

## 000 DEFINITIONS

Unless otherwise defined herein, any term needing definition shall have the definition found in UNIFORM BENEFITS (of this AGREEMENT) or in applicable Wisconsin law. These terms, when used and capitalized in this AGREEMENT are defined and limited to that meaning only:

**AGREEMENT** means the State of Wisconsin Group Health Insurance Program Agreement, which is the binding agreement between the BOARD and CONTRACTOR for the administration of the HEALTH BENEFIT PROGRAM.

### **ANNUITANT**

When not specified, ANNUITANT means all ANNUITANTS, including state and LOCAL.

**STATE ANNUITANT** means any retired EMPLOYEE of the State of Wisconsin: receiving an immediate annuity under the Wisconsin Retirement System, a currently insured recipient of a long-term disability benefit under [Wis. Adm. Code § ETF 50.40](#), a currently insured recipient of a disability benefit under [Wis. Stat. § 40.65](#); or a terminated EMPLOYEE with twenty (20) years of creditable service.

**LOCAL ANNUITANT** means:

- 1) Any currently insured retired EMPLOYEE of a participating EMPLOYER: receiving an immediate annuity under the Wisconsin Retirement System, or a long-term disability benefit under [Wis. Adm. Code § ETF 50.40](#), or a disability benefit under [Wis. Stat. § 40.65](#), or a person with twenty (20) years of creditable service who is eligible for an immediate annuity but defers application, or a person receiving an annuity through a program administered by the DEPARTMENT under [Wis. Stat. § 40.19 \(4\) \(a\)](#).
- 2) A retired public employee under [Wis. Stat. § 40.02 \(25\) \(b\) 11](#), who is receiving an annuity under the Wisconsin Retirement System (but not a disability benefit under [Wis. Stat. § 40.65](#) or Long-Term Disability Insurance (LTDI)), or any DEPENDENT of such an employee, who is receiving a continuation of the employee's annuity, and, if eligible, and who has acted under [Wis. Stat. § 40.51 \(10\)](#) to elect the Local Annuitant Health Program (LAHP).

**BENEFITS** means those items and services as listed in UNIFORM BENEFITS. A PARTICIPANT'S right to BENEFITS is subject to the terms, conditions, limitations and exclusions of the HEALTH BENEFIT PROGRAM.

**BOARD** means the Group Insurance Board.

**BUSINESS DAY** means each calendar DAY except Saturday, Sunday, and official State of Wisconsin holidays (see also: DAY).

**CONFINEMENT** as defined in UNIFORM BENEFITS.

**CONTINUANT** means any SUBSCRIBER enrolled under the federal or state continuation provisions as described in the HEALTH BENEFIT PROGRAM.

**CONTRACT** means this document which includes all exhibits, attachments, supplements, and endorsements or riders.

**CONTRACTOR** means the licensed insurer who is the legal signatory to this AGREEMENT.

**DAY** means calendar DAY unless otherwise indicated.

**DEPARTMENT** means the State of Wisconsin Department of Employee Trust Funds.

**DEPENDENT** as defined in UNIFORM BENEFITS.

**EFFECTIVE DATE** as defined in UNIFORM BENEFITS.

**EMPLOYEE**

When not specified, EMPLOYEE means all EMPLOYEES, including state and LOCAL.

**STATE EMPLOYEE** means an eligible EMPLOYEE of the State of Wisconsin as defined under [Wis. Stat. § 40.02 \(25\) \(a\), 1., 2., or \(b\), 1m., 2., 2g., or 8.](#)

**LOCAL EMPLOYEE** means an eligible EMPLOYEE as defined under [Wis. Stat. § 40.02 \(46\)](#) or [40.19 \(4\) \(a\)](#), of an EMPLOYER as defined under [Wis. Stat. § 40.02 \(28\)](#), other than the state, which has acted under [Wis. Stat. § 40.51 \(7\)](#), to make health care coverage available to its EMPLOYEES.

**EMPLOYER**

When not specified, EMPLOYER means all EMPLOYERS, including state and LOCAL.

