



Employer *Bulletin*

Employer Communication Center (608) 264-7900 Toll free: 1-888-681-3952 <http://etf.wi.gov>

Introducing the new look of your *Employer Bulletin*

Health Insurance Dual-Choice Information

Dual-Choice Enrollment Period is October 8-26, 2007

October 8-26, 2007, is the Dual-Choice Enrollment period for coverage effective January 1, 2008. Dual-Choice provides an opportunity for **current** subscribers (active employees, annuitants, and former employees who have continued their coverage) to change health insurance plans and/or change from single to family coverage without a waiting period for pre-existing conditions.

The 2008 *It's Your Choice* booklets will be supplied to all participating local government employers for distribution to employees during the week of October 1.

Note: Local employers enrolled in the Traditional HMO-Classic Standard Plan should reference the rate sheet attached to this Bulletin. Employers enrolled in one of the other health insurance program options will receive a separate addendum that must be provided to employees along with the *It's Your Choice* booklet. These other health insurance program options are:

- Traditional HMO Option paired with the Standard Preferred Provider Plan (PPP) (ET-2157)
- Deductible HMO Option paired with the Deductible Standard Plan (ET-2158)
- Deductible HMO Option paired with the Deductible Standard PPP (ET-2159)

Refer to *Employer Bulletin*, Vol. 24, Local C, dated May 21, 2007, for additional information on these Wisconsin Public Employers (WPE) Group Health Insurance program options.

The *It's Your Choice* booklet will also be available the week of October 1 on the Department of Employee Trust Funds' (ETF) Internet site, at <http://etf.wi.gov>. Additional information about the Group Health Insurance Program and other insurance programs administered by ETF is also available on this site, including the addendums.

In November, you will receive an *Employer Bulletin* containing additional Dual-Choice reporting instructions and health insurance reporting forms for calendar year 2008.

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Dual-Choice Kick-Off Meeting Reminder

The annual Dual-Choice Kick-off meeting is set for Wednesday, September 26, 2007, from 9:00 a.m. to 11:30 a.m. at the Mendota Mental Health Institute, Conference Center Building, 301 Troy Drive, Madison, Wisconsin. (For a map and directions, see *Employer Bulletin*, Vol. 24, No. 9, April 23, 2007.) Pre-registration is not required. Attendees may purchase coffee, other beverages, and pastries at the site.

The Dual Choice Kick-off meeting provides an opportunity to receive information from health plans, pharmacy benefit manager (PBM) representatives, and ETF employees regarding health insurance program changes set to take place effective January 1, 2008. Please call the Employer Communication Center toll free at (888) 681-3952 or locally at (608) 264-7900 with questions.

Notable Plan and Program Changes

1. Health Plans No Longer Available

SMP is no longer available in Marinette and Marquette counties. Subscribers using providers in these counties must select another plan or they will be limited to the SMP providers remaining in other areas.

2. Health Plans Newly Available

➤ **A Medicare Advantage Private Fee-For-Service plan:** Available in 2008, the plan offered is modeled on Uniform Benefits. Coverage is available nationwide. Humana is the only health plan offering this type of Medicare option. (See the 2008 *It's Your Choice* book's Common Questions & Answers, section C., questions 26, 64 and 65 for more information on this Medicare Advantage plan).

3. Health Plan Name Change

➤ **CompCareBlue has changed its name to Anthem Blue Cross & Blue Shield.** The plan will mail out information to current members prior to Dual-Choice and produce new identification cards at the end of this year.

➤ **WPS Prevea Health Plan has changed its name to Arise Health Plan.** Current members have already received new identification cards and information.

4. Significant Plan Provider Network Changes

➤ A number of health plans have changed their service areas. Some have made significant changes by adding or terminating contracts with certain provider groups. **Humana and Arise Health Plan are examples of plans that have such changes this year.** Please refer to the map on page A-3 and the Plan Descriptions in Section G. Verify with your health plan that your provider(s) is still available to you in 2008.

Note: Your current health plan is required to provide you with either a list of all plan providers that will not be available to you or a provider directory listing only those providers available in 2008. You should contact your plan and request this information if you have not received it by October 5.

5. Changes to Pharmacy Benefits for 2008

For most plans, the annual prescription drug out-of-pocket amount will increase to \$350 per individual and \$700 per family. See page D-2 for further information. The out-of-pocket amount for the Standard Plan and SMP will remain without a limit.

