Supplemental Benefit Plans Administration Manual

For UWs

For use with these insurance plans:
Supplemental Dental
Vision
Accident Insurance Plan

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Section 1: Introduction

The *Supplemental Benefit Plans Administrative Manual* (ET-1158) is a reference source for employers and plan vendors on the administration of the supplemental benefit plans. This manual contains examples relevant to the administration of the supplemental plans but may not cover every scenario.

Supplemental benefit plans (supplemental plans) are types of insurance that are:

- Generally supplementary to group health insurance, providing coverage for dental, vision, accidental injury, or accidental death.
- Voluntary for eligible employees and retirees as determined by the Group Insurance Board (Board).
- Premiums paid by the subscriber, with no employer contribution.
- Approved and offered by a contract with the Board under provisions of Wis. Stat. § 40.03(6) and § 20.921(1)(a)3.
- This manual does not cover the administration of the long-care care insurance plan (LTC), as that plan is a private contract between the member and the insurance carrier.

The Department of Employee Trust Funds strives to align administrative policy and procedure for the supplemental plans with those for Group Health Insurance Program (GHIP), where feasible.

Section 2: Eligibility

Employee/Retiree Eligibility

Eligible Employees are defined in Wis. Stat. §40.02(25)(b). and follows the same eligibility rules as the group health insurance program (GHIP).

Eligible retirees include those who meet at least one of the following criteria:

- Receive a monthly retirement annuity that started within 30 days of termination
- Receive a disability annuity under Wis. Stat. §40.63
- Receive duty disability benefits under Wis. Stat. § 40.65
- Left State service with at least 20 years of creditable service under the WRS, regardless of age
- Have received a retirement lump-sum payment

Note: This does *not* include beneficiaries who were not the spouse of the subscriber.

Active employees are eligible the first of the month following the date of hire, or the first of the month following the start of (Wisconsin Retirement System) WRS eligibility.

Active Local employees are eligible for supplemental plans if their employer opts into the program.

Retirees enrolled in the supplemental dental and/or vision plan as an active employee at the

time of retirement must submit a retiree enrollment form to the vendor within 60 days of retirement in order to continue coverage.

Employees of local employers that don't participate in the supplemental dental and/or vision programs can enroll at retirement as a loss of other coverage life event if the following apply:

• The employee was enrolled in the supplemental dental and/or vision plan offered by their local employer as an active employee *and*,

• Their local employer does not offer retiree coverage for supplemental dental/and or vision.

Otherwise, retirees are eligible to enroll at any subsequent open enrollment.

Retirees are allowed to cancel uniform dental (UDB) as part of cancellation of health insurance during the plan year. When cancelling UDB, the retiree can reenroll in the supplemental preventive dental plan within 30 days. The preventive plan will be effective as of the date of termination of the UDB.

The Securian Accident plan is not available to retirees through ETF. Accident Plan coverage is portable and available to any retiree who had the plan as an active state employee until that retiree turns 70 years old. Securian Financial requires a completed portability form within 31 days of retirement.

Re-hired retirees may enroll in supplemental plans if they have suspended their annuity and are eligible to enroll in the GHIP as an active employee. The employer is responsible to offer enrollment to an eligible re-hired retiree. If the re-hired retiree is working for a Local that doesn’t offer the supplemental plan, the employee is no longer eligible for that supplemental plan.

A member remains in retiree status if the retiree:

- Does not have a qualifying life event.
- Is receiving an annuity while employed.
- Does not use payroll deduction but continues to pay the vendor directly.

Employees of local employers that don't participate in the supplemental dental and/or vision programs are eligible at retirement as a loss of other coverage life event if the following apply:

- The employee was enrolled in the supplemental dental and/or vision plan offered by their local employer as an active employee *and*,
- Their local employer does not offer retiree coverage for supplemental dental/and or vision.

Terminated employees that are not eligible retirees are eligible for 18 months of COBRA coverage as continuants.

Dependent Eligibility

Eligible dependents include the spouse, child(ren), legal ward, adopted child(ren), stepchild(ren), and grandchild(ren) if the parent is a dependent child under 18 years of age.

Eligible children cease to be dependents on a supplemental plan at the end of the month in which they turn age 26, except in the following circumstances:

