



# How to Join the Wisconsin Public Employers Group Health Insurance Program for Non-WRS Employers

Department of Employee Trust Funds  
P.O. Box 7931  
Madison, WI 53713

Employer Communications Center  
1-877-533-5020

[etf.wi.gov](http://etf.wi.gov)

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Submit materials or questions to:  
Employer Services ATTN: Program Manager  
Department of Employee Trust Funds  
P.O. Box 7931  
Madison, WI 53707-7931

Fax: 608-266-5801  
Phone: 1-877-533-5020  
Email: [ETFSMBESSNewEmployer@etf.wi.gov](mailto:ETFSMBESSNewEmployer@etf.wi.gov)

## General Information

The Wisconsin Public Employers (WPE) Group Health Insurance Program offers employees of certain local government employers the opportunity to choose between two or more health insurance plans. If the employer participates in the Wisconsin Retirement System (WRS), consult ET-1139 for information on how to join the health insurance program.

In order for a non-WRS local employer to be able to join the Wisconsin Public Employers (WPE) Group Health Insurance Program offered by the State of Wisconsin Group Insurance Board, the employer must have verified with ETF its status as an employer under Wis. Stat. 40.02 (28) (cited below) and be covered by Wisconsin Section 218:

**Wis. Stat. 40.02 (28) reads**, in pertinent part: “Employer” means ...any county, city, village, town, school district, other governmental unit or instrumentality of two or more units of government now existing or hereafter created within the state, any federated public library system established under s. 43.19 whose territory lies within a single county with a population of 500,000 or more, a local exposition district created under subch. II of ch. 229, and a long-term care district created under s. 46.2895, except as provided under ss. 40.51 (7) and 40.61 (3). “Employer” does not include a local cultural arts district created under subch. V of ch. 229. Each employer shall be a separate legal jurisdiction for OASDHI purposes.

For employers not covered by Wisconsin’s Section 218 agreement with the Social Security Administration, the employer must meet Social Security’s three-prong test in order to be covered by Wisconsin’s Section 218 Agreement and provide these documents to ETF prior to applying to join the health insurance program. For more information see the [How to Become a Participating Employer Under the WRS \(ET-1129\)](#) brochure regarding the Definition of Public Entity.

Insurance for non-employees (for example, currently insured or future retirees) is limited to health insurance following termination of employment through COBRA continuation.

## Health Insurance Plans

The WPE Group Health Insurance Program provides an employee a choice of coverage between two plan designs and the employer can choose whether to offer Uniform Dental Benefits as a part of this plan.

1. Most employees select an alternate health plan from a list of health maintenance organizations (HMOs) and preferred provider organizations (PPOs) offering a uniform medical benefits package called an “It’s Your Choice Local” health plan (Uniform Benefits).
- or*
2. Employees can select the nationwide It’s Your Choice (IYC) Local Access Preferred Provider Organization (PPO) Plan. This plan design also offers Uniform Benefits in-network. Out-of-network benefits are available on the ETF website under the [Benefits tab](#).

Refer to the *It’s Your Choice* materials on the ETF website for more details.

**Alternate Health Plans**—An employee may choose from a variety of alternate health plans that can be selected based on cost, quality of service, and access to specific physicians or other health care providers. Alternate health plans provide comprehensive benefits at a lower cost than the IYC Local Access Plan in exchange for some health care provider limitations.

**IYC Local Access Plan**—This PPO plan provides medical benefits for covered services from any qualified health-care provider, but with differences in reimbursement depending on whether participants go to an in-network or out-of-network provider.

**Uniform Dental Benefit**—Employers choose whether to offer this dental plan to their entire employee group. There is no obligation for employers to participate in this plan. A currently participating employer can file a resolution annually to add or remove dental to their offering prior to October 1, for a change effective the following January 1.

Eligible employees, insured retirees and COBRA continuants will be able to choose whether they would like dental coverage when they enroll in health insurance if the employer has elected to offer Uniform Dental Benefits. Employees may have the Uniform Dental Benefit only if they are also enrolled in health insurance.

Delta Dental is the third party administrator for this plan. Employers can offer the Uniform Dental Benefit plan in addition to any other supplemental dental plans currently offered to employees.