**STATE EMPLOYER** means an eligible State of Wisconsin agency as defined in [Wis. Stat. § 40.02 \(54\)](#).

**LOCAL EMPLOYER** means an employer who has acted under [Wis. Stat. § 40.51 \(7\)](#), to make health care coverage available to its EMPLOYEES.

**HEALTH BENEFIT PROGRAM** means the Group Health Insurance Program that provides group health BENEFITS to eligible State of Wisconsin and participating LOCAL EMPLOYEES, ANNUITANTS, CONTINUANTS and their eligible DEPENDENTS in accordance with Chapter 40, Wisconsin Statutes. This program is established, maintained and administered by the BOARD.

**HIGH DEDUCTIBLE HEALTH PLAN (HDHP)** as defined in UNIFORM BENEFITS.

**HOSPITAL** as defined in UNIFORM BENEFITS.

**IN-NETWORK** refers to a provider who has agreed in writing by executing a participation agreement to provide, prescribe or direct health care services, supplies or other items covered under the policy to PARTICIPANTS. The provider's written participation agreement must be in force at the time such services, supplies or other items covered under the policy are provided to a PARTICIPANT. The CONTRACTOR agrees to give PARTICIPANTS lists of affiliated providers. Some providers require prior authorization by the CONTRACTOR in advance of the services being provided.

**INPATIENT** means a PARTICIPANT admitted as a bed patient to a health care facility or in twenty-four (24)-hour home care.

**IT'S YOUR CHOICE OPEN ENROLLMENT** means the enrollment period referred to in the DEPARTMENT materials as the It's Your Choice enrollment period that is available at least annually to insured SUBSCRIBERS allowing them the opportunity to change CONTRACTORS and/or coverage and also to eligible individuals to enroll for coverage in any CONTRACTOR offered by the BOARD.

**LOCAL** means a Wisconsin Public Employer who has acted under [Wis. Stat. § 40.51 \(7\)](#), to participate in the HEALTH BENEFIT PROGRAM for its EMPLOYEES.

**MINIMUM PROVIDER ACCESS STANDARDS** means those as defined under [Wis. Stat. § 609.22](#) and [Wis. Admin. Code INS 9.32](#).

**OUT-OF-NETWORK** refers to a provider who does not have a signed participating provider agreement and is not listed on the most current edition of the CONTRACTOR'S professional directory of providers. Care from an OUT-OF-NETWORK provider may require prior-authorization from the CONTRACTOR unless it is an emergency or urgent care.

**PARTICIPANT** means the SUBSCRIBER or any of the SUBSCRIBER'S DEPENDENTS who have been specified by the DEPARTMENT for enrollment and are entitled to BENEFITS.

**PHARMACY BENEFIT MANAGER (PBM)** as defined in UNIFORM BENEFITS.

**PREMIUM** means the rates shown in the It's Your Choice materials that includes the medical, pharmacy, and dental (when applicable) components, and administration fees required by the BOARD. Those rates may be revised by the BOARD annually, effective on each succeeding January 1 following the effective date of this AGREEMENT. The PREMIUM includes the amount paid by the EMPLOYER when the EMPLOYER contributes toward the PREMIUM.

**QUARTERLY** means a period consisting of every consecutive three (3) months beginning January 2018.

**SECURE** means the confidentiality, integrity, and availability of the DEPARTMENT'S data is of the highest priority and must be protected at all times. All related hardware, software, firmware, protocols, methods, policies, procedures, standards, and guidelines that govern, store, or transport the data must be implemented in manners consistent with current industry standards,

such as, but not limited to the Health Insurance Portability and Accountability Act (HIPAA), Genetic Information Nondiscrimination Act (GINA), National Institute of Standards and Technology (NIST) 800-53, and Center for Internet Security (CIS) Critical Security Controls to ensure the protection of all DEPARTMENT data.

**SUBSCRIBER** means an EMPLOYEE, ANNUITANT, or his or her surviving DEPENDENTS, who have been specified by the DEPARTMENT to the CONTRACTOR for enrollment and who is entitled to BENEFITS.

**UNIFORM BENEFITS** means the BENEFITS described in [Section 400](#) that are administered to PARTICIPANTS enrolled in the HEALTH BENEFIT PROGRAM.