

**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** \*\*\*\*\* Insurance Concerns  
**Date:** Wednesday, September 27, 2023 4:35:01 PM  
**Attachments:** [REDACTED]

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I have a few concerns about what is covered by preventive care. A mammogram

Doctors have been saying for the last couple years the age dropped from 50 to 40 for these. You follow what your doctor tells you, and get it done. To just find out that you owe over \$800 for this because the insurance tells you, you are not 50 it is not a preventive. Ever [REDACTED]  
[REDACTED]

Now my questions/concerns are:

My bill was \$878 that I had to pay out of my pocket for a preventive, when the affordable care act says that all insurance company have to pay for mammograms- mine did NOT

When you have a [REDACTED], and it is recommended by your doctor why is this not covered? I don't think you would find one woman that is going to have this done for fun.

What if I can't afford this each year and stop getting them until I turn 50 and then get one and find out I have breast cancer that that has spread and probably had it for a couple years, is the insurance going to pay for the treatment? Per the representative (Liz) from ETF told me that, the insurance could deny.

### Breast cancer screening

Procedure/test:	What it does:	Starting at age:	How often:	Date performed/results:
<a href="#">Mammogram</a>	Checks for <a href="#">breast cancer</a>	40 (or earlier with certain risk factors)	Every 1 to 2 years, depending on risk	
Doctor's <a href="#">breast exam</a>	May detect <a href="#">breast cancers</a> missed by <a href="#">mammography</a>	20	Annually; Every three years for women 20-40	

Per <https://www.webmd.com/women/health-checklist-for-women-over-40>

## **Mammography**

Specialized X-rays of the breast to aid in the early detection of breast cancer. A yearly mammogram is recommended for women age 40 and older.

<https://www.mayoclinichealthsystem.org/services-and-treatments/mammography>

The other thing is colorectal cancer.

This age changed for 50 to 45 so when you turn 45 is this going to be covered or will this be a surprise bill as well.

Please feel free to ask any question

Thank you,

**Stephanie Brown**





STATE OF WISCONSIN  
Department of Employee Trust Funds  
A. John Voelker  
SECRETARY

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October 10, 2023

Stephanie Brown  
[REDACTED]

Dear Stephanie Brown:

Thank you for your email to the Department of Employee Trust Funds (ETF) about coverage for mammograms and colonoscopies.

The Group Health Insurance Program (GHIP) covers preventative care services as required by the Affordable Care Act (ACA), which states that health plans must cover services that receive an “A” or “B” grade from the United States Preventive Services Task Force (USPSTF) with no cost-sharing for members. The GHIP is limited in what additional services we can cover beyond those that are required by law. Under Wisconsin State Statute, the Group Insurance Board, which governs the GHIP, cannot increase coverage for non-mandated services unless other coverage is reduced.

The USPSTF gives a “B” grade for the [effectiveness of mammograms](#) for women aged 50 to 74, so these services are covered with no cost-sharing for members. Currently, screenings in women aged 40 to 49 have a “C” grade, and USPSTF notes that the decision to screen “should be an individual one.” If medically necessary, the service will be covered by the health plans but will be subject to cost-sharing. A [draft recommendation](#) published on May 9, 2023, by the USPSTF that increases the grade for mammograms at age 40 to “B.” Once that guideline is finalized, the GHIP will be able to cover mammograms starting at age 40 with no cost-sharing.

The USPSTF currently gives [colorectal cancer screening](#) a “B” grade for adults aged 45 to 49 years and an “A” grade for adults aged 50 to 75 years. This recommendation was finalized in 2021, and so these services are covered as preventive, without cost-sharing.

If you feel that a medically necessary procedure has been denied by your plan, you have a right to file a grievance of the coverage determination. You can contact your health plan to begin the grievance process. Additionally, ETF’s Ombudspersons Services staff are available to help you through that process. You can contact them by calling (608) 261-7947 or by email at [ETFSMBOmbudsperson@etf.wi.gov](mailto:ETFSMBOmbudsperson@etf.wi.gov). For more information, please see the [“Benefits Dispute”](#) page on the ETF website.

Stephanie Brown  
October 10, 2023  
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Again, thank you for your email. If you have any other questions, comments, or concerns, please do not hesitate to contact me using the information below.

Sincerely,

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Department of Employee Trust Funds  
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