6. Changes to Dental Coverage

See Section G, Plan Description Pages of the 2008 *It's Your Choice* booklet for more information or contact the health plan directly.

➤ **Arise Health Plan (formerly WPS Prevea)** is offering dental coverage in 2008.

7. Other Information About *It's Your Choice*

Web site: The *It's Your Choice* booklet is available on ETF's Internet site at <http://etf.wi.gov>. Any known printing discrepancies will be clarified on this site. Additional information about the health insurance program and other insurance programs offered to employees, annuitants and continuants is also available at this site.

8. Employee Payment in Lieu of Coverage - Contract Language

The health insurance contract prohibits employers from making payments to employees in lieu of coverage under the Group Health Insurance program. Employers agree to abide by the terms of the health insurance contract by virtue of their resolution filed to join our program. The prohibition is not intended to penalize a municipality having such a provision in its collective bargaining or personnel rules, as long as it makes a good faith effort to remove it as soon as practical. Please keep in mind that employees continue to have the option to decline coverage under the Group Health Insurance program but employers may not pay them to opt out.

9. Information on Provider Quality

The Group Insurance Board supports the goals of improving the quality and safety of health care services. To that end, ETF is involved in a number of state and national initiatives focused on reducing medical errors and saving lives through voluntary public reporting. The Plan Descriptions in Section G have notations on the participating hospitals and clinics that have reported information to several quality and safety reporting organizations. These include the Leapfrog Group, CheckPoint, the Joint Commission, and the Wisconsin Collaborative for Healthcare Quality. See page G-2 for more information. By providing this information, ETF is recognizing hospitals and providers that make improvements in patient safety and quality. You can visit the results on-line at:

www.leapfroggroup.org
www.wicheckpoint.org
www.jointcommission.org
www.wchq.org

10. Low-Cost Health Plan in Counties with no “Qualified” Alternate Health Plan

This applies only to local employers located in counties in which there is no qualified alternate health plan. Currently, when there is no qualified alternate health plan in a county, the Standard Plan is designated as the

low cost qualified health plan for purposes of determining employer contribution share under the 105% formula, in accordance with Wis. Admin. Code § 40.10. The health insurance contract allows the State Maintenance Plan (SMP) to be designated as the low-cost qualified health plan in those counties where it meets the minimum qualification requirements.

11. Premium contribution under the “Tiered Formula”

The Group Insurance Board has approved the 2008 health plan tiering assignments based on their risk-adjusted efficiency and has determined that:

- Tier 1 plans are all health maintenance organizations (HMOs), except for Anthem BCBS Northwest (formerly CompCareBlue Northwest) and WPS Patient Choice Plan 2 (a preferred provider plan).
- Tier 2 plans are Anthem BCBS Northwest (formerly CompCareBlue Northwest) and WPS Patient Choice Plan 2.
- The Standard Plan is the only Tier 3 plan.

If you are interested in learning more about this innovative approach to holding down expenses by creating incentives for health plans to reduce their costs and encouraging employees to use more efficient health plans, please contact the Employer Communication Center.

General Dual-Choice Information

Employees wishing to continue participation in their current health plans should do the following:

- Verify that their current health plan will be available in their area for 2008.
- Verify that selected physicians, clinics, and/or hospitals will still be available under their health plan in 2008.
- Review changes in benefits by reading the “Notable Plan and Program Changes” section, as well as the individual health plan descriptions, found in the 2008 *It’s Your Choice* booklet.

- Call the health plan directly with specific benefit or provider questions.

To change health plans or coverage levels, employees must return completed health insurance applications to their employers no later than 4:30 p.m. on Friday, October 26, 2007.

Employees may select any alternate health plan (e.g., HMO or Patient Choice) regardless of their county of residence, but should consider whether the providers are within a reasonable distance for medical care. The 2008 *It's Your Choice* booklet identifies geographic areas covered by each health plan.

ETF mails *It's Your Choice* booklets, complete with special application forms, directly to retirees and former employees who have continued their health insurance coverage. Employees who wish to change health plans and who will retire effective January 1, 2008, or later, must complete their Dual-Choice applications as active employees. Changes in annuitant coverage will be handled by ETF when the employee applies for annuitant benefits.

