

# GROUP HEALTH INSURANCE



ET-4112 (REV 5/6/2025)





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ETF has made every effort to ensure that this brochure is current and accurate. However, changes in the law or processes since the last revision to this brochure may mean that some details are not current. Visit [etf.wi.gov](http://etf.wi.gov) to view the most current version of this document. Contact ETF if you have any questions about a particular topic in this brochure.

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 in the provision of programs, services or employment. For more information, see ETF's [\*Nondiscrimination and Language Access\* \(ET-8108\)](#) available at [etf.wi.gov](http://etf.wi.gov). To request this information in another format, call 1-877-533-5020 (toll free). We will try to find another way to get the information to you in a usable form.

## Introduction

This brochure includes general information about health insurance through the Department of Employee Trust Funds (ETF). This coverage is available to Wisconsin Retirement System (WRS)-covered state and some local government employees, and annuitants (and their *insured* survivors). The details of the health insurance contracts are included in the annual decision guide materials that are provided before the open enrollment period each year, available online at [etf.wi.gov](http://etf.wi.gov).

## Obtaining Coverage

If you are not currently covered under the State of Wisconsin or the Wisconsin Public Employers (Local) Group Health Insurance Program, but are interested in annuitant health insurance coverage when you retire, you may want to enroll before you terminate employment.

If you are a state or local employee whose employer participates in this group health insurance program, you can enroll in the Access Plan 30 days before you retire to have coverage in effect by your termination date for the purpose of delaying initiation of or using post-retirement employer premium contribution. You can change to another plan during the next open enrollment period.

If you are a local employee without this group insurance coverage when you terminate employment or you are a local employee of a nonparticipating employer, you may be eligible to enroll in the Local Annuitant Health Program. Please contact ETF to request the *Local Annuitant Health Program* (ET-2156) brochure for more information.

## Requirements to Continue Coverage

If you are a WRS-covered state employee and insured under our group health insurance program, you are entitled to continue the insurance for life when you receive a WRS retirement or disability benefit. If you are an insured local government employee when you begin a retirement or disability benefit, you may continue coverage as long as your former employer participates in the program.

This excludes Income Continuation Insurance (ICI). You may continue coverage for up to 36 months when receiving ICI payments. If you are an insured local government employee when you begin a retirement or disability benefit, you may continue coverage as long as your former employer participates in the program.

### Regular Retirement

To continue coverage, you **must** have an *immediate annuity*, which means your retirement benefit effective date is within 30 days after you terminate your employment.

If you meet this requirement, your coverage in effect on your termination date will automatically be continued. If you do **not** want coverage to continue once your coverage through your employer ends, you **must** submit a request to cancel your health insurance using myETF Benefits, or submit a [Health Insurance Application/Change Form \(ET-2301\)](#) or submit a signed letter to ETF. State employees who qualify may submit an escrow form to ETF instead. (See *Sick Leave Escrow* section.)

If you are on an unpaid leave of absence immediately prior to termination and your coverage lapsed due to non-payment of premiums, your coverage will be reinstated if you begin an immediate annuity and file a health insurance application with ETF by the date of your first annuity payment.

Your coverage may be continued if you terminate employment after age 55 (50 for protective category employees), and for state employees, have at least 20 years of creditable WRS service, even if you do not take an immediate retirement annuity. You must file the *Continuation - Conversion Notice* (ET-2311) and a [Health Insurance Application/Change Form \(ET-2301\)](#) with ETF.

If you are a state employee who qualifies for continued coverage and has accumulated sick leave credits, your premiums will automatically be deducted from your sick leave credits. You may also be eligible to escrow your sick leave credits for use at a later date. (See *Sick Leave Escrow* section.)

Deductions for premiums will be automatically taken from your annuity if you do not have sick leave credits. You will be billed for the entire premium from your health insurance carrier if your monthly annuity payment is insufficient to cover the entire premium or you are paid a lump-sum retirement benefit. If you are a local employee, an [Employer Verification of Health Insurance Coverage \(ET-4814\)](#) must be submitted to ETF when you apply for retirement or disability. You and your employer will need to complete a section of the form.