## **Employee Eligibility**

Currently insured employees, including part-time and seasonal employees, are eligible for group health insurance coverage if the employer elects to participate in the WPE Group Health Insurance Program, and the employees meet certain eligibility requirements.

If you have questions about whether an employee or group of employees are eligible for health insurance coverage, contact the Employer Communication Center at 1-888-533-5020 toll free or 608-266-3285 (local Madison) before submitting materials to begin the underwriting process.

Each employer may decide whether married employees who work for the same employer may each select single or family coverage or if they are eligible only for family coverage through one of the spouses. Dependents may not be dual covered with different WPE employers or with a state employer.

## **Coverage for Surviving Spouse and Dependents**

This program follows federal COBRA and state (632.897 Wis. Stat.) continuation of coverage requirements. Surviving spouse and dependents will be eligible to continue under COBRA for up to a 36-month period. Any surviving spouse and their dependents who are eligible for Medicare Part A and B will be eligible for up to 18 months under state continuation.

## **Medicare Not Required for Employees**

For those who are Medicare eligible but still actively employed, there is no requirement that they or any dependent enroll in Medicare. Premiums for active employee coverage do not decrease when a member enrolls in Medicare Parts A and/or B.

## **Employee and Employer Cost**

Beginning January 1, 2016, employers are no longer prohibited from offering payment in lieu of coverage to employees. Employer contributions toward health insurance coverage are limited to those described in Wis. Stat. 40.51 (7) and administrative code ETF 40.10.

Under the law, participating employers potentially have three structures available for establishing employer contribution toward premium:

1. The 88% Calculation Method which must also align with the 105% calculation,
2. The Three-Tiered Premium Structure
3. The 105% Calculation Method, which is only available to those groups identified in the law following passage of 2011 Wisconsin Act 10. Those groups are enumerated in the below section about the 105% Contribution Method.

See page four for details about each premium structure. Contributions can vary by employee groups. Contact ETF with questions.

A group can be defined by:

- start dates
- full-time equivalency
- coverage type (single or family)
- collective bargaining agreements
- geographic location
- or other breakdowns approved by ETF

If employers use the **88% Calculation Method**, it must align with the 105% calculation. The 88% and 105% rate tables ETF provides indicate the maximum employer share. If a health plan's premium is equal to or less than the employer's share, the employer pays the entire premium. The employer may adjust the employer contribution downward to require employees who select low-cost plans to pay some amount. The employer must apply the same adjusted contribution rate equally to all employees within the same group, regardless of the plan they select

- Participating employers are allowed to pay up to 88% of the average premium cost of the qualified tier one health plans within the service area (the county) of the employer.
- The 105% of the low-cost qualified health plan contribution method still applies. This method allows the employer to contribute toward the premium for any eligible employee an amount between 50% and 105% of the least costly qualified tier one health plan within the county of the employer
- The minimum employer premium contribution for all local employees cannot be less than 50% for employees who work 1,040 or more hours per year or less than 25% for employees who work fewer than 1,040 hours.

**Three-Tiered Premium Structure** is also available for employers to use to establish the maximum employee contribution toward premium. An employee's premium contribution is determined by the tier ranking (determined by the Group Insurance Board) of the health plan he or she selects.

- The employee portion of the monthly premium will increase for plans in higher tiers by at least \$20 for single coverage and \$50 for family coverage for each successively higher tier.
- The employee's single or family premium contribution must be the same for all plans in a given tier.
- A number of provisions affect the amount an employer may contribute toward the employee cost of health insurance. Wisconsin's 2011 Act 10 also requires that participating local employers not pay more than 88% of the average premium cost of the qualified tier one health plans. If a collective bargaining agreement is in effect, the terms of that agreement regarding group health insurance apply.
- In addition, by Administrative Code ETF 40.10, the employer may not pay more than 105% of the least costly qualified health plan within the employer's county.
- The employer may not pay less than 50% of the premium for employees who work 1,040 hours or more per year or less than 25% of the premium for employees who work fewer than 1,040 hours per year.

**The 105% Calculation Method:** All employees of participating local employers are subject to the 88% maximum contribution method except those listed below. For these, the 105% formula applies; a tier structure that aligns with the 105% formula may be used. Represented employees who are subject to a collective bargaining agreement that was in place before June 28, 2011.