- A grandchild ceases to be a dependent at the end of the month in which the covered dependent child (parent) turns age 18.
- A spouse and stepchild(ren) cease to be dependents at the end of the month in which a marriage is terminated by divorce or annulment or the date that the Continuation or Portability Notice for each plan is provided to the divorced spouse.
- Full-time students called to active duty prior to age 27.
    - After turning age 26, as required by Wis. Stat.§ 632.885(2)(b), a dependent includes a child who is a full-time student, regardless of age, who was called to federal active duty when the child was under age 27 and while the child was attending, on a full-time basis, an institution of higher education.
    - The adult child must apply to an institution of higher education within 12 months after completing his/her active-duty obligation.
    - The employer will verify this status to enroll the dependent. Vendors will enroll dependents based on the employer's approval.
    - For a retiree subscriber whose adult child fits this situation, the vendor may require that the subscriber submit verification.
- Adult disabled dependents:
    - An unmarried dependent child who is incapable of self-support because of a physical or mental disability that began prior to age 26 and can be expected to be of long continued or indefinite duration of at least one year, is an eligible dependent, regardless of age.
    - The child remains a disabled dependent if at least 50% of the child's support and maintenance is provided by the subscriber and/or the subscriber's spouse, as demonstrated by the IRS Pub. 501.
    - For disabled dependents, employers are not required to transmit disability status of dependents with enrollment records, but are responsible to provide the designation and/or verification as follows:
        - **Delta Dental and DeltaVision:** If the employer indicates the dependent is permanently disabled on electronic enrollment via an Electronic Data Interchange (EDI) transmission or online enrollment, no further verification is needed. If the dependent becomes permanently disabled after enrollment or is not reported as previously stated, a form will be provided to the subscriber for completion by a physician for verification.
        - **Securian Financial:** Does not need to be notified that the dependent is an adult disabled dependent. Securian Financial will verify status when a claim is filed on the adult disabled dependent.
    - Vendors will monitor eligibility annually of members and dependents that are enrolled in a supplemental plan and will notify the employer and ETF when terminating coverage upon determining the dependent is no longer eligible.

Additional Eligibility Rules

Child born outside of marriage

- A child born outside of marriage becomes a dependent of a parent when the parent completes the enrollment change form, therefore making the child eligible to be added to parent's supplemental coverage. Single parents must include the following

documentation, and eligibility will be determined based upon the latter of the dates provided on the:

- Date of the court order declaring paternity; or
- Date the Acknowledgement of Paternity is filed with the Department of Health Services (or equivalent if the birth was outside of Wisconsin); or
- Date of birth on a birth certificate listing the parent's name; or
- Date specified on a National Medical Support Notice that occurs when a court orders the parent in question to provide coverage for their child(ren) or
- Date that a court makes a final order granting adoption by the member or the date the child is placed in custody of the subscriber in a pre-adoption placement. Whichever date occurs first; or
- Date that a court awards permanent guardianship of a legal ward before the age of 19 to either the member of spouse; or
- Date of birth if the statement or court order of paternity is filed within 60 days of the birth and the parent completes the enrollment change request within 60 days of filing that paternity order. If the subscriber submits the eligibility change request more than 60 days after the paternity filing, the coverage effective date must be set to the first of the month following receipt of application.

DeltaVision, Delta Dental, and Securian Financial do not need copies of the documentation if the employer has seen the documentation and is satisfied the above requirements were met. However, the supplemental providers do reserve the right to ask for a copy of the documentation later if the need arises.

Foreign nationals

- An eligible foreign national member who is:
  - A citizen of a country with national health care coverage that is deemed comparable to supplemental insurance coverage offered by ETF as determined by the employer; and
  - Does not select supplement coverage when hired, during an open enrollment period, or during the qualifying life event; and
  - In the event member or dependent(s) lose eligibility for the national health care coverage offered by the foreign country the member may elect coverage under any plan by filing an application with the employer within 30 days of the loss of eligibility. The member must provide evidence satisfactory to the employer of the loss of eligibility; and
  - This enrollment period will coincide with their enrollment opportunity for the GHIP.

Section 3: Enrollment

Enrollment in the GHIP is not required to enroll in the supplemental plans.

Unlike the GHIP, the supplemental plans do not require all eligible dependents to be enrolled.

Eligible employees may enroll within the first 30 days of their hire date. Coverage is effective on the first of the month following the date of hire. For example, if a new hire starts their

employment on June 14 and completes the enrollment on July 6, their coverage will become effective July 1.

An employee that enrolls in the preventive dental plan as a new hire because they waived enrollment in health insurance (and uniform dental), cannot cancel the preventive dental mid-year if they later enroll in health insurance after employer contributions to health insurance premiums kick in. This is not a qualifying life event to cancel the preventive plan under the You Have a Job Change Where You Gain a Greater Share of Employer Contribution Toward Your Coverage (Active Employees Only) life event. Employees can cancel the preventive plan and add uniform dental at the next open enrollment.

If an employee that was not eligible for the WRS becomes eligible, the employer has 30 days to notify the employee of eligibility for supplemental plans. The employee then has 30 days from the date of notification to enroll. In this case, enrollment is effective the first of the month after becoming WRS eligible.

If an active employee terminates and is rehired with more than a 30-day break in employment, they will have a new hire enrollment opportunity upon rehire.

Active employees will enroll with their employer using the on-line or paper enrollment process used by the employer.

Supplemental dental and/or vision insurance coverage will automatically be continued if the employee retires with an immediate retirement annuity under Wis. Stat. § 40.02 (38), a section 40.63 disability annuity, or a section 40.65 duty disability.. An immediate annuity is defined as a benefit that begins within 30 days after the employee terminates employment. This benefit can be a monthly benefit or a lump sum annuity. Note: A separation benefit is not considered an annuity.