### State Employee Terminating Before Minimum Retirement Age With 20 Years of Service

You are not eligible for an immediate annuity if you are an insured state employee who leaves state service before your minimum retirement age. You may continue coverage under the state group plan indefinitely if you have at least 20 years of creditable WRS service **and** you do **not** close your WRS account (by taking a separation benefit). You are required to pay the full premiums; you cannot use sick leave credits to pay your premiums or escrow your sick leave credits until you begin an annuity (lump-sum or monthly). However, your sick leave will be preserved until you begin a retirement or disability benefit.

If you wish to continue coverage until you begin a retirement or disability benefit, you must submit to ETF a [Continuation-Conversion Notice \(ET-2311\)](#), available through your employer. [Health Insurance Application/Change Form \(ET-2301\)](#) might also be needed.

If you had a sick leave balance when you terminated employment, you can use the sick leave to pay for coverage when you begin an annuity. You must apply for health insurance by submitting a [Health Insurance Application/Change for Retirees \(ET-2331\)](#) to ETF within 30 days of your annuity application in order to convert the sick leave balance to credits to be used for paying premiums. You may also escrow your sick leave credits at this time, if you have comparable coverage as approved by ETF, by submitting the [Sick Leave Escrow Application \(ET-4305\)](#).

## Requirements to Continue Coverage, continued

### Disability Instead of Regular Retirement

If you are applying for a WRS disability retirement benefit and/or a duty disability benefit, you must pre-pay your health insurance premiums through your employer until your disability application is approved or your coverage will lapse.

If you have health insurance coverage in effect at the time your disability application is approved, your coverage will automatically continue. If you do **not** want coverage to continue when your coverage through your employer ends, you **must** submit a request to cancel your health insurance with a signed letter to ETF. State employees who qualify may submit an escrow form to ETF instead. (See *Sick Leave Escrow* section.)

If you are on an unpaid leave of absence when your employment is terminated and your coverage has lapsed due to non-payment of premiums, you can apply for your coverage to be reinstated if your disability application is approved. You will be sent a letter about your special enrollment opportunity. Within 30 days of ETF's notification letter, you must file a *Health Insurance Application/Change for Retirees (ET-2331)* form, which will be enclosed with the letter. The entire cost of the premium will be paid by you unless you have sick leave credits. [See *Medicare Requirements* section for information about when to apply for Medicare.]

To prevent a coverage lapse when your employment ends before your disability benefit is approved, you need to submit a *Continuation - Conversion Notice* (ET-2311) and a health application. Once your disability application is approved, you will be sent a letter about your special enrollment opportunity. You **must** apply again (as explained above for lapsed coverage) or your coverage will end in 18 months (36 months under certain circumstances).

### Unused Sick Leave and Disability Retirement Benefits

If your compensation plan or contract provides for converting unused sick leave to pay group health insurance premiums, and you qualify for a disability retirement benefit, you can either:

1. Convert your accumulated sick leave credits to pay health insurance premiums, or
2. Use your accumulated sick leave credits until exhausted. This will extend your last day paid, creditable service, covered WRS earnings, and disability retirement benefit begin date.

### Spouse, Dependents, and Event Changes

If you have family coverage in force, you or a family member must notify your employer (if you are actively employed by a WRS employer) or ETF (if you are not actively employed by a WRS employer) within 60 days of any of these events:

1. Your death.
2. You terminate employment (for any reason other than gross misconduct) or your hours of employment reduce to less than the number required for WRS participation.
3. Divorce.
4. An insured child's eligibility status changes.

You (or your insured dependents) will then be notified of your rights to apply for COBRA/continuation coverage if coverage is lost due to any of these events (other than your death). If you wish to continue coverage, you must apply for the continuation coverage within 60 days after coverage ceases or within 60 days of the date the notice was issued, whichever is later.

An application is **not** needed for insured survivors to continue coverage after your death. With a family plan in effect when you die, coverage will **automatically** continue for your insured survivors (or single, if only one covered survivor). If eligible, this coverage may be continued beyond the 18 to 36 months maximum for the other events.