- Non-represented managerial law enforcement or managerial fire-fighting employees initially hired by a local employer before July 1, 2011. These employees are paid at the same percentage as represented law enforcement or fire-fighting personnel hired before July 1, 2011.
- Represented law enforcement or fire-fighting employees initially hired before July 1, 2011, and who, on or after July 1, 2011, became a non-represented law enforcement or fire-fighting managerial employee.
- These employees are paid at the same percentage as represented law enforcement or fire-fighting personnel hired before July 1, 2011.

In these cases, the 105% of the low-cost qualified health plan contribution method still applies.

Health plans must have a minimum number of certain providers in the geographic area serving the majority of the employees in order to be considered in the employers' calculation formula (that is, qualified); however, this does not limit the employee's choice of plans.

Employees may select any plan offered by this program, as long as they are willing to receive health care from its respective network providers.

**Note:** The State Maintenance Plan (SMP) will be designated as the low-cost qualified health plan in those counties where other plans do not meet the minimum provider qualification requirements. In those counties, the 88% calculation method is based on SMP rates.

For health plan premium rates, refer to the *It's Your Choice* materials (listed below). Premiums change annually on January 1.

## How to Join

A Wisconsin Public Employer that meets the requirements of Wis. Stat. 40.02 (28) may enter the WPE Group Health Insurance Program at the beginning of any quarter. Groups with 50 or more eligible employees must be underwritten.

Underwriting will determine whether the group may join at the rates published in the *It's Your Choice* materials (ET-2128, ET-2158, ET-2168 or ET-2169), or whether the group must pay an additional per contract per month surcharge added to the published rates, as determined by the Group Insurance Board's actuary, for an average of 24 months. Typically, after adjusting for differences in benefits, groups find that the program's first year rates with surcharge are comparable to their renewal rates. The surcharge will be applied if the group's risk is determined to be detrimental to the existing pool. Per the contract, the surcharge cannot be appealed. Fees for underwriting are non-refundable.

Once ETF receives all the required information, the underwriting and enrollment process takes 120 days. Groups are eligible to enroll each quarter:

First Quarter January 1st	Second Quarter April 1st	Third Quarter July 1st	Fourth Quarter October 1st
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A blank checklist detailing the information required for submittal is included in this brochure. The *Large Group Underwriting Checklist* for groups with 50 or more eligible active employees appears on pages 12 and 13.

An employer may enroll its participants in the IYC Local Traditional Plan, IYC Local Deductible Plan, IYC Local Health Plan, or the IYC Local High Deductible Health Plan. These may be offered with or without the Uniform Dental Benefit. Program Options 2, 4, 6 and 7, below, all include the Uniform Dental Benefits, while options 12, 14, 16 and 17 do not include dental.

There are differing levels of deductible and coinsurance in these programs to align with the cost savings of these options. An employer may elect to provide these programs or options separately to collective bargaining units as approved by ETF. To offer a second program or option, please indicate which programs you are offering on the resolution.

If you decide to offer a second program or option at a later date, please complete the [Existing Employer Option Selection Resolution \(ET-1152\)](#). See the following chart and the *It's Your Choice* materials below. Go to [etf.wi.gov/benefits-by-employer/all](http://etf.wi.gov/benefits-by-employer/all) and navigate to the specific program option.

PO 2 & 12 IYC Local Traditional (ET-2128)	PO 4 & 14 IYC Local Deductible (ET-2158)	PO 6 & 16 IYC Local Health Plan (ET-2168)	PO 7 & 17 IYC Local HDHP (ET-2169)
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**Wisconsin Public Employees  
Non-Medicare Medical Benefits/Program Options (POs)**