Supplemental dental and/or vision insurance coverage automatically continues for enrolled employees upon retirement. If the retiring employee does not wish to continue coverage after retirement and wants to cancel coverage, ETF must receive that notification in writing with the member's signature or email with electronic signature within 90 days of retirement. Coverage will be retroactively cancelled as of the termination date of the active employee coverage.

State Transfers

If an employee transfers to a different state agency under the same payroll center (for example in STAR a transfer from Department of Corrections to Department of Justice) with a service break of 31 days or less, coverage is continuous and employees do not have a new enrollment opportunity. If the transfer occurs across different payroll centers, a new application must be submitted. Transfers from one UW campus to another campus is within the same payroll center (UW System).

The State payroll centers are:

- Central Payroll/STAR – includes all State agencies, except as listed below.
- Fox River Navigational System Authority
- University of Wisconsin System (UWS)
- UW Hospitals and Clinics Authority (UWHC)
- Wisconsin Economic Development Corporation (WEDC)

- Wisconsin Health and Educational Facilities Authority (WHEFA)
- Wisconsin Housing and Economic Development Authority (WHEDA)
- Wiscraft Inc./Beyond Vision

All State payroll centers except UWS and UWHC are required to offer the supplemental plans. UWS and UWHC offer the ETF supplemental plans but could opt-out in the future.

When transferring payroll centers, employees enrolled in a supplemental plan are not able to change the coverage level. For example, an employee enrolled in single coverage with UW that transfers to a STAR agency cannot change to family coverage, or vice versa.

Enrollment Changes

Specific qualifying life events trigger opportunities for a subscriber to enroll, cancel, or change supplemental coverage. They include:

- Marriage,
- Birth or adoption,
- Permanent placement of a legal ward,
- Dependent child turning age 26,
- Divorce or annulment,
- Leave of absence, and
- Eligibility for or loss of comparable coverage.

See the Life Events Guide on the ETF website for a complete list of qualifying life events. Deadlines and documentation requirements are listed in the life events guide.

Active employee subscribers must notify the employer and complete applicable forms and/or tasks necessary within the specified time limits for each plan and provide any required documentation. The employer is responsible for, timely review and approval of qualified life events, and for making necessary changes to payroll deductions.

Retirees submit change requests using either the ETF *My Insurance Benefits* system or a paper change form. Retirees should contact ETF for any required forms.

If a dependent dies, there may be a qualifying life event to change coverage level. When an employer is notified of the death of a covered dependent, the employer should assist the subscriber in completing the change in the *My Insurance Benefits* system and approving the change in a timely manner. If a change to level of coverage is appropriate, the new premium rate is effective the first of the month following the death of the dependent.

Absent a qualifying life event, a dependent can be added only during the annual open enrollment period. The newly added dependent will be subject to coverage limits applied to new enrollees if a plan includes coverage limits.

Dual Coverage

Delta Dental: Delta Dental allows a person to be a subscriber on one plan and a dependent on another in the Select and Select Plus plans only. Duplicate coverage is not allowed under

the preventive plan. If a member is covered by more than one dental supplemental plan and has duplicate coverage, Delta Dental will allow coverage for two separate sets of service wherein both plans pay on one set of services. This is known as stacking.

Allows dual coverage for a child but will not pay more than 100% of the covered amount for a service or item.

DeltaVision: DeltaVision does not coordinate benefits with multiple plans. Anyone with dual enrollments with DeltaVision will not get any extra benefit.

Securian Financial: An individual may only be covered once under the accident plan. If both parents are eligible employees for the accident plan, only one parent may cover the child(ren). If the vendor becomes aware of dual coverage issues, the vendor will report the issue to the employer and coordinate a correction.

Spouses Both Employed by Participating Providers

If spouses are both eligible subscribers and each carries single coverage (or one carries single coverage and the other carries Individual + Child(ren), one spouse can change to Individual + Spouse or Family coverage during the annual open enrollment or if they experience a qualifying life event and apply before the deadline for that life event. The other spouse would also need to drop their single coverage.

If two subscribers become married, the marriage life event would allow them to either keep their current coverage level or to combine into Individual + Spouse or Family under one subscriber and cancel the coverage for the other subscriber.

Spouses who are both employed by participating employers and enrolled in Individual + Spouse or Family coverage under one spouse can change to the other spouse as subscriber (spouse to spouse transfer) in the following circumstances:

- Any year during open enrollment.
- The employee designated as the subscriber terminates. The change will be effective on the first day of the month following the date of termination or retirement of the subscriber. This counts as a “loss of other coverage” life event.
- The employee designated as the subscriber goes on an unpaid or military leave of absence. The change will be effective on the first day of the calendar month following the first date of the subscriber’s unpaid or military leave of absence.

Local Employer Participation

Local employers can opt-in to offer supplemental plans to their employees as an optional benefit. Employers should contact ETF to complete the necessary paperwork to participate. ETF will work with the vendor to set up enrollment processes and the vendor will work with the employer to set up billing processes and orient the employer to the plan benefits.

Eligibility requirements for local employers to participate are found in section 201 of the publication *How to Join the Wisconsin Public Employers’ Group Health Insurance Program (ET-1139)*. The eligibility requirements are the same as health insurance but employers do not have to participate in health insurance to offer the supplemental plans to their employees.

