Board authority to provide employee-pay-all optional insurance plans is derived from Wis. Stat. 40.03(6)(b), which authorizes the Board to provide insurance for state employees in addition to the insurance specifically required in Chapter 40. "Employer" includes each state agency, which is defined in Wis. Stat. 40.02(54), as "…any office, department or independent agency in the executive,

Reviewed and approved by Lisa Ellinger, Administrator, Division of Insurance Services
Lisa Ellinger
Electronically Signed: 03/12/15

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legislative and judicial branches of state government…" and specifically includes authorities and other entities, such as the University of Wisconsin Hospitals and Clinics. In 1985, Wis. Stat. 40.03(6)(b) added the conditions that employers did not incur legal liabilities for optional plans and were not obligated to pay for premiums.

The Board previously gave state agencies the discretion to choose whether to offer a plan that has received payroll deduction authorization from the Board. Under the new "*Guidelines for Optional Plans*," all agencies will offer the approved plans.

Discussion

Current status of optional plan availability:
As of plan year 2015, there are six Board-approved optional insurance plans. This table shows the plans, along with the number of subscribers in the first quarter of 2014 (active and annuitant):

Plan	Insurance type	Subscribers (total active and annuitant)
Aflac	Accidental injury indemnity plan	662
Anthem DentalBlue	Three policy types: HMO, PPO and Supplemental	6,583
EPIC Benefits+	Wrap-around plan, includes dental, hospital and surgical indemnity, accidental death and dismemberment (AD&D), and an optional vision rider	18,056
EPIC Dental Wisconsin	Two policy types: PPO and Select	7,281
Hartford AD&D	Accidental Death and Dismemberment	4,212
VSP	Vision service plan	19,384

Department of Employee Trust Funds (ETF) staff will work with employers to implement uniform offering of these six plans effective January 1, 2016. Currently, 17 agencies offer all six of the Board-approved 2015 optional plans, including several agencies that use the central payroll system, the legislative agencies, the court system, and the Wisconsin Economic Development Corporation. Twenty-nine agencies offer five of the plans. The remaining agencies offer four or fewer in 2015.

The UW System and the University of Wisconsin Hospital and Clinics (UWHC) each have insurance plans that were "grandfathered" in 1972 and continue to be offered via payroll deduction:

- UW System: UIA Life Insurance (underwritten by MLIC), since 1939 (19,000 members)
- UWHC and UWS: UW Employees Inc. (underwritten by MLIC), since 1952 (4,400 members)

Going forward these plans will be further reviewed to determine how they can be incorporated into the new guidelines.

Issues related to establishing uniformity:

The following administrative tasks must be completed in order to standardize the availability of the plans approved by the Board.

ETF tasks

- Create contracts with each of the optional plans for the Board Chair's signature;
- Implement the annual fee structure as outlined in the *Guidelines;* and
- Develop a process to respond to requests for departmental determinations and appeals to the Board as per Wis. Stat. 40.03(6)(i). Complaints are currently managed by the Office of the Commissioner of Insurance.

Insurer tasks

- Create administration manuals for consistent operation of the Board-approved plans, and note exceptions that relate to specific plan certificates;
- Accommodate updates to payroll systems (for example, neither the UW System or UWHC currently offer Aflac, Anthem DentalBlue, or Hartford AD&D); and
- Improve customer service and complaint resolution.

The STAR project team has requested several process enhancements. These include:

- A reconciliation process for enrollment, premiums, and exception processing to employer payroll staff;
- Employers remit premiums in the same month as coverage; and
- Adjusting enrollment and termination dates.

ETF is actively involved in discussions to accommodate these requests.

The 2015-2017 budget bill under consideration by the legislature includes one of two requested positions in ETF to assist with managing the optional insurance plans. If approved, this position authority would take effect on July 1, 2015, but from a practical standpoint would not be filled until late summer.

Proposed Timeline for Implementation

The timeline below lists key target dates and deliverables for the uniform administration of the optional plans. Staff is recommending a phased approach, which allows ETF to meet STAR's implementation date of January 2016, but delays uniform offerings for the non-STAR agencies until a comprehensive review is completed. This approach provides that only STAR payroll centers will offer all Board-approved plans for 2016. Staff plans to conduct a comprehensive review of all optional plan offerings in 2015 and 2016 for a January 1, 2017 implementation.

