



State of Wisconsin  
**Local Annuitant Health Program**  
**Fact Sheet**

The Local Annuitant Health Program (LAHP) is a program that provides group health insurance for retirees whose group health insurance with their former employer does not meet their needs or is not permanently available after retirement. These retirees must have retired from a local public employer who currently participates in the Wisconsin Retirement System.

**Who is Eligible?**

You are eligible if you retired from local government employer, *and*:

- you apply within 60 days of retirement (termination of employment) or when first eligible for and enrolled in Medicare,
- your previous local government employer participates in the WRS but not in the Wisconsin Public Employers Group Health Insurance Program (WPE GHIP), and
- you choose to receive a monthly or lump-sum WRS annuity within 60 days of termination of employment, and

In the event of your death, your insured surviving spouse and dependents are eligible for LAHP if:

- they are insured under your retiree contract with LAHP, or
- they are insured by you as an active local government employee not insured under the WPE GHIP.

*Note:* Individuals are not eligible to apply if they:

- are receiving only a § 40.65 duty disability or long-term disability insurance (LTDI) benefit, or
- were previously insured in LAHP and canceled that coverage.

**When Should I Apply for LAHP Insurance?**

You and your dependents may enroll if ETF receives **both** your insurance and annuity applications within *60 days* after the date you terminate employment from a local government agency. Both applications can be submitted up to *90 days* before you terminate employment, but your insurance application cannot be accepted before ETF receives your annuity application.

You can also enroll when you:

- turn age 65, and/or
- are first eligible for and enroll in Medicare Parts A and/or B.

You may apply for LAHP coverage as early as *three months* prior to your 65<sup>th</sup> birthday. Medicare will permit you to enroll in Medicare Part B three calendar months before you turn age 65, during the calendar month when you turn age 65, or during the three months immediately following the month in which you turn age 65.

You may change from single to family coverage when your spouse or other eligible dependent is first eligible for and enrolls in Medicare.

**What Insurance Coverage is Available?**

If eligible, you can enroll yourself and your dependents in the health plans offered through the WPE GHIP. Dental and vision insurance is available with this program.

Find details on health plans available in your area in the latest *Health Benefits Decision Guide for the Local Annuitant Health Program* (ET-2156).

### **Members *with* Medicare**

If you have Medicare, you can choose from one of the three plan design options below. All offer a \$0 annual medical deductible. All plans include prescription drug coverage by Navitus.

- IYC Medicare Advantage
  - Nationwide coverage
  - Administered by UnitedHealthcare
- Medicare Plus (a Medicare supplement)
  - Worldwide coverage
  - Administered by UnitedHealthcare
- Health Plan Medicare
  - Local, county-based coverage
  - Choose from a variety of health plans, depending on where they need coverage

### **Members *without* Medicare**

If you *do not* have Medicare, you can choose from a variety of local, county-based health plans, depending on where you need coverage. All plans include prescription drug coverage by Navitus.

- Local Health Plans
  - Local, county-based coverage
  - All health plans offer *out-of-network emergency or urgent services*
- Local Access Plan PPO
  - Nationwide coverage
  - Administered by Dean Health Plan

### **When Should I Cancel my Current Insurance?**

Do *not* cancel your current insurance until you have been notified in writing of your acceptance into this program and the effective date of coverage.

### **Where can I Find More Information?**

Before choosing to enroll, it would be a good idea to read the latest *Health Benefits Decision Guide for the Local Annuitant Health Program* (ET-2156), available online or from ETF. To learn more about eligibility and enrollment, review the guide's frequently asked questions section.

If you decide to apply for LAHP, please complete the *Health Insurance Application/Change for Retirees* (ET-2331) form and return to ETF. Print the application from [etf.wi.gov](http://etf.wi.gov) or request a copy from ETF.

If you have questions, contact ETF at 1-877-533-5020.



# 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 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 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 [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 –** ໂບດຊາບ: 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, pa pagesë. 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).