All eligible employers may join each quarter beginning:

1. First Quarter – January 1
2. Second Quarter – April 1
3. Third Quarter – July 1
4. Fourth Quarter – October 1

Participation in the supplemental programs is optional, and an employer can withdraw from the program at the end of any calendar year. To terminate participation, an employer must submit written notice to ETF no later than October 15. Employers withdrawing from one of the supplemental benefits cannot re-apply for participation in the program for three years.

If employers fail to respond timely to ETF information requests, ETF may terminate the employer's participation in the program. Employers will receive emails, calls and finally a certified letter, informing them of the requirements. The certified letter will inform the employer that at a minimum within 30 days (the intent is to provide up to 60 days' notice), coverage will end for their EMPLOYEES, retirees, and COBRA continuants.

Section 4: Late Enrollment Applications or Changes

Note: An employee or retiree may cancel their enrollment in any supplemental plan up until December 31 for the subsequent year; this is not considered a late change. The cancellation will be effective January 1. If the employee's paycheck or retiree's annuity is deducted for coverage beginning January 1 and the member cancels the coverage before January 1, the vendor must return the premium payment.

Employees

If an employee or eligible subscriber failed to enroll or make a change during their eligibility period or open enrollment, they may request a review from the employer, which may need subsequent approval by ETF.

The review process for active employees is as follows:

1. Employee applies after the end of the open enrollment period.
2. Employee submits a written request to their employer. The request must outline the reason and/or circumstances for the late application.
    - If the employer rejects a late application, the employer provides the employee with notice of the late application, and instructions for requesting a review.
3. If the employee requests a review, the employer will review and forward the request for review to ETF's Employer Services Bureau ETFSMBEmployerInsurance@etf.wi.gov along with a cover memo outlining their actions to this point, and any circumstances they are aware of to support or refute the employee's request.
    - The employer's email must be sent encrypted. The subject line of the email should be "[SEND SECURE] Late Enrollment, Employer Record."
4. Employer Services will review the request. Employer Services may consult the program management staff in the Office of Strategic Health Policy (OSHP).
5. ETF will advise the employee and employer of a decision within 30 days. If a late enrollment or change is allowed, enrollment must be retroactive to January 1 or the missed eligibility date, in the case of new hires or life events.

Retirees

1. If a retiree failed to submit enrollment or changes during open enrollment, they must submit their request for review directly to ETF. Requests must include a written explanation of why the member was unable to submit the enrollment timely. ETF in consultation with the vendor, if needed, has the final decision. If a late enrollment or change is allowed, enrollment will be retroactive to January 1 or the missed effective date. The member will be responsible for any back premiums.

Section 5: Employer Error

The following situations will constitute an employer error:

- Failure of the employer to advise an employee of his/her initial program eligibility, eligibility because of a change to an eligible position, or eligibility change if employee makes employer aware of a qualifying life event.
- A monthly premium taken after a subscriber has filed a cancellation notice with the benefits office: Payroll center must refund premiums collected for months after the cancellation date.
- Enrolling an employee who is in an ineligible position: Employer must refund premiums if taken.
- **In no event, will premium refunds exceeding two months of premium be approved by the vendor**: Premium refund requests more than three months should be submitted to the employer's risk management department.
- An employee enrolled in coverage, but the employer did not deduct premiums.
- The employer misinformed the employee as to the level of benefits available under a specific plan. In this instance a subscriber may be able to cancel coverage with a refund of up to three months of premium.

Not Considered an Employer Error

The following situations will not constitute an employer error:

- Failure of the employee to submit a completed new enrollment application to the employer within required deadlines if advised of his/her plan eligibility in a timely manner.
- When an application to change coverage is not submitted and the omission is reported after the fact. The employee must bear some responsibility in this situation. Refunds may be made for up to three months with extenuating circumstances, such as the death of a family member should have led to a different coverage level, or the subscriber was incapacitated.
- Employee Misunderstanding of Benefits. Employees are responsible to understand the benefits they choose. Resources are available through both ETF and the vendors to get detailed information on benefits and covered services.

Review of Employer Errors

If an employer error prevented timely enrollment, an application can be approved with the following procedures:

1. The employer furnishes sufficient information to ETF indicating one of the employer error criteria has been met.
2. The employee files an application which must be received by the employer within 30 days after the employee first becomes aware of the error, and
3. ETF finds that employee was denied coverage because of employer error.
4. For new enrollments or changes the coverage effective date must be retroactive to the original eligibility or event date, unless approved by ETF.

In cases of employer error, the employer must send an email detailing the error and member identification numbers of employees affected by the error to Employer Services at ETFSMBEmployerInsurance@etf.wi.gov. If needed Employer Services, with the assistance of OSHP if requested, will work with vendor and employer to resolve the error.

Section 6: Premiums

Coverage Levels

All the supplemental plans (except Preventive Dental) have the same four coverage levels, each with a different premium.
coverage levels:

- Individual
- Individual + Child(ren)
- Individual + Spouse
- Family

Payment of Premiums

Payment of premiums for active employees is by payroll deduction. The employers will be billed by the vendor for active employee premiums.

