

From: [REDACTED]
To: [ETF SMB Board Feedback](#)
Subject: Options offered to retirees through UnitedHealthcare
Date: Thursday, November 7, 2024 8:32:12 AM

**CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Good morning--I am an ETF member, whose supplementary health insurance premiums, through programs offered through ETF, are deducted from my pension check. My husband (now deceased) and I relied on ETF for years to identify options for the supplementary health insurance we needed then and now. [REDACTED]
[REDACTED]

I received the ETF *It's Your Choice* booklet this fall, saw the options described on page 6 of this booklet, and decided to continue with IYC Medicare Advantage, my choice for 2024. You can imagine my dismay when I received a letter from Bellin (dated October 2024) just days before the ETF cutoff date of October 25, advising me that Bellin and UnitedHealthcare did not have a finalized agreement for 2025, and that my secondary insurance would consequently be impacted, perhaps even terminated.

All this is well known. But I am dismayed and worried because of the bind I find myself in as I await a determination of what will come next between Bellin and UnitedHealthcare. As an 83-year-old widow, living in far northeastern Wisconsin, I have limited health care options. So why this email?

It is a recommendation! **In the future, please only list secondary health care insurance options in the ETF *It's Your Choice* mailing where a contract for the coming year between the healthcare provider and the insurance company is signed and in place.** I realize that ETF is not a party to any/all contract negotiations. But surely ETF should at least be able to find out if a contract for any given plan is signed for the coming year before offering it as a viable option to ETF retirees, as presented in *It's Your Choice*. **Only those plans, with a signed contract in place for the coming year, should be presented as viable options.**

Further, please know that at least in my experiences over the last three weeks, the telephone "help" lines have provided incomplete and/or conflicting information about how retirees should handle the Bellin/UnitedHealthcare problem. I have been advised to and consequently moved to UnitedHealthcare's Medicare Plus option, as described on page 6 of your booklet, only to be later told by Bellin representatives that regardless of the UnitedHealthcare option, Bellin would not bill ANY UnitedHealthcare plan, even those like Medicare Plus where Medicare makes the initial payment. Further, the Bellin representative told me that I would be responsible for paying-- "out of pocket" and at the "out-of-network" rate--all expenses not covered by Medicare, with the usual thirty-day terms. Hence, I would then have to contact UnitedHealthcare for reimbursement on my own after paying Bellin first, thus presenting a significant cashflow problem for this retiree. When I relayed all this information to your phone

representatives, it came as a surprise to them.

One of the ETF phone representatives recommended that I send Board members an email with my concerns and recommendations. I hope this communication will prove to be helpful.

Linda Western



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

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Linda Western

Via email to [REDACTED]

Dear Linda Western:

Thank you for your inquiry email to the Group Insurance Board (Board) and the Department of Employee Trust Funds (ETF) regarding the continuing contract negotiations between Bellin Health Partners (Bellin) and UnitedHealthcare (UHC).

We empathize with your concern about the impact on your monthly budget if Bellin will not bill UHC. ETF works very hard to limit costs for members of the Group Health Insurance Program (GHIP). When preparing materials for our members during open enrollment, ETF gathers any changes health plans are making with their providers/networks for the coming year and requires plans to inform members. They may inform members either by providing an updated provider directory, and/or a list of terminated providers. Health plans are not required to list providers who are in contract negotiations within open enrollment materials. Health plans have numerous vendor contracts and ETF does not have a role in negotiations between health plans and provider groups.

Health plans continually negotiate with providers until the renewal or end of their contract. Providers would not be considered out-of-network nor be removed from the provider directory prior to the finalization of the contract and negotiations.

As of 11/27/24, UHC informed ETF that they have negotiated a new contract with Bellin and Bellin will be an in-network provider for the 2025 plan year.

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,

Luis Caracas, Health Plan Policy Advisor
Office of Strategic Health Policy
Department of Employee Trust Funds
Luis.Caracas@etf.wi.gov
608-261-0720