Target date	Milestone
September 2015	Group master contracts signed by Board. Outline expectations for: - 2016 optional plans - consistent timelines for remittance of premiums - responsibilities of agencies, insurers, and ETF - administrative fee structure in place for 2016
October 2015	It's Your Choice (IYC) enrollment period for Board-approved plans - updated training and administrative guides available - insurers prepared to manage broader pool of enrollees
January 1, 2016	Effective date of coverage for Board approved plans to be offered by all STAR agencies ETF assumes responsibility for departmental determinations, and Board assumes responsibility for hearing appeals.
Early 2016	Finalize comprehensive review of existing optional plans, including ETF and employer input, and framework for input on newly proposed plans anticipated by ETF
October 2016	Open enrollment: all state agencies will offer selected plans to their employees
January 1, 2017	Effective date for uniform provision of optional insurance plans.

After the January 2016 uniform offering for STAR agencies, ETF and employers will work together to assess existing Board-approved plans as well as other plans available, with the goal of providing a set of plans that adhere to the criteria outlined in Administrative Rule ETF 10.20. These criteria include filling an important coverage need, the history of the plan's performance from the perspective of employers, and the adequate ability of the plan to administer services for all state employers and their participating employees. ETF will bring recommendations to the Board in early 2016 to provide efficient administration of the optional plans, while meeting the requests of employees for coverage that complements the group health and dental insurance available to state employees.

The alternative to the phased approach described above would include:

A) adding another year to allow time for the University Hospitals and Clinics to address their contracted dental plan, or
B) full uniformity by January 1, 2016.

The latter option would require the issues above to be resolved by July 2015, in time to make enrollment materials available for "It's Your Choice" enrollment in October. In addition, option B could require that large employers such as the UW System and UWHC make plans available that may be withdrawn after full review.

Substantive and technical corrections

The following updates include substantive changes to the *Guidelines* to incorporate the Board's decision to be a party to each optional plan's group master contract, and to make the optional plans approved by the Board for payroll deduction uniformly available to all state

employees. Minor technical corrections are not outlined here, but can be seen in the attached *Guidelines.*

Updated item 3.B, to reflect certainty of administrative fees, because ETF will be managing group master contracts on behalf of Board, "ETF ~~may~~ will assess annual fees to ~~an~~ each insurer for annual ~~coordination of~~ Plan administration."

Clarified item 3.C.2.f, adding a specific date. "A Plan that has been ~~previously~~ approved prior to January 1, 2015 without offering enrollment to annuitants may continue to restrict…."

Updated item 5.C, to delete specific means of discussion, and to include employer advisors. "The review process may include ~~meetings or conference calls~~ discussions with the insurer and ETF, an advisory committee of Employer representatives, and/or the consulting actuary."

Deleted item 5.F, regarding marketing materials, for better flow. Moved text to page 6, item 6.A.2.a) under Duties of Insurer.

Updated Item 6.A.1, to reflect November 2014 Board motion to implement group master contracts. "Approval by the Board under these Guidelines authorizes a Plan for premium collection through payroll deduction ~~only; it does not guarantee access to all~~ for employees of State agencies [~~as outlined in attachment E~~] as defined in Wis. Stats. Ch. 40.02(54). Plans that have been approved by the Board will be expected to execute a Group Master Contract with ~~each State agency that wishes to offer the coverage to its employees~~ the Group Insurance Board. ~~A State agency may, at its discretion, choose not to offer a plan."~~

Updated Item 6.A.3, to specify uniformity in enrollment options across plans. "Enrollment will be offered as outlined in item 3.C.2, and at least every two years thereafter."

Item 6.A.4.a), states that the insurer must manage responsibilities in relation to a group master contract: "a) Efficient collection and reconciliation of enrollment and premium remittance; coordinate with State ~~contracting~~ agencies, payroll centers, and the ETF benefits system, for accurate census of enrollment, status changes, refunds and other tasks as outlined in an ~~administrative guide~~ administration manual approved by the Plan~~, participating agencies,~~ and ETF in conjunction with Payroll Council."

Updated Item 6.A.6, deletes "contracting agencies" as specified by Board motion. "Establish and utilize an advisory group made up of representatives from ETF, agency payroll and benefits offices ~~of contracting agencies,~~ and information technology staff…."