Securian will bill for Accident insurance premiums, based on the enrollment information supplied by ETF's *My Insurance Benefits* system. Employers will access their monthly bill online at LifeBenefitsExtra and will pay premiums monthly to Securian.

Employee premiums for supplemental dental and vision are automatically deducted on a pre-tax basis unless the covered subscriber files a waiver or one or more enrolled dependents are not eligible tax-dependents or qualifying relatives under the Internal Revenue Code (IRC) §125. To file a waiver, the employee must complete an *Automatic Premium Conversion Waiver/Revocation of Waiver* (ET-2340) form. If there is at least one dependent whose coverage is not tax deductible under IRA Publication 501, the full premium must be deducted post-tax even if the subscriber does not complete a waiver.

Premiums for LTEs must always be deducted post-tax.

Accident plan premiums are only deducted post-tax.

Retiree premium payments are made through one of the following methods:

1) Annuity Deduction - Premiums are paid from a monthly retirement or disability retirement benefit annuity under Wis. Stat. §40.63 if the annuity is sufficient to cover the entire premium.

2) Direct Pay - When the annuity is not sufficient to cover the entire premium or the member only receives duty disability or Long-Term Disability Insurance (LTDI) benefits, the vendor will directly bill the subscriber, and the subscriber will pay premiums directly to the vendor.

My Insurance Benefits transition: Starting with the 2025 open enrollment period, existing supplemental dental direct pay subscribers will be allowed to request a change to annuity deduction effective January 1, 2026. If a direct pay subscriber is terminated for non-payment of premiums, any reinstatement requests should be sent to the vendor. Reinstatements are done at the discretion of the vendor because the vendor is taking on the risk of non-payment. The vendor will work with ETF on completion of any approved reinstatements.

Notification of Premium Changes

Typically, premiums are preset at the start of each supplemental vendor contract. There may be circumstances in which the premiums might change mid-contract. Mid-contract premium changes usually will take effect January 1 of the following year. Notification of the change will be incorporated into the open enrollment materials for that year.

If a premium change should happen on a date other than January 1, the vendor will send a letter to covered retirees/surviving dependents at least 60 days prior to the new premium effective date with the new premium amount. The letter is not a billing statement. The letter advises subscribers that the increase will show as an adjustment on their first billing statement following the date of change.

Section 7: Leave of Absence

Leave of Absence (LOA) Procedures

A Leave of absence is any period in which a subscriber is not working for, or receiving earnings from, the employer and has not terminated the employer-employee relationship as defined in Wis. Stat. § 40.02 (40).

To continue benefits for up to 36 months during LOA, the subscriber must pay the monthly premium to the employer or payroll center, which will submit payment to the vendor.

- The subscriber must pay the employer, on terms determined by the employer. The employer must make timely payments to the vendor to maintain coverage.
    - Employers may arrange to collect payments in advance for up to three months of premiums, using payroll deduction (to preserve the pre-tax opportunity).
        - If an employer sends a lump-sum payment to the vendor in advance of premium due dates, the employer must clearly identify the months of coverage the lump-sum payment represents.
        - If the payroll center's payment system allows, the employer holds the personal checks and applies them to the remittance to the vendor in the month due.

If the subscriber's payments to the employer lapse, the employer will notify the vendor to lapse coverage. Vendors should only lapse coverage if instructed by the employer and/or noted in enrollment/change files from a payroll center, and not based on non- payment on remittance reports. If the subscriber intends to let coverage lapse, the employer must

notify the vendor that the subscriber is on an approved LOA.

- For active employee on a biweekly payroll schedule, monthly premiums are deducted over two pay periods. If an employee goes on leave of absence mid-month and does not continue coverage, the employer will notify the vendor to lapse coverage effective at the end of the month for which full payment had been collected. Any partial month payroll deductions should be refunded to the employee.

Best Practice Note: Employers should advise employees *not to cancel* coverage during LOA but instead choose to have *it lapse to preserve their rights to re-enroll when they return to work*.

If the subscriber lets coverage lapse while on LOA, within 30 days of their return to work, they may re-enroll in the same level of coverage that was in force prior to the lapse of coverage. Coverage is effective the first of the month on or following return to work.

If an open enrollment period occurred while the subscriber was on LOA, they may make any changes that were allowed during the open enrollment period.

A LOA ends when the subscriber resumes active performance of duty for 30 consecutive days for at least 50% of the subscriber's normal work time. If the subscriber does not complete 30 days of duty, the subscriber is not deemed to have returned from leave and coverage will continue as an employee on leave of absence.

An employee on LOA is subject to the same eligibility and enrollment provisions as an active employee.

Military Leave Procedure

A subscriber and their covered dependents may maintain their coverage(s) while the subscriber is on active military duty for 30 calendar days or more, with the requirements set forth below:

- Premium(s) for plan coverage(s) must be paid through the employer. The vendor will not bill the subscriber directly.
- Employers that collect premiums in advance may collect up to one year of premium prior to deployment.
- The employer will contact the subscriber at least one month before prepaid coverage will lapse, to request notification from the subscriber to extend or let the coverage lapse.
- The subscriber provides documentation of military leave to the employer for other human resources purposes, but it is not necessary to send documentation of the military leave to the vendor.