	<b>Benefits for in-network providers</b>	<b>Program Option 2*/12 IYC Local Traditional Plan</b>	<b>Program Option 4*/14 IYC Local Deductible Plan</b>	<b>Program Option 6*/16 IYC Local Health Plan</b>	<b>Program Option 7*/17 IYC Local High Deductible Health Plan (HDHP)</b>
<b>Uniform Benefits</b>	Deductible (Unless otherwise noted, it is an overall deductible)	No deductible	\$500 Individual \$1,000 Family Except as required by federal law. Does not apply to prescription drug copayments.	\$250 Individual \$500 Family Except as required by federal law. Does not apply to office visit and prescription drug copayments.	\$1,500 Individual \$3,000 Family Except as required by federal law. <i>Note:</i> Deductible must be met before coverage begins. For family coverage, full family deductible must be met. Deductible includes prescription drug coverage. Once met, office visit and prescription drug copayments apply up to OOPL.
	Office Visit Copayment	None	None	\$15 Primary Care, \$25 Specialty Care. Applies to OOPL but not deductible.	After deductible \$15 Primary Care, \$25 Specialty Care. Applies to OOPL.
	Coinsurance	None except 20% for durable medical equipment, adult hearing aids and adult cochlear implants.	After deductible, none except 20% for durable medical equipment, adult hearing aids and adult cochlear implants.	After deductible you pay 10% except for office visit copayments.	After deductible you pay 10% except for office visit and prescription drug copayments.
	Annual out-of-pocket limit (OOPL): includes deductible and coinsurance	None except up to \$500 Individual for durable medical equipment and adult cochlear implants. Plan pays no more than \$1,000 for each adult hearing aid. See etf.wi.gov.	After deductible, none except up to \$500 Individual for durable medical equipment and adult cochlear implants. Plan pays no more than \$1,000 for each adult hearing aid. See etf.wi.gov.	\$1,250 Individual \$2,500 Family	\$2,500 Individual \$5,000 Family

<b>Prescription Drug Benefits</b>	<b>Copayment/Coinsurance</b> (For detail including prescription drug out-of-pocket limits, visit etf.wi.gov)	
	Level 1	\$5
	Level 2	20% (\$50 max)
	Level 3	40% (\$150 max)
	Level 4 Preferred	\$50



\*Program option includes dental coverage with no deductible and a \$1,000 per individual annual benefit maximum with 100% coverage of fillings and specified diagnostic and preventive services; and 90% coverage for non-surgical extractions and 80% coverage of certain basic services. Also includes 50% coverage up to \$1,500 per child for orthodontia.

## Minimum Participation Requirements

Large employers (with 50 or more WRS participants) must achieve a 65% participation rate of all eligible employees. Eligible employees are those who work 2/3 time with an expected duration of 12 months or more. Small employers (49 or fewer participants) must meet the following enrollment levels.

The program has adopted the minimum participation standards outlined in WI Administrative Code INS 8.46 (2). If an employee declines the initial coverage and indicates one of the following reasons, that person is considered a “waive” and is deducted from the group of “Eligible Employees” by the Office of Commissioner of Insurance (OCI) definition:

- Covered by a plan not sponsored by the employer
- Enrolled in a similar plan sponsored by the employer
- Annualized medical premium contribution exceeds 10% of his or her annualized gross earnings

**Note:** Employees who decline initial coverage for any other reason remain in the count of “Eligible Employees.”

The Group Insurance Board has adopted the *OCI mandates* regarding small group minimum enrollment after removing “waives” from the group size count:

Group Size	Minimum Enrollment
1	1
2-4	2
5-6	3
7	4
8-9	5
10	6
11-50	70%

**Note:** An employer may only deduct the allowable “waives” from the overall group when the initial group size of employees is 49 or fewer.

The employer may elect to join the WPE Group Health Insurance Program by filing a resolution 90 days prior to the effective date. Blank resolution forms are included at: [Resolution for Inclusion Under WPE Group Health Insurance \(ET-1324\)](#). Be sure to include the total number of eligible employees on the resolution.

Action to adopt a resolution must be taken by one of the following governing bodies:

Public Employer	Corresponding Governing Body
County	County Board
City	Common Council
Village	Village Board
School District	School Board
Other Political Subdivisions	Governing Board

**Following underwriting, large WRS participating public employers (groups of 50 or more eligible employees) will be notified about what, if any, surcharge will be applied. 90 days after receipt of a resolution at ETF and an Online Network For Employers Security Agreement (ET-8928), coverage will be effective on the first day of the quarter, unless the next quarter start date is specified.**

Mail resolution and security agreement to:  
Department of Employee Trust Funds  
Employer Services, ATTN Program Manager  
P.O. Box 7931  
Madison, WI 53707-7931  
Email: [ETFMBESSNewEmployer@etf.wi.gov](mailto:ETFMBESSNewEmployer@etf.wi.gov)