Item 6.A.9. a) Updated to say, "Each plan will be required to annually submit enrollment and utilization statistics…~~as outlined in~~ in a format provided by ETF.

Item 6.A.9.b) updated to reflect a group master contract. "~~Each plan will provide an annual report~~ Annual reports will show performance…as outlined in the ~~Agency~~ Contract."

Delete Items 6.B.1, under Duties of Employers and Payroll System Staff, to reflect Board motion. "~~Consider whether to offer approved insurance to agency employees and sign contract timely if appropriate.~~"

Renumber items 6.B. 2 through 11, to be listed as 1 through 10.

Update item 6.B.8 (as renumbered) to reflect ETF management of group master contract. "Contact insurer directly with issues related to enrollment and eligibility. Contact ETF regarding contract interpretation."

Update item 6.B.10 to allow future adjustments in specific remittance date for premiums: "State agency payroll representatives will be responsible for entering premium deductions into the payroll system. Each agency shall ~~submit~~ remit the total premium from that agency not later than ~~the first calendar day of the coverage month for which that premium is due~~ the date specified in the Group Master Contract."

Update item 6.C.3; the need will diminish for a list showing agency participation with various insurers, but there will be a transition period. "Maintain list of approved plans and which agencies offer those plans if exceptions exist to the Board's all-agency requirement."

Clarify item C.8, for specificity. "Notify insurers of dates for annual open enrollment"

Item 7. Update section title to reflect that attachments will not be part of the *Guideline* document. ~~Attachments and links:~~ Links.

Staff will be at the Board meeting to answer any questions.

Attachment A: Guidelines for Optional Insurance Plans, with updates.

Guidelines for Optional Insurance Plans

Department of Employee Trust Funds
Group Insurance Board
801 West Badger Road
Madison, Wisconsin 53702

March 25, 2015

Draft updates based on action by Group Insurance Board at the November 2014 meeting.

Guidelines for Optional Insurance Plans: Approval and Operations

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1. Objectives

The guidelines describe the requirements identified by the Group Insurance Board (Board), the procedure followed in reviewing a proposal for state payroll deduction authorization, and the requirements for plans that are approved in their on-going relationship with the Board. Plans that fail to meet these requirements may have their payroll deduction request denied or authorization suspended.

2. Statutory and Administrative Authority

Unless specifically provided for under a collective bargaining agreement under Wis. Stats. Ch. 111, Sub. V., the Board is charged by Wis. Stats. Ch. 40.03 (6), and s. 20.921 (1) (a) 3. with approving any optional, employee-pay-all group insurance plan for which premiums will be deducted from state payroll. Fees for program administration are authorized under Wis. Stats. Ch. 40.04(2). The Board has established the policy under which it will review each plan under Wis. Adm. ETF 10.20.

3. Guidelines for Plan Provisions

A. General requirements

The Board will only consider those plans which have received approval from the State of Wisconsin Office of the Commissioner of Insurance (OCI) to conduct the business of insurance in this state.

1. Plans should indicate when this authority was received and under which section of state statute the insurer is licensed.
2. The Board will consider only plans that have at least two years of operating experience. The Board may waive this requirement, providing the Plan can demonstrate it was designed specifically for the State employee group to fill a need for coverage that is not already available (or adaptable) to State employees.
3. The proposal must clearly identify any items related to enrollment, coverage or exclusions, eligibility, and continuation that would be different for the State Employee group, as compared to a plan available to other employers statewide.
4. The Plan must be true group insurance. A plan which consists of individual policies marketed on a group basis is not eligible.
5. For rating purposes, the “group” consists of all eligible employees, their spouses, domestic partners, and other dependents, and retiring members within limits proposed by insurer.
6. Eligible employees are those otherwise eligible to enroll in State of Wisconsin Group Health Insurance.
7. Initial contracts must be not less than 2 years nor more than 3 years.
8. The insurer must demonstrate financial stability, as specified in

   “Procedure for Submitting a Proposal,” Section 4.c.10.
9. The insurer must demonstrate capacity for excellent administrative support within the State of Wisconsin and/or at corporate level if applicable. This includes ability to exchange data electronically with existing or emerging State systems for payroll and annuities, including exchange of census data and reconciliation of premiums. The

Insurer must also demonstrate that it can accommodate premiums and status changes related to subscriber leave of absence and continuation of coverage under applicable state and federal laws.