The vendor does not terminate the coverage of a subscriber and dependents upon notification of active military status. Enrollment will remain active until the subscriber or employer notifies the vendor to terminate coverage, using electronic enrollment file or paper enrollment/change form.

The employer must notify the vendor that the subscriber is on military leave if the subscriber intends to let coverage lapse. If the subscriber allows coverage to lapse while on military leave, they may re-enroll in the same level of coverage that was in force prior to the lapse of

coverage, if they do so within 30 days of their return to work. Coverage is effective the first of the month on or following return to work.

If an open enrollment period occurred while the employee was on military leave, they may change the level of coverage or make any other changes that were allowed during the enrollment period.

Retirees

LOA is a status that does not apply to retirees unless a retiree is deployed into active military service. In that situation, the retiree must contact the vendor to arrange for payment or temporary lapse of coverage.

Section 8: Cancellation/Termination

Once enrolled, subscribers must remain in the plan for the full calendar year unless there is a qualifying life event as described in the life events guide on the ETF website. Cancellation request should be submitted to vendor during the open enrollment period for coverage to terminate as of December 31. Any valid cancellation notice filed with the employer (or with the vendor, for retirees) by December 31 will be honored effective January 1 of the following year. Any premium already paid for January will be refunded within 60 days.

For active employees, coverage shall terminate at the end of the month in which the subscriber terminates employment.

Non-payment of premiums will lead to cancellation of the policy at the end of the last month for which payment was received, and a lapse of coverage may limit future re-enrollment opportunities. Reinstatement after termination for non-payment will be the decision of the vendor.

State Transfer

- Coverage ends at the end of the month in which the transfer occurs. The payroll deduction to pay for supplemental coverage(s) are paid through the first employer for that month if the transfer occurs on or before the 16th.
- The first employer makes the appropriate notations about coverage and paid-through dates on the Personnel Transfer Record (PTR).
- Many employers choose to also send an email to the new employer to reinforce any details related to benefits, at the time of transfer.

Adult Child Turning Age 26

The employer must terminate a dependent's plan enrollment at the end of the month in which they turn age 26. The employer must issue a COBRA election form for DeltaVision and Delta Dental coverage to the dependent losing eligibility and adjust the coverage level accordingly if the current coverage level no longer applies.

An adult child turning age 26 can choose to port their accident plan coverage. The portability form and instructions can be found at
https://web1.lifebenefits.com/content/dam/form/grp/accident-portability-state-of-wi_88433.pdf

Employers notify subscribers that dependents will be removed and advise whether coverage

level changes will be made automatically due to the change. The employee does not need to complete an application/change request.

Delta Dental will issue any payroll center a monthly report listing dependents reaching age 26. Payrolls centers should email ETFsales@deltadentalwi.com to request the report. Please note that the report can be emailed to one email address per 18-digit group number (payroll center/plan).

Removing Dependents

Absent a qualifying life event, the subscriber may only elect to remove covered dependents during the annual open enrollment period. Coverage ends on December 31.

When the dependent is removed, they may not be re-enrolled except during a subsequent open enrollment period. There are no mid-year opportunities to remove a dependent from coverage, except in cases where the dependent becomes ineligible.

To remove a dependent due to a qualifying life event, the subscriber must indicate the date and reason or the loss of eligibility on the change form.

Section 9: COBRA Continuation Coverage

Participants and their eligible dependents have options available to them for the continuation of coverage of supplemental insurance in the event state employment is terminated. Basic information is provided below. COBRA administration for supplemental dental and vision can be found in chapter 9 of the Health Insurance Standards, Guidelines and Administration Employer Manual (ET-1118). The employer is responsible to notify each eligible insured person of their COBRA continuation rights, for those who were covered based on active employment. A Continuation Notice must be issued for each plan under which the participant is enrolled at the time of retirement or involuntary termination (for reasons other than gross misconduct).

Federal Continuation Coverage requires employers to provide notice of the right to continuation of identical coverage to persons who are qualified beneficiaries (dependents) under the law. For Continuation Coverage, all participating State agencies and payroll centers are one employer (including the UWS and UWHC).

The employer must complete all appropriate information on the bottom of the continuation form within five (5) days of notification of a qualifying life event. The form must include the date the form was sent and the eligibility termination date.

An employee has 60 days from the date they were notified of their Continuation Rights or the end date of their coverage as an active employee, whichever is later, to submit the continuation enrollment form to ETF.

The Accident Plan does not offer continuation coverage since the accident plan is a portable benefit. Any subscriber who has the Securian Financial Accident Plan as an active employee can maintain the coverage until age 70 currently at the same rate as active employees.

An employee or retiree has 31 days from the date they were notified of their Continuation Rights or end date of their coverage as an active employee, whichever is later, to submit a portability form, call, or email Securian Financial.

