



EMPLOYER BULLETIN

Employer Communication Center
(608) 264-7900 or toll free (888) 681-3952

Vol. 24, Local C
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Consider WPE Group Health Insurance Program Options for 2008

Local government employers participating in the Wisconsin Public Employers (WPE) Group Health Insurance Program available through the Department of Employee Trust Funds (ETF) are invited to consider electing from the following health program options available for plan year 2008:

1. **Traditional Health Maintenance Organization (HMO) Option paired with the Classic Standard Plan**

Under this program option, participants select from:

- HMOs that administer traditional Uniform Benefits.
- Classic Standard Plan with a deductible and coinsurance (participant pays percentage of costs) on major medical services only, such as durable medical equipment, physical/speech/occupational therapy, medical services and supplies, and cardiac rehabilitation.
- State Maintenance Plan (SMP), where applicable, with a deductible and coinsurance on major medical services only.

Employers participating in the Group Health Insurance program prior to January 1, 2005, are enrolled in this option unless they have filed a resolution selecting a different option.

2. **Traditional HMO Option paired with the Standard Preferred Provider Plan (PPP)**

Under this program option, participants select from:

- HMOs that administer traditional Uniform Benefits
- Standard PPP for which the benefit level (i.e., up-front deductible and coinsurance) depends on whether the services are from an in-network provider or an out-of-network provider.
- SMP, where applicable, with a deductible and coinsurance on major medical services only.

The Standard PPP is a Standard Plan that offers a preferred provider network and is administered by WPS Health Insurance. The Standard PPP option, available at a lower premium rate, allows participants to see any provider of their choice, but with differences in out-of-pocket costs depending on whether participants go to an in-network or an out-of-network provider.

3. **Deductible HMO Option paired with the Deductible Standard Plan**

Under this program option, participants select from:

- HMOs that administer the Uniform Benefits with an up-front deductible on all medical services.
- Deductible Standard Plan with an up-front deductible and coinsurance on all medical services.
- SMP, where applicable, with an up-front deductible on all medical services.

This deductible option is for both Uniform Benefits (benefit structure offered by the HMOs) and the Standard Plan, offering premium rates that are lower than the traditional option rates. (Note: The deductibles do not apply to pharmacy benefits.) Under this program, there is a:

1. Deductible Uniform Benefit option: This option has an up-front deductible of \$500 individual / \$1000 family per calendar year for medical services. Once the deductible has been met, the traditional benefits are administered as described in Uniform Benefits.

AND

2. Deductible Standard Plan: This program continues to offer participants the choice to see any provider with up-front deductible and coinsurance amounts on all medical services. (The Classic Standard Plan has deductible and coinsurance amounts on major medical services only.)

4. Deductible HMO Option paired with the Deductible Standard PPP

Under this program option, participants select from:

- HMOs that administer the Uniform Benefits with an up-front deductible on all medical services.
- Deductible Standard PPP for which the benefit level (i.e., up-front deductible and coinsurance) depends on whether the services are from an in-network provider or an out-of network provider.
- SMP, where applicable, with an up-front deductible on all medical services.

A deductible option is for both Uniform Benefits and the Standard PPP, offering premium rates that are lower than the traditional option rates. (Note: The deductibles do not apply to pharmacy benefits.) Under this program, there is a:

1. Deductible Uniform Benefit option: This option has an up-front deductible of \$500 individual / \$1000 family per calendar year for medical services. Once the deductible has been met, the traditional benefits are administered as described in Uniform Benefits.

AND

2. Deductible Standard PPP: This PPP program operates as does the Standard PPP, but has larger deductible and coinsurance costs to allow greater premium savings.

The following chart summarizes these non-Medicare benefit options available January 1, 2008:

Wisconsin Public Employees
Non-Medicare benefits
Options Effective 1-1-08

NON-MEDICARE BENEFITS		Traditional HMO – Classic Standard Plan	Traditional HMO – Standard PPP	Deductible HMO – Deductible Standard Plan	Deductible HMO – Deductible Standard PPP
Standard Plan Option Benefit	Deductible (Unless otherwise noted, it is an overall deductible)	\$250 Individual / \$500 Family (Applies only to Major Medical)	<i>In-Network:</i> \$250 Individual / \$500 Family <i>Out-of-Network:</i> \$500 Individual / \$1000 Family	\$500 Individual / \$1000 Family	<i>In-Network:</i> \$500 Individual / \$1000 Family <i>Out-of-Network:</i> \$1000 Individual / \$2000 Family
	Coinsurance	80% / 20% (Applies only to Major Medical)	<i>In-Network:</i> 90% / 10% <i>Out-of-Network:</i> 70% / 30%	80% / 20%	<i>In-Network:</i> 80%/20% <i>Out-of-Network:</i> 70% / 30%
	Annual out-of-pocket maximum (Includes deductible & coinsurance)	\$1250 Individual / \$2500 Family (Applies only to Major Medical)	<i>In-Network:</i> \$1000 Individual / \$2000 Family <i>Out-of-Network:</i> \$2000 Individual / \$4000 Family	\$2000 Individual / \$4000 Family	<i>In-Network:</i> \$2000 Individual / \$4000 Family <i>Out-of-Network:</i> \$4000 Individual / \$8000 Family
HMO-type benefit	Uniform Benefits	Uniform Benefits	\$500 Individual / \$1000 Family After deductible is met, Uniform Benefits apply	\$500 Individual / \$1000 Family After deductible is met, Uniform Benefits apply	

What Must I Do Now?

- If you wish to remain in your current benefit plan, no action is necessary.
- If you wish to offer a different benefit plan to employees, annuitants and continuants, you must file a new resolution (attached to this bulletin) to select your new choice. The resolution must be received by ETF no later than October 1, 2007, for coverage effective January 1, 2008.

For more information on the WPE Group Health Insurance Program options, including benefits for those on Medicare, contact ETF's Employer Communication Center toll free at (888) 681-3952 or locally at (608) 264-7900. Information regarding the WPE Group Health Insurance Program and other benefit programs is also available on our Internet site at <http://etf.wi.gov>.

**EXISTING EMPLOYER
OPTION SELECTION RESOLUTION
WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM**

RESOLVED, by the _____ of the _____
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to offer the Group Health Insurance program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance program will need to be enrolled in one of the four options listed below. An employer may not split its group between the options.

We choose to participate in the: (check only one box)

- Traditional HMO Option paired with the Classic Standard Plan
- Traditional HMO Option paired with the Standard PPP
- Deductible HMO Option paired with the Deductible Standard Plan
- Deductible HMO Option paired with the Deductible Standard PPP

The resolution must be received by the Department of Employee Trust Funds no later than October 1 for coverage to be effective the following January 1.

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the ____ day of _____, year ____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this ____ day of _____, year ____.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Employer Representative Title

Employer County

Mailing Address

Number of eligible employees _____

69-036-

ETF Employer Identification Number