If your insured survivor(s) do not want coverage continued, they must request cancellation of their coverage. To voluntarily cancel the health insurance coverage continued when you die (will be a future effective date):

- ETF **must** receive a signed written request to cancel the continued coverage. After the death is reported, ETF will send the *Continuation of Health Insurance* (ET-6203) form which provides an opportunity for cancellation.
- Use the *Sick Leave Escrow Application (ET-4305)* for a state employee or annuitant who dies with sick leave credits and the spouse/dependent is eligible to escrow the sick leave. This cancels the health insurance coverage **and** saves the unused sick leave credits for future use to pay state group health insurance premiums.

## Requirements to Continue Coverage, continued

Coverage will end on the last day of the month that ETF **receives** the written cancel request (or if eligible, escrow form). Premiums paid by annuity deduction or from sick leave for the month(s) before the cancel request is received will not be refunded.

The insured dependents on your family plan may obtain comparable health insurance and apply to escrow your sick leave credits if you die as an active state employee.

If you die when your sick leave credits are preserved, your dependents may apply to escrow or use your sick leave credits. If you die while your sick leave

credits are escrowed (and you had comparable health insurance in effect for the entire escrow period), your insured dependents may apply to escrow or use your sick leave credits.

Sick leave credits may be escrowed indefinitely. To be eligible to escrow your sick leave credits, ETF must receive your survivor's Sick Leave Escrow Application (ET-4305) 90 days after your date of death **or** 30 days after receipt of notification from ETF, whichever is later. Comparable health insurance must be in effect for the entire escrow period.

## Coverage Types

There are two types of coverage available: "family" and "individual." Family coverage means more than one person is insured. The family coverage premium is the same whether there are two or more persons covered. Individual coverage is for one person only.

The insurance plan you have in effect when you begin a retirement or disability benefit will automatically continue if you qualify. If you have family coverage in effect when you die, coverage for your insured survivor(s) continues automatically.

## Changing Coverage

You may change from individual to family coverage (or vice versa) by filing an application with ETF. Be sure to read the health benefits materials online at [etf.wi.gov](http://etf.wi.gov) carefully as there are restrictions for life events

when adding or removing coverage for a spouse and/or children. Applications must be submitted promptly upon marriage, divorce, birth, etc. You can obtain a health insurance application from your employer or ETF.

## Changing Health Plans

Each fall there is an open enrollment period during which you may change your health plan to any other plan available. Any change in health plans becomes effective on the following January 1. Under most circumstances, the open enrollment period is the only time you can change from one plan to another.

You may also change health plans if you move out of your current plan's service area for at least three months. An application must be received within 30 days before or after the move to ensure continuous coverage.

Retirees: To enroll in, change plans, or increase coverage, submit forms to ETF.

For Health Insurance and Uniform Dental: Health Insurance Application/Change for Retirees (ET-2331)

For Vision or Supplemental Dental: <https://www4.deltadentalwi.com/state-of-wi/enroll>



# Premiums

## Amount

The total premiums for active and non-Medicare retired employees are the same. However, the employer usually pays part of the premiums for active employees. The amount paid by retired employees and surviving dependents is higher because the employer does not pay a portion of the premiums. The employer payment ends at the end of the month in which you terminate WRS employment. Premium rates are in the most recent *Insurance Benefits Decision Guide* and on ETF's website. Rates are subject to change each January 1. Retired employees — and/or dependents insured on a family plan — eligible for Parts A and B of Medicare have lower premium rates.

If you are eligible for Medicare, you must be enrolled in the hospital (Part A) and medical (Part B) portions of Medicare at the time of your retirement. If you are eligible for, but not enrolled in all available portions of Medicare (A, B, and D) upon retirement, you will be liable for the portion of your claims that Medicare would have paid beginning on the date Medicare coverage would have become effective. The only exception is under the IYC Medicare Advantage plan. If you are not enrolled in both Medicare Parts A and B, you are not eligible for IYC Medicare Advantage. See **Medicare Requirements** later in this document for more information.