10. Any new proposal must provide three to five references-- at least two large groups, including at least one public sector group.
11. The proposed plan must provide coverage that is not adequately provided through other plans currently available to State employees. The Board may approve a plan which provides coverage similar to one already available to state employees if the Board determines that by so doing, the new plan will provide competition resulting in different benefits, broader provider access, and/or more favorable premiums for subscribers.
12. The Board reserves the right and responsibility to limit the number and types of insurance offered to employees so that choices are available but clear, and administration is manageable for employers. If an insurer submits a proposal for a type of insurance that is already in place, or if more than one proposal for the same type of insurance is submitted for concurrent review, ETF staff will notify the insurers of this duplication. If overlapping proposals are considered by the Board, the Board may exercise its right to approve the plan that offers the preferred value to employees and best evidence of efficient, reliable procedures for enrollment, claims, and other administration.

B. Administrative fees

ETF will assess annual fees to each insurer for annual Plan administration.

C. Coverage and premiums

1. The Plan must provide a high premium to payment ratio.
   a) Plans that retain more than 25% of premium income for purposes other than claim payments will not normally be eligible for consideration.
   b) An insurer seeking a ratio of claims/premiums of less than 75% will need to supply clear and convincing actuarial data to justify that alternate retention ratio.
2. The Plan must provide for open enrollment for eligible employees.
   a) The proposal must describe how the Plan will hold an initial open enrollment period for a period of not less than four weeks prior to the plan's first January effective date and during the open enrollment period designated by ETF prior to the second plan year.
   b) During the initial open enrollment period, any eligible employee shall be allowed to enroll in the Plan (along with dependents if the Plan is open to dependents). No Plan will be allowed to apply underwriting standards or restrictions during a designated open enrollment period.
   c) Newly-eligible employees shall be afforded the same opportunity to enroll provided application is made within 30 days of first becoming eligible.
   d) The Plan may allow employees who do not enroll when initially eligible the opportunity to enroll through the application of underwriting standards. If so, the proposal must outline those underwriting standards for approval by the Board.
   e) The Plan must allow an eligible employee and his/her eligible dependents to enroll

without restrictions due to a HIPAA qualifying event, such as loss of other comparable coverage, marriage, birth or adoption.

f) A Plan that has been approved prior to January 1, 2015 without offering enrollment to annuitants may continue to restrict annual enrollment to active employees, until such time as a Plan seeks to renew and/or change its benefits or premium structure. At that time it must include provisions to offer enrollment to annuitants, unless the proposal can demonstrate negative impacts on premium rates, or substantial constraints for administration of the Plan by including annuitants.

g) Benefits or premiums may not be changed during the coverage period, unless such change is necessary to comply with state or federal law, regulation, or court order.

4. Procedure for Submitting a Proposal

A. Each insurer must submit a clear, complete and understandable description of the proposed plan in the format required by ETF

1. Plan benefits must be outlined as proposed for the State employee group.
2. The Plan description must include a detailed list of exclusions and limitations.
3. To the extent possible for the type of plan, eligibility must conform to that of any State of Wisconsin Group Health Insurance Program. Any exceptions, such as an upper age limit, or eligibility of extended family, must be clearly outlined in the proposal, along with the rationale.

B. Timing for submission and review

1. A proposal for a plan type that is not currently approved by the Board, or a proposal from an insurer that does not have a Plan currently approved, must be submitted to ETF on behalf of the Board no later than 16 weeks prior to the Board meeting at which it will be considered.
2. A proposal to modify a Plan that has been in effect for more than one year (or two years for a first modification) must be submitted to ETF on behalf of the Board no later than 12 weeks prior to the Board meeting at which it will be considered.

C. The Plan proposal must be submitted for Board approval by providing an electronic copy in care of the Division of Insurance Services designee in ETF. However, ETF reserves the right to request paper copies and will expect the paper copies within ten (10) days of the request. The proposal must consist of separately attached, itemized sections including the following:

1. A cover letter showing the working title of the Plan and OCI identification number, an outline or narrative of distinctive Plan features clearly identifying how it conforms to these Guidelines, and identifying what makes the Plan an important value to the State employee group.
2. Premium Schedule
3. Actuarial analysis of the proposed Plan in relation to the State employee group, including a detailed description of the insurer's rate-making process.
4. A completed data exhibit containing all elements in the format of the Proposal

Data form in Attachment D.