After the resolution is filed, there will be an initial enrollment period. During this period the minimum participation level must be met, based on the number of eligible employees electing coverage under this program, or the resolution will be rejected. Applications and online enrollments filed during the initial enrollment period **must be received by ETF or entered in myETF Benefits at least 30 days prior to the effective date of coverage or the group health insurance resolution will be null and void.**

Please note that if you wish to retain a second group health plan for one or more of your bargaining units, use the special resolution at: [Resolution for Inclusion Under Second Group Health Plan \(ET-1325\)](#). See page 10 for more information.

## **Signing Up for ETF Email Updates for Local Employer Bulletins: Group Health Insurance**

Once a resolution is filed to join the WPE Group Health Insurance Program, the employer agent is required to receive, forward as necessary, and act upon as required, *ETF E-mail Updates*. ETF delivers employer announcements, **exclusively** through ETF E-mail Updates. There is no charge for this service.

**Prevent Emails From Delivery to SPAM Folder:** Add [etfwi@public.govdelivery.com](mailto:etfwi@public.govdelivery.com) to your email address book to prevent Employer Bulletins from ending up in a SPAM folder. If you use a spam filter, add [etfwi@public.govdelivery.com](mailto:etfwi@public.govdelivery.com) to the whitelist.

If you have questions, please call the Employer Communication Center at 1-877-533-5020.

# Wisconsin Public Employers, Non-WRS Large Group Underwriting Checklist/Questionnaire

(For groups with 50 or more eligible active employees.)

All Information must be sent to:  
Employer Services, ATTN: Program Manager  
P.O. Box 7931, Madison, WI 53707-7931  
Fax: 608-266-5801  
Email: [ETF SMBESSNewEmployer@etf.wi.gov](mailto:ETF SMBESSNewEmployer@etf.wi.gov)

- Check made out to Segal Consulting for \$3,000 for the cost of underwriting.
- Employer Questionnaire checklist from ET-1156 (this form).
- Group Name: \_\_\_\_\_.
- Employer Identification Number (EIN) \_\_\_\_\_.
- Federal Employer Identification Number (FEIN) \_\_\_\_\_.
- Group Contact (name) \_\_\_\_\_.
- Group Contact phone \_\_\_\_\_ Fax \_\_\_\_\_.
- Email Address \_\_\_\_\_.
- Group Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- County Location of Employer: \_\_\_\_\_.
- Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client): \_\_\_\_\_.
- Number of *all* employees on payroll including part time and seasonal: \_\_\_\_\_.
- Number of employees eligible to participate in the WPE Group Health Insurance Program, including part time and seasonal: \_\_\_\_\_.
- US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): # \_\_\_\_\_.
- What is your anticipated employer contribution?: \_\_\_\_\_.
- What is your anticipated probationary period for health insurance eligibility? (For example, 1<sup>st</sup> of the month following 60 days): \_\_\_\_\_.
- Current insurance carrier & years enrolled: \_\_\_\_\_.
- Most recent State Department of Workforce Development quarterly Wage and Tax Report statement. This report must include employee names. This report can be sent by secure email to: [ETF SMBESSNewEmployer@etf.wi.gov](mailto:ETF SMBESSNewEmployer@etf.wi.gov) or mailed with this checklist.
- Send electronic census data by secure email to [ETF SMBESSNewEmployer@etf.wi.gov](mailto:ETF SMBESSNewEmployer@etf.wi.gov) or on disc that is mailed with this checklist. Your census data will be for all eligible employees (noting those employees who are in their probationary period), former employees receiving COBRA benefits (include COBRA end date) and employees waiving coverage under the current benefit plan. Census data should include:
  - The employee by name, employee number, or numeric assigned number
  - Date of birth or age
  - Sex
  - Current status of their insurance EE (single), EC (employee/child{ren}), ES (employee/spouse), F (family, employee/spouse/children) preferable. At a minimum EE and F.
  - Zip code of the employee's address

Continued on next page.