## Method of Payment for State Employees

Most state employees pay their health insurance premiums in the month of coverage. For example: April's premium is paid in April. There are some exceptions. Your premiums for coverage continued after your WRS employment ends are paid in the order described below.

1. *From Accumulated Sick Leave.* If you have accumulated sick leave credits:
  - when you retire, or
  - terminate employment after you have 20 years of WRS creditable service and are eligible for an immediate annuity but defer application, or
  - when your disability application is approved, or
  - upon your death.

Your premiums (or the premiums for your insured survivor(s), if you are deceased) will be deducted from these sick leave credits, if you meet the eligibility requirements.

Sick leave credits can only be used to pay group health insurance premiums for coverage under the State of Wisconsin Group Health Insurance

Program. There is no cash value for this benefit. You cannot withdraw money from this account.

If you retire or are approved for a disability retirement benefit or a duty disability benefit, and are also a dependent on your spouse's state group health insurance contract, your sick leave credits will be held in an inactive account until your spouse retires and uses up his or her own sick leave credits. Then your sick leave credits will be used. Both you and your spouse must meet the eligibility requirements for an immediate annuity.

When your sick leave credits are used up, premiums will be paid by:

2. *Deductions from an annuity.* Premiums will be deducted each month from your retirement, disability retirement or beneficiary payment. If the amount after other deductions is not large enough to cover the premiums, or you are receiving only a duty disability or long-term disability insurance (LTDI) benefit, then:
3. *Direct Billing.* The insurance carrier will bill you for premiums, and you will pay them directly.

## Sick Leave Credits Escrow

As described earlier, in many cases an insured state employee's health coverage will continue automatically and premiums are paid using any available sick leave credits. Your employer will compute your sick leave credits and certify the value on a form they send to ETF.

**Note:** If you have at least 15 years of continuous state service when your employment ends, you may be eligible for additional sick leave credits under the Supplemental Health Insurance Conversion Credit Program. Your employer will determine if you qualify.

If you do **not** want to use your sick leave credits because you have comparable coverage elsewhere, you may apply to escrow (delay using) your sick leave credits for an indefinite time if you:

- are covered by the State of Wisconsin Employees Group Health Insurance Program on your retirement date, and
- are covered by comparable health insurance thereafter, and
- take an immediate annuity or are eligible to take an immediate annuity and have 20 years of creditable WRS service or your disability application is approved.

## Premiums, continued

Contact ETF at retirement if you may be eligible to escrow so that you can file the *Sick Leave Escrow Application* (ET-4305) within the time limit. You will also need to submit documentation from your health plan and prescription drug coverage, such as a Schedule of Benefits, to prove that your plan is comparable.

When you apply for coverage in the state's program, you will need to do so during the open enrollment period. Submit the *Health Insurance Application/Change for Retirees* (ET-2331) to ETF at that time. Coverage will be effective January 1 of the following year, or the first of a later month within the next year.

You may also re-enroll at any time to coincide with the loss of comparable coverage if eligibility for comparable coverage is lost. You must apply, and provide loss of coverage documentation, within 30 days of the loss. To re-enroll due to loss of coverage,

you will need to submit the *Sick Leave Re-enrollment Application* (ET-4317) as well as documentation from your health plan and prescription drug coverage such as a Schedule of Benefits to prove that your plan was comparable.

If you die while your sick leave credits are escrowed, your eligible covered survivor(s) must apply to continue the escrow you had in place by filing the escrow form or your sick leave credits will be lost. They will also have the same annual re-enrollment opportunity, as well as the requirement to re-enroll when they lose other comparable coverage.

State employees should review the *Sick Leave Conversion Credit Program* (ET-4132) brochure and short eLearning video series at [etf.wi.gov](http://etf.wi.gov) for details about sick leave benefits.