5. A sample brochure, specifically drafted to demonstrate the State Plan, or clearly marked to show any customization for the State employee group
6. References as outlined in section 3.A.10. above.
7. List of contact persons representing the Wisconsin arm of the insurer's administrative structure, a contact for the review and approval process, and the expected managing contact for implementation and administration if approved.
8. Demonstrate that adequate staffing is available for a group with State employee structure, including contacts with ETF, employers, customer service, and information technology contacts for:
    a) implementation of the Plan benefits
    b) marketing of the Plan
    c) enrollment in the Plan
    d) coverage changes due to qualifying events
    e) claims process for the Plan
9. Marketing plan demonstrating how the Insurer will seek contracts with State employers and what electronic and print materials it will make available.
10. Documentation demonstrating the financial soundness of the insuring organization, including:
    a) Balance sheet, statement of operations, an audited financial statement by a certified public accountant in accordance with generally accepted accounting principles, and utilization statistics (This information shall remain confidential insofar as permitted by Wisconsin law.) Incorporation and regulation under the provisions of Wis. Stats. Ch. 185 and/or Ch. 600 through 646, pertaining to insurance plans
    b) Insolvency protection for subscribers consisting of, for example; financial bonds, third party guarantees, reinsurance deposits, automatic conversion rights, or other arrangements which are adequate to the satisfaction of the Board to provide for continuation of benefits until the end of the third month following the month in which insolvency is declared

5. Review process by the Department of Employee Trust Funds

A. ETF will notify the insurer within ten (10) days that the submission has been received and if it is complete. ETF reviews the proposal and prepares a recommendation to the Board.

B. Review by the Board's consulting actuary will range from brief to extensive, based on the features of the Plan and clarity of the proposal submitted. The fee for this review will be billed directly to the Insurer by the Board's consulting actuarial firm.

C. The review process may include discussions with the insurer and ETF, an advisory committee of employer representatives, and/or the consulting actuary.

D. Any modifications to the proposal must be received by ETF in writing (via email attachment) no later than six (6) weeks prior to the scheduled Board meeting.

E. A spokesperson for the insurer must be present at the Board meeting. The agenda and documents for Board discussion are posted at ETF's website prior to each meeting.

6. Administration and oversight of approved Plans

A. Duties of Insurer

1. Approval by the Board under these Guidelines authorizes a Plan for premium collection through payroll deduction for employees of State agencies as defined in Wis. Stats. Ch. 40.02(54). Plans that have been approved by the Board will be expected to execute a Group Master Contract with the Group Insurance Board.

2. Marketing is conditional on completion of deliverables:

   a) Marketing material including any references to electronic access, must have prior approval by ETF to ensure they reflect approved plan provisions, and procedures in this Guideline. Approval of marketing materials by OCI is not a substitute for approval by ETF.

   b) Signed Group Master Contract, signed by the insurer and the Board

   c) Construction of a draft Administration Manual for payroll offices (suggested template will be provided upon request), to be finalized in conjunction with ETF and an advisory team (see item 6.A.6)

   d) Detailed plan showing compatible mechanisms for enrollment, successfully tested, remittance and reconciliation of census and premiums

   e) Each Insurer will be required to supply all necessary brochures, application forms and reporting forms to State agencies. Application and reporting may be in electronic format. Brochures must be provided for newly hired employees in printed format, in quantities requested by each agency

   f) Each Insurer must provide a Wisconsin group specific website including clear links to a summary of benefits and exclusions, a provider listing, and as needed, access to forms or online process for enrollment, continuation and status changes, as well as a means to communicate with customer service representatives, and a description of the steps to file a grievance

3. Enrollment will be offered as outlined in item 3.c.2, and at least every two years thereafter.

4. Insurer must provide benefits as outlined in its approved proposal, including:

   a) Efficient collection and reconciliation of enrollment and premium remittance; coordinate with State agencies and payroll centers, and ETF benefits system, for accurate census of enrollment, status changes, refunds, and other tasks as outlined in an Administration Manual approved by the Plan and ETF in conjunction with Payroll Council

   b) Timely response to customer issues

5. Premium rates must achieve the expected loss ratio of 75%, using simple claims paid/premiums earned as reported annually

6. Establish and utilize an advisory group made up of representatives from ETF, agency payroll and benefits offices, and information technology staff from payroll centers. This group should meet at least every other year, as convened by the insurer, or upon

request of the advisory group

7. Each plan will be required to file with the Board a detailed description of how member complaints will be resolved. In addition, each plan must specify the name and telephone number of the person who will initially receive member complaints. This procedure for filing a complaint with the Plan and with OCI must be outlined in the policyholder certificate and in the Administration Manual distributed to each State agency.