The portability form and instructions can be found at
https://web1.lifebenefits.com/content/dam/form/grp/accident-portability-state-of-wi_88433.pdf

Dependent Loss of Eligibility

The subscriber is responsible for notifying the employer of an event that makes a dependent ineligible for coverage. Each covered member has an independent right to elect to continue coverage.

If a spouse or child loses eligibility, the subscriber must notify their employer within 60 days of the event (such as divorce). Failure to notify the employer in that period may make the dependent ineligible to continue coverage. However, a continuation election form must still be issued by the employer. The employer must provide the qualified beneficiary with the vendor's appropriate continuation form, or in the case of the accident plan, information on contacting Securian Financial about porting the policy.

In the case of divorce, Wis. Statute 632.897 mandates that coverage remains in effect until the ex-spouse is notified of the right to continue coverage. Once the Continuation Notice is issued, the 60-day period to accept continuation begins.

Once the subscriber has submitted the continuation application, the vendor bills the subscriber directly based on the payment method selection indicated on the application. If the subscriber elects to receive and pay their bill by mail, the vendor may charge a small billing fee and will advise the subscriber of payment frequency options such as annually, semi-annually, quarterly, or monthly.

If the divorced/widowed spouse or other dependent chooses continuation coverage, that subscriber must pay premiums beginning the first of the month following the divorce effective date, or the original subscriber's death.

Duration of Continuation Coverage

The duration of coverage is as follows:

- An employee who terminated employment may continue coverage for up to 18 months.
- A spouse or dependent child who lost eligibility due to employee's termination may continue coverage for up to 18 months.
- An ex-spouse and his/her covered children (the employee's stepchildren) may continue coverage for up to 36 months or until the children otherwise lose eligibility (such as reaching the limiting age for coverage).
- In limited situations, the length of the Continuation Coverage period is extended. If a qualified beneficiary is determined by the Social Security Administration (SSA) to be disabled before the 60th day of continuation coverage and the disability continues during the rest of the 18-month period of continuation coverage, coverage may be continued for a total of 29 months.

Indefinite Continuation Coverage

The following individuals are eligible to continue their coverage if premiums are paid in a timely manner, as defined in Wis. Stats. Chapter 40.

- Surviving spouse may continue coverage indefinitely. Surviving spouses are considered "retirees".
- Surviving dependent children may continue coverage until they otherwise lose eligibility.

- Subscribers who are approved for disability retirement under Wis. Stat. § 40.63 or a duty disability under Wis. Stat. § 40.65 must be offered Continuation Coverage or may stay continuously covered. They must be offered the option to reinstate coverage even if no coverage was in effect while no earnings were being received or the employee elected to discontinue coverage. To continue coverage indefinitely, the disabled subscriber must reenroll as a retiree.

Section 10: Death of a Subscriber or Dependent

Notification of Death

The employer must notify ETF of a covered employee's death within 30 days, or by the end of the month in which the death is reported to the employer, whichever is earlier.

Continuation of Coverage for Surviving Dependents

In the event an employee or annuitant with family health coverage dies, the surviving spouse and/or eligible dependents will continue coverage as required by Wis. Adm. Code § ETF 40.01. Coverage shall be effective on the first day of the calendar month following the date of death of the insured employee or retiree. The surviving spouse may continue coverage indefinitely; dependent children may continue coverage as long as they remain eligible under the program.

When employment ends for a state employee due to death and family coverage is in place, the deceased state employee's family coverage continues through the end of the month that premiums have been deducted. All insured surviving dependents remain covered on the family contract. Premiums deducted from the deceased employee's pay are not refunded.

If the surviving spouse and dependents do not wish to continue coverage, ETF must receive a signed written request within 90 days of the death. Should the surviving spouse (or retiree) and dependent(s) not elect to continue coverage, coverage will end at the last day of the month for which premiums have been paid.

Upon notification of the death of an employee or annuitant who has family coverage, ETF will send the surviving spouse and dependents information about continuation rights. Premiums are due no later than the first of the month following the last month through which the decedent's premiums are paid. Premiums will be deducted from any WRS annuity the dependent may be receiving. If there is no annuity, or the annuity is insufficient to allow for the deduction of the premium, the survivor must pay the premium directly to the vendor. Survivors may not add persons to the policy who were not covered at the time of death, unless: 1) the individual was previously insured under the contract of the deceased employee and regains eligibility or 2) a child of the employee or retiree who was in the process of being adopted by the deceased employee or retiree prior to death and is subsequently adopted by the surviving spouse or 3) a child born within nine months after the death of the employee or retiree. These dependents will be eligible for coverage under the survivor's contract until such time that they are no longer eligible. Benefits Payable After Death of the Subscriber

The Securian Financial Accident Plan is the only supplemental plan that has a death benefit.

If a spouse or child dependent on the Accident plan suffers an accidental death under the plan, the benefit is automatically paid to the subscriber.

If the subscriber dies accidentally, the death benefit is paid to the beneficiary on file for WRS.

ETF may need to assist the survivor beneficiaries to submit a claim to Securian if there is accident Insurance coverage. Claim forms are available on the vendor's website. If the subscriber wants to designate a different beneficiary for the Accident plan, they can complete an additional beneficiary form (ET-2320) that states it only applies to the accident plan.