## Sick Leave Credits Statement

### Former State Employees Only

Your employer will report your sick leave balance when they report your retirement (regular or disability). ETF sends a *Group Health Insurance Certificate* (ET-4803) when processing your benefit application (unless your sick leave is preserved). It will include your sick leave hours and value, and when your coverage as an active

employee ends, etc. (as reported by your employer). ETF sends an annual statement to state annuitants and most other former state employees with unused sick leave credits. The statement includes the status of your account and the remaining balance of your sick leave credits.

## Method of Payment For Local Employees

Your premiums for continued coverage after your WRS employment ends will be paid in one of the following ways:

1. *Through your employer*, if your employer permits accumulated sick leave to be converted to credits to pay health insurance premiums and/or if your employer pays part or all of the premiums; or
2. *Deductions from an Annuity*. Premiums will be deducted each month from your retirement, disability retirement or beneficiary payment. If the amount after other deductions is not large enough to cover the premiums or you are receiving only a duty disability or long-term disability insurance (LTDI) benefit; then:

3. *Direct Billing*. The insurance carrier will bill you for premiums, and you will pay them directly.

### Premium Schedule for Deductions From Annuity Payments

Your employer will report the date your employer coverage ends based on premiums you paid them. In order for premiums to be paid as scheduled for annuitant coverage, a deduction may be set up from your monthly annuity payments to cover any underpaid premiums. A notification of underpaid premiums will be sent to you with the opportunity to pay the missed premiums in full or to increase the amount of these deductions.



## Converted Life Insurance

You may elect to convert your life insurance to pay health insurance premiums if you are retired and have life insurance coverage through the Wisconsin Public Employers Group Life Insurance Program, are at least 66 (67 for some local government employees), and used all your sick leave credits.

State retirees may also elect to have premiums for approved long-term care insurance plans paid with converted life insurance.

If you make this election, your life insurance coverage will cease and you will receive credits in a conversion account equal to the present value of your life insurance. The carrier, Securian Life Insurance Company, will pay health and/or long-term care insurance premiums on your behalf from your

conversion account until your account is exhausted. You will **not** receive any direct cash payment.

You may call ETF within 12 months of being eligible for Life insurance conversion to get an estimate. It will be effective at the beginning of the third full month after ETF receives it, if you are eligible on that date.

When the life insurance account is exhausted, you must resume health insurance premium payments through your WRS annuity or by direct payment to the carrier. Long-term care insurance premiums must be paid directly to that carrier. Contact ETF for more information or to request the brochure *Converting Your Group Life Insurance to Pay Health or Long-Term Care Insurance Premiums (ET-2325)*.

## Termination of Coverage

As a retiree, your coverage can only be terminated if:

- Premiums are not paid.
- Coverage is voluntarily cancelled.
- You are ineligible for coverage as an annuitant because you become an active WRS employee (cancel annuity). You will be eligible for coverage as an active employee **if** the employer participates.
- Fraud is committed in obtaining benefits or inability to establish a physician/patient relationship. Termination of coverage for this reason requires Group Insurance Board approval.
- Subscriber's death, unless you have a family plan in effect when you die. Then coverage will automatically continue for your insured survivors.
- Your former local employer withdraws from the Wisconsin Public Employers (Local) Group Health Insurance Program.

To voluntarily terminate your health insurance coverage, you must notify ETF in writing. Coverage will terminate the first of the month after ETF receives your written request or on a later date, if specified.

As a state retiree with sick leave credits who becomes eligible to escrow, you may submit the *Sick Leave Escrow Application (ET-4305)* to voluntarily terminate your coverage. This will allow you to re-enroll based on your escrowed sick leave.

If you have individual coverage in force on the date of your death, coverage terminates on that date. Your surviving dependents are not eligible for group insurance coverage. In addition, state employees lose any unused sick leave credits. Premiums are collected through the end of the month of death.

## Former State Employees

### Applying for State Group Coverage for Those Who do **Not** Have Escrowed or Preserved Sick Leave

If you terminate state employment and either do not have group coverage or do not continue your group coverage for any reason, you may apply for individual or family coverage in the state group plan, if you meet one of the following conditions:

1. You are receiving a monthly annuity or received a lump-sum retirement benefit (**not** separation) from the WRS;  
**or**
2. You terminated state employment before reaching your minimum retirement age (55 for most employees, 50 for protective category employees) with at least 20 years of creditable service **and** do not close your WRS account by taking a separation benefit.