8. Each plan shall notify the Board of a "significant event" within thirty (30) calendar days after the plan becomes aware of it. (In the event of insolvency, the Board must be notified immediately.) As used in this provision, a "significant event" is any occurrence or anticipated occurrence which might reasonably be expected to have a material effect upon the plan's ability to meet its obligations, including, but not limited to, any of the following: disposal of major assets; loss of 15% or more of the plan's membership; termination or modification of any contract or subcontract if such termination or modification will have material effect on the plan's obligations; the imposition of, or notice of the intent to impose, a receivership, conservatorship or special regulatory monitoring; the withdrawal of, or notice of intent to withdraw, state licensing, HHS qualifications or any other status under state or federal law; default on a loan or other financial obligations; strikes, slowdowns or substantial impairment of the plan's facilities used by the plan in the performance of its contract. The Board shall reserve the right, by contractual agreement, to institute action as it deems necessary to protect the interest of its employees and dependents, as the result of a "significant event."

9. Reporting

   a) Each plan will be required to annually submit enrollment and utilization statistics and any other requested financial information in a format and timeline specified by the Board and/or ETF to include annualized data from the previous year, and point-in-time data for enrollment in the first quarter, in a format provided by ETF. Failure to submit this information may, at the discretion of the Board, constitute grounds for termination of the plan's payroll deduction authorization.
   b) Annual reports will show performance levels for calls answered, calls abandoned, average phone wait time and other customer service measurements, as outlined in the Contract.

B. Duties of Employers and Payroll System Staff

~~1. Consider whether to offer approved insurance to agency employees and sign contract timely if appropriate.~~

1. Identify contact person for administration of optional insurance plan tasks and update ETF and insurer with changes as needed.

2. Participate in review of Administration Manual for new plans

3. Premiums will be paid via automatic payroll deduction unless employees are not on payroll--in which case the Insurer will bill directly

4. Provide access to enrollment information to new employees

5. Assist employees to utilize paper or electronic systems for enrollment and status change

6. Provide COBRA/continuation forms as needed to terminating employees and eligible dependents

7. Facilitate transfer of employee enrollment or continuation upon transfer to employment with another state agency, or upon retirement or disability

8. Contact Insurer directly with issues related to enrollment, and eligibility. Contact ETF regarding contract interpretation

9. Distribute outreach message to employees through electronic messaging or newsletter, using text provided by Insurer, at time of initial and annual enrollment

10. State agency payroll representatives will be responsible for entering premium deductions into the payroll system. Each agency shall remit the total premium from that agency not later than the date specified in the Group Master Contract.

C. Duties of ETF

1. Maintain approved proposal for five (5) years beyond its end date.
2. Notify plans of proposed changes in WRS eligibility that would affect Plan eligibility or provision of benefits
3. Maintain list of approved plans and which agencies offer those plans, if exceptions exist to all-agency requirement. Make chart available via electronic access to members, employers, and insurers
4. Review updated annual marketing or educational materials for members or employers, including print and web content
5. Maintain a link on the ETF website to each plan's state-specific webpage.
6. Provide insurer with annual census for sending marketing materials for annuitants, as applicable
7. Provide invoice of administrative fees
8. Notify insurers of dates for annual open enrollment
9. Maintain full list of contacts for all insurers for customer service and employer issue resolution

7. Links:

A. Chapter 40 Wisconsin Statutes:
http://docs.legis.wisconsin.gov/statutes/statutes/40.pdf

B. Chapter 20.921 Wisconsin Statutes:
http://docs.legis.wisconsin.gov/statutes/statutes/20/X/921

C. Administrative Code, Chapter ETF-10:
http://docs.legis.wisconsin.gov/code/admin_code/etf/10