If the subscriber dies without a named beneficiary, the standard sequence applies as outlined in Wis. Stat. § 40.02(8)(a)2.

For any supplemental plan under contract with ETF, if a subscriber dies before receiving a benefit owed by the vendor, ETF may release the contact information for the Chapter 40 WRS beneficiary to the vendor, upon request of the vendor, per Wis. Stat. § 40.07(1m).

Section 11: Grievances

A member has the right to file a complaint or grievance against any supplemental plan vendor. This may include issues like incorrectly denied claims, coverage termination, or poor customer service.

The procedure for filing a complaint or grievance with the vendor, as well as with ETF is outlined on the Benefits Dispute page on the ETF website. The *ETF Insurance Complaint Form* (ET-2405) also details the process and requirements for filing with ETF.

Members must complete the vendor's grievance process before contacting ETF.

Section 12: ETF Resource Links

Member or Employer Resource

Information on each of the supplemental plans is available on the ETF website:

Supplemental Dental

Vision

Accident Plan

Employer Questions

Employers with questions about a policy outlined in this manual, contact ETF Employer Services Section at your assigned email group below:

- ETFSMBEmployerInsurance@etf.wi.gov
- ETFSMBSTARInsurance@etf.wi.gov
- ETFSMBUWandUWHCInsurance@etf.wi.gov

Each employer is assigned to a staff person in the Employer Services Bureau. The Employer Services staff will research the answer, including contacting the Supplemental Plans Program Manager(s), if necessary.

Employers that have an issue specific to a subscriber's enrollment status should contact their ETF case manager. Questions related to premiums billing, ID cards, etc. should contact the vendor directly using the contact list below.

Retirees

For supplemental plans, ETF's Retiree Insurance Staff may refer retirees to the designated vendor contact for premium issues. See contact information in the next section.

My Insurance Benefits Resources

- My Insurance Benefits **User** Guide: https://etf.wi.gov/resource/my-insurance-benefits-user-guide
- My Insurance Benefits **HR Administrator** guide: https://etf.wi.gov/resource/my-insurance-benefits-hr-administrator-guide

Section 13: Vendor Contact Information

Dental Claims and Benefits

DELTA DENTAL®

Address:
Delta Dental of Wisconsin
2801 Hoover Road
P.O. Box 828
Stevens Point, WI 54481-0828

Phone: 1-844-337-8383
Call Center Open Monday - Friday
7:30 a.m. to 5:00 p.m. Central Standard Time

ETFcustomerservice@deltadentalwi.com
www.deltadentalwi.com/state-of-wi

Accident Plan

securian FINANCIAL

Address:
Securian Financial
P.O. Box 259708
Madison, WI 53725-9708

Phone: 1-866-295-8690
email: madisonbranch@securian.com

Website:
www.LifeBenefits.com/plandesign/WIETF

To File a Claim:
www.securian.com/benefits

Vision Benefit

DELTA DENTAL®
DeltaVision®

Address:
DeltaVision
Wyssta Insurance Company, Inc.
P.O. Box 85

Stevens Point, WI 54481 www.deltadentalwi.com/state-of-wi-vision	Monday - Friday: 7:30 a.m. to 5:00 p.m. Central Standard Time
Phone: For eligibility or billing inquiries: 1-844-337-8383	For benefits or claims inquiries: 1-855-544-6035 Monday - Friday: 6:30 a.m. to 10:00 p.m., Saturday - Sunday: 10:00 a.m. to 7:00 p.m. Central Standard Time

Nondiscrimination and Language Access

42 U.S. Code § 18116

ETF complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and others). ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact ETF at 1-877-533-5020; TTY: 711.If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

ETF Office of Policy, Privacy & Compliance
P.O. Box 7931
Madison, WI 53707-7931

1-877-533-5020; TTY: 711
Fax: 608-267-4549
Email: ETFSMBPrivacyOfficer@etf.wi.gov

If you need help filing a grievance, ETF's Office of Policy, Privacy & Compliance is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal at ocrportal.hhs.gov/ocr/smartscreen/main.jsf or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019; 1-800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/complaints/index.html.

The Wisconsin Department of Employee Trust Funds is a state agency that administers the Wisconsin Retirement System pension, health insurance and other benefits offered to eligible government employees, former employees and retirees.

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

Hmong – LUS CEEV: Yog tias koj xav tau kev pab txhais lus. Peb pab koj tau, peb pab koj dawb xwb, thov hu rau 1-877-533-5020 (TTY: 711)

Chinese– 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020（TTY：711）

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 711).

Arabic – ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة بلغتك دون أي مصاريف: اتصل بالرقم 1-877-533-5020 (خدمة الصم والبكم: 711)

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 711)번으로 전화해 주십시오.

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 711).

Pennsylvania Dutch – Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 711).

Laotian/Lao – ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-877-533-5020 (TTY: 711).

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 711).

Polish – UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 711).

Hindi – ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 711) पर कॉल करें।

Albanian – KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë. Telefononi në 1-877-533-5020 (TTY: 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 711).