You must submit a *Health Insurance Application/Change for Retirees (ET-2331)* during the open enrollment period. Your coverage will be effective on January 1 of the following year.

### Applying for State Group Coverage for Those Who Have Escrowed or Preserved Sick Leave

*Escrowed* is the term used to describe when ETF has approved an application to delay sick leave credit use for former state employees or their surviving insured dependents who have comparable coverage through another insurance plan. Comparable coverage must be in effect for the entire escrow period. (See the *Sick Leave Credits Escrow* section.)

ETF sends a letter each year during the fall open enrollment period to remind individuals with escrowed sick leave of the open enrollment period. To apply, you must submit a *Health Insurance Application/Change Form (ET-2301)*, or a *Health Insurance Application/Change for Retirees (ET-2331)* **and** a *Sick Leave Re-enrollment Application (ET-4317)*. You select the coverage to begin January 1 of the next year. When comparable coverage is involuntarily lost, you must apply within 30 days after the lost coverage ends to choose any plan that will be effective the date your lost coverage expires.

*Preserved* is the term for sick leave that may **not** be used when employment ends but is held for a former state employee who has 20 years of creditable WRS service and is not eligible for retirement. The sick leave becomes available when the former employee begins a retirement benefit. There is no requirement to have comparable coverage to preserve the sick leave.

If you had 20 years of WRS creditable service but were not eligible for an immediate annuity when you left state employment on or after July 26, 2003 and had sick leave credits, your sick leave credits are preserved. You may begin using your sick leave credits to pay for health insurance premiums when you begin your retirement benefit. You must submit a *Health Insurance Application/Change for Retirees (ET-2331)* within 30 days from the date ETF receives your retirement application. Your coverage will be effective the first of the month after ETF receives your health insurance application, unless otherwise specified.

## Address Change

Be sure to keep ETF and your health plan advised of your current address to facilitate claims processing.

You may also want to evaluate your health plan choice if you move. While health plans provide reimbursement for emergency care outside of their service areas, routine care must be received from each health plan's own physicians.

Some health plans also require that follow-up care after an emergency be received from an in-network provider. Only the It's Your Choice Medicare

Advantage, Medicare Plus, and the Access Plan allow you the flexibility to seek routine care outside of a particular service area — and in some cases you might pay more. If you move from one county to another, either permanently or temporarily (for 3 months or more), you will be permitted to change your plan, provided an application is submitted within 30 days before or after your move. The change in plans will be effective on the first day of the month after your application is received.

# Medicare Requirements

## Enrollment in Medicare Part A and Part B

It is **mandatory** that any insured retiree and/or their covered dependents enroll in Medicare Part A (Hospital) and Part B (Medical) when first eligible. Most people become eligible for Medicare upon reaching age 65. For some, it occurs earlier due to disability, end stage renal disease (ESRD) or ALS (Lou Gehrig's Disease). When you or an insured dependent enrolls in Medicare Parts A and B, coverage continues under your group health insurance plan. Medicare becomes the primary coverage for each person with both Parts A and B. The continued coverage is at a reduced premium rate if you have an individual plan or a family plan when one or all insured are covered by Medicare Parts A and B.

The requirement to enroll in Medicare Part B coverage is deferred for active employees and their dependents until the subscriber's termination of the WRS-covered employment through which active employee health insurance coverage is provided. You and/or your insured dependents should enroll in Medicare Part A when first eligible unless you are enrolled in a High Deductible Health Plan and health savings account (you cannot be covered by Medicare or any other health insurance in this case). Medicare Part A is free to most people and may cover hospital services if your health plan denies them.

If you or a dependent are eligible for Medicare due to ESRD, you should contact your Social Security office to discuss enrollment to avoid any Medicare late enrollment penalties.