- **For current self-funded groups and insured groups with experience data, send by secure email to [ETF SMBESSNewEmployer@etf.wi.gov](mailto:ETF SMBESSNewEmployer@etf.wi.gov) or on disc that is mailed with this checklist:**
  - Twenty-four months (month by month, 12 months minimum) of claims data
  - Enrollment data (month by month summary of enrollment by single, limited family, family)
  - Benefit plans in force for each year of rate history
  - Employer contribution
  - High cost claims data (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). **Note: Claims data cannot include name, Social Security number, or any information that would identify the individual.**
  - Current rates by benefit plan. For self-funded groups, current COBRA/funding rates and/or current specific stop loss, aggregate stop loss, and administrative fees and aggregate factors by plan.
  
- **For insured groups with carriers who do not provide experience data, send by secure e-mail to [ETF SMBESSNewEmployer@etf.wi.gov](mailto:ETF SMBESSNewEmployer@etf.wi.gov) or on disc that is mailed with this checklist\*:**
  - 3 years of rate history and renewal calculations, including renewal rates
  - Enrollment (summary of enrollment by single, limited family, and family) for each of 3 year rate history
  - Benefit plans in force for each year of rate history
  - High cost claim (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). **Note: Claims data cannot include name, Social Security number, or any information that would identify the individual.**

\* Note: Groups that consist of 50 to 100 active employees may have to request this information, in writing, from their current plan. If it is not received by ETF, your group may be assigned to the highest surcharge amount.

**Do not file a resolution until you have received your group's rates and your governing body has decided to accept them.**

## Initial Enrollment Opportunity for Current Active Employees

At the time of initial enrollment, employees may select any of the health plans offered by the group health insurance program. In the following situations, however, employees are limited to enrollment in the IYC Local Access Health Plan, if:

- the employer did not provide health insurance coverage to its employees prior to joining this program;
- the employee is not insured under the employer's current health insurance program or under another group health insurance plan administered by ETF at the time the resolution to participate is filed and wishes to enroll for coverage under this program;
- the employee is insured for single coverage and wishes to enroll for family coverage; or
- the employee is hired after the approval by the employer of the Resolution of Inclusion and before the effective date.

**Note:** Currently uninsured employees must be appointed to work at least 1200 hours (2/3 time) and for at least one year to be eligible to enroll under the IYC Local Access Health Plan.

The employee may select a different health plan during the next It's Your Choice Open Enrollment period that occurs after their effective date of coverage.

Any person who is part of the employer's group as a result of state or federal (COBRA) continuation is eligible to enroll in any plan without restriction, except the term of coverage shall not exceed the length of time for which the continuant was eligible under the employer's previous plan.

## It's Your Choice Open Enrollment

It's Your Choice open enrollment represents an opportunity for *employees and currently insured continuants* to change health plans, switch from single to family coverage, change from family to single or to (for employees only) newly elect coverage. This option is only available once each year (usually in October), with the coverage to be effective January 1 of the following year. During this enrollment period, insured and uninsured employees may elect any health plan offered.

## Late Enrollment

Employees choosing not to enroll when initially eligible and who do not have a qualifying event are limited to enrollment during the It's Your Choice Open Enrollment period.

## Other Enrollment Opportunities

Refer to the enrollment information available within one of the [health benefits program options](#) on the ETF website.

## Enrollment Periods for New Employees

Once an employer is effective in this program, any newly hired employee appointed to work at least 1,200 hours and for at least one year may enroll within 30 days of the date of hire or prior to the date the employer contributes to the premium. Coverage becomes effective the first of the month on or following the hire date or the first of the month on or following the employee's eligibility for employer contributions as offered by the employer.

Beginning January 1, 2014, in order to avoid penalties that may be assessed if coverage is found to be "unaffordable" under federal health care reform, you may want employer contributions to begin no later than the first of the month preceding the employee's completion of 90 days of qualified employment.

Depending on employees' personal needs, they may enroll for single or family coverage. If an employee selects family coverage, eligible dependents (including the employee's spouse and unmarried children up to age 26 as required by law) must be covered. See the It's Your Choice materials for a complete definition of dependent.

## Continuation (COBRA)

The option to continue group health insurance coverage, as permitted by state or federal law, at group rates will be available to:

1. Employees and covered dependents for 18 months if the employee ceases to be eligible for group coverage because of termination of employment (including retirement) or transfer into non-eligible employment.
2. Employees and covered dependents for 36 months, if the employee ceases to be eligible for group coverage because of layoff.
3. The spouse and eligible dependents of an insured employee for 36 months who loses coverage due to divorce.
4. Dependent children for 36 months who lose dependent status.
5. Dependents for 36 months who lose coverage due to the employee's death.

## Conversion

The opportunity to convert to non-group health insurance coverage (generally Marketplace or Exchange coverage) at **non-group rates** is available to any person eligible for continuation of coverage and any person who has exhausted their 18, 29 or 36 months of continuation of coverage. Conversion is not available at the time of retirement or for retirees following COBRA continuation.

Conversion is available from all plans, provided the participant's group coverage has been in effect for at least three months prior to termination. The conversion contract (not group continuation) available at that time will be subject to the rates and regulations then in effect.

Alternatively, individuals may want to explore options under the federal Marketplace.

## Retaining a Second Group Health Insurance Plan

Employers wishing to join the WPE Group Health Insurance Program while retaining a separate group health plan outside this program for one or more of its bargaining units or that portion of employees that are the result of a municipality's division or merger may do so only under the following provisions:

1. **Overall Participation.** It must be demonstrated to the satisfaction of the Group Insurance Board that excluding such a subgroup will not be detrimental to this program. Regardless, the minimum participation level must be met. This is based on the number of **all** your eligible employees.
2. **IYC Local Access Health Plan vs. Alternate Health Plans.** If less than 50% of the employees enrolling in this program elect the IYC Local Access Health Plan coverage, after the first year the Plan Stabilization Contribution (PSC) may be increased by up to \$2 per month for each year that the average age of the employer group exceeds the average age of all other IYC Local Access Health Plan participants in this group health insurance program. The maximum increase in the PSC would be \$10 per month.
3. **Contract.** A newly participating employer must agree to continue participation in the WPE Group Health Insurance Program for a minimum of three years if they have been assigned a surcharge or if a second plan is retained.

## Termination of Participation

Participation in the Group Health Insurance Program is optional. The program permits an employer to withdraw from the program at the end of any calendar year if a [Resolution to Withdraw from the Wisconsin Public Employers Group Health Insurance Program \(ET-1318\)](#) is received by ETF by the preceding October 15 to be effective at the end of the calendar year, except as noted in number three above.

Employers whose participation falls below the established participation requirements will be informed by ETF of their status. Following an employer's withdrawal from the program, any participant who was eligible for coverage as a result of the employer's previous participation will no longer be eligible for coverage. This includes any employee or dependent of an employee who is on continuation coverage. Coverage for all participants will terminate on December 31 of that year.

Employers withdrawing from the WPE Group Health Insurance Program cannot reapply for participation in the program for three years and will have to go through underwriting again.

Failure to execute the withdrawal resolution by October 15 will require ETF's approval of the withdrawal. In addition, ETF may impose enrollment restrictions on the employer appropriate to preserve the integrity of the program should the employer reapply for participation in the program after three years. Such restrictions may also be imposed if ETF terminates the employer's participation in the program due to the employer's failure to maintain the minimum participation level of eligible employees or otherwise violates the terms of the contract.

### **More Information**

If you have any questions not covered in this booklet, you may obtain additional information by contacting:

Department of Employee Trust Funds  
Employer Services, ATTN Program Manager  
PO Box 7931  
Madison, WI 53707-7931

Phone: 608-266-3285

Toll free: 1-877-533-5020

Fax: 608-266-5801

Email: [ETF SMBESSNewEmployer@etf.wi.gov](mailto:ETF SMBESSNewEmployer@etf.wi.gov)

### **Resolution for Inclusion Forms**

*Resolution for Inclusion Under WPE Group Health Insurance ([ET-1324](#))*

*Resolution for Inclusion Under Second Group Health Plan ([ET-1325](#))*



# Nondiscrimination and Language Access

45 C.F.R. § 92.8(b)(1) and (d)(1)

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

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 [crportal.hhs.gov/ocr/portal/lobby.jsf](http://crportal.hhs.gov/ocr/portal/lobby.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/office/file/index.html](http://hhs.gov/ocr/office/file/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 hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. 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 [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch 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 – ໂບດລາວ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 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).