If you have terminated WRS-covered employment; are an insured surviving spouse or other dependent or a COBRA continuant; and are eligible for coverage under the federal Medicare program, you must immediately enroll in **both** Part A **and** Part B of Medicare.

For example, you have a family plan in effect when you retire at age 64 and your spouse is 65 or older. Your spouse **must** immediately enroll for Part B coverage (and Part A if not in effect).

However, if you are otherwise employed and have health insurance coverage through that employment, or if you are insured under a non-state plan of your actively employed insured spouse, enrollment in Medicare may be deferred until that employer coverage ends.

**It is *your responsibility* to notify ETF when you and insured family members enroll in Medicare.** ETF will adjust your retiree group health insurance premium to the appropriate Medicare premium once we know the effective date(s) of Medicare coverage for both Part A and Part B. Send a completed *Medicare Eligibility Statement* (ET-4307), available from ETF, and a photocopy of your Medicare card and insured family members' cards to ETF to inform us of Part A and Part B effective date(s) for all who are insured.

**Note: If you and/or all insured dependents do not enroll for all available portions of Medicare when required, you will be liable for the portion of your claims that Medicare would have paid beginning on the date Medicare coverage would have become effective.**

## Enrollment in Medicare Part D

Retired employees and their dependents who are enrolled in Medicare will automatically be enrolled in the Medicare Part D Prescription Drug Plan (PDP) by Navitus Medicare Rx, underwritten by Dean Health Insurance Inc. This is an Employer Group Waiver Plan (EGWP), which is Medicare Part D coverage. You cannot be enrolled in more than one Medicare PDP.

The EGWP will provide primary coverage for prescription drug benefits. When you or an insured dependent become eligible for Medicare after you leave WRS employment, send ETF your completed *Medicare Eligibility Statement* (ET-4307). The eligible person will then be enrolled in the Navitus Medicare Rx plan. If you choose to enroll in another Medicare Part D PDP, be sure to indicate this on the *Medicare Eligibility Statement* (ET-4307) form to be dis-enrolled from Navitus Medicare Rx. This will help avoid problems getting enrolled in, and getting prescriptions filled by your other PDP. Your health insurance premium will not be adjusted if you choose to dis-enroll from Navitus Medicare RX.

Your health insurance premium already includes the cost of the EGWP. In addition, you will be automatically enrolled for secondary coverage provided through what is called a *Wrap* product. This provides you with additional benefits that "wrap around" the benefits available from the EGWP. For more information, please refer to the Medicare Information FAQs at [etf.wi.gov](http://etf.wi.gov).



## Medicare Benefits

With Medicare integration, your health insurance premiums are lowered to reflect the portion of claims paid by Medicare.

For former employees covered under the Access Plan or State Maintenance Plan (SMP), your coverage will be changed to the Medicare Plus plan when you become eligible for Medicare. If you have a family plan and only one insured person becomes Medicare eligible, only that person will be changed to the Medicare Plus plan.

For former employees covered under health plans other than the Access Plan and SMP, the health

insurance plan and benefits remain the same when any insured person under the plan becomes eligible for Medicare. However, benefits from your health plan will not duplicate benefits paid by Medicare.

When a retiree who is already enrolled in an ETF administered health plan enrolls in Medicare, you may change health plans for the Medicare enrollee if an application is submitted within 30 days of the Medicare effective date (it may be submitted up to 3 months in advance). Coverage in the new plan begins the first of the month following the date the application is received by ETF (but no earlier than Medicare's effective date).



## 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](https://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](https://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.

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**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).

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**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 – ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, 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).

# Contact ETF



## **etf.wi.gov**

Find ETF-administered benefits information, forms, brochures, benefit calculators, educational offerings and other online resources. Stay connected with:

✉ ETF E-Mail Updates

✕ @wi\_etf



## **1-877-533-5020**

7:00 a.m. to 5:00 p.m. (CST), Monday-Friday

Benefit specialists are available to answer questions.

Wisconsin Relay: 711



## **PO Box 7931**

**Madison, WI 53707-7931**

Write ETF or return forms.