Booklet Distribution

It's Your Choice booklets must be distributed in a timely manner to all insured employees, including:

1. Insured employees who have indicated they do not wish to make a change during Dual-Choice. Please remind these employees that they remain responsible for understanding the information contained in the *It's Your Choice* booklet and that the booklet serves as their certificate of coverage if enrolled in an alternate health plan (e.g., HMO).
2. Insured employees on temporary layoff or leave of absence. Employees who allowed health insurance coverage to lapse while on a leave of absence or a temporary layoff that encompassed the entire Dual-Choice enrollment period should be advised that they are eligible to make a Dual-Choice election within 30 days of returning from the leave or layoff.

Note: Remind employees to keep the 2008 *It's Your Choice* booklet as a reference for the entire plan year.

ETF does not include *Group Health Insurance Applications* (ET-2301) in the distribution of *It's Your Choice* booklets. To request applications:

- Complete the Online Forms Order page found under "Employers" at <http://etf.wi.gov>.
- OR
- Contact ETF's Supply and Mail Services at (608) 266-3302. Indicate your Employer name and Identification Number (EIN), location, form name and number, and the quantity of forms desired. In addition, note that your request is Dual-Choice related.

Employees must contact plans directly to request the most up-to-date information regarding service area and/or provider availability related to Dual-Choice 2008.

Note: When calling a health plan or Navitus, employees must identify themselves as a State of Wisconsin Plan subscriber in order to receive information pertinent to the Group Health Insurance program administered by ETF.

Health plans often report they are unable to contact current subscribers due to incorrect addresses on file. Please remind employees who participate in the Group Health Insurance program that they are responsible for providing address changes and revisions of other relevant information to you via the *Health Insurance Information Change* form (ET-2329). Employers are responsible for routing information change forms to ETF and the health plans. Once mailing addresses are updated, employees will receive provider information in a timely fashion, including information related to the annual student status verification process, which enables dependents who remain eligible in 2008 to continue their current health insurance.

Employer's Application Processing Instructions for Dual-Choice 2008

1. Verify that the employee has completed the application in its entirety. If an HMO is selected, a physician/clinic name, and the county in which the physician/clinic provides services must be entered on the application. It is the employee's responsibility to fill in this box on the application. Some health plans will accept a clinic name in lieu of a physician. Should a health plan not accept an application with a clinic name, the health plan will contact the subscriber directly. The employer is not responsible for obtaining this information.
2. Complete the Employer Portion of the application and provide the following information on each Dual-Choice 2008 Group Health Insurance Application:
 - Employer Identification Number (EIN)
 - Name of Employer
 - Payroll Representative Signature
 - Telephone Number
 - Group Number
 - Enrollment Type 40 for Dual-Choice; 43 for Change from Single to Family
 - Employee Type
 - Coverage Type Code
 - Carrier Suffix
 - Participant County Code – This county code represents the county in which your employee resides.
 - Physician County Code – This county code represents the county in which your employee receives primary care.
 - Date Received by Employer
 - Date Employment Began – This box can be left blank, or insert the date on which employment began with your agency.
 - Monthly Employee Share

- Monthly Employer Share
 - Event Date – Leave Blank
 - Prospective Date of Coverage of January 1, 2008
3. Send the Advanced Carrier Registration Copy of Dual-Choice applications directly to the health plans on a weekly basis. All Advanced Carrier plies must be forwarded to the health plans by November 9, 2007. This approach will assist ETF in ensuring that your employees receive their new subscriber cards prior to January 1, 2008.
 4. Send the ETF Advance ply of Dual-Choice applications directly to ETF on a weekly basis. All ETF Advance plies must be forwarded to ETF by November 9, 2007.

More detailed instructions explaining Coverage Report processing will be mailed in November.

Procedures for Withdrawing Dual-Choice Elections

Employees may rescind 2008 Dual-Choice elections by notifying their employers in writing prior to December 31, 2007. The written request should be filed with the employee's records. When you receive a request to rescind, make four copies of your ply of the application initially submitted by the employee to select a change and write "Rescind" across each copy. Forward one copy to the current health plan, one copy to the health plan indicated as "Plan Selected," and one copy to ETF as soon as you receive the request. Retain a copy for your records.

Additional Dual-Choice Instructions

Specific Dual-Choice instructions are found in Chapter 4 of your Local Health Insurance Employer Administration Manual.

- Refer to subchapter 401D if you have an employee initially eligible for coverage in November or December 2007, or who terminates employment in November or December 2007.

- Refer to subchapters 404 and 405 for the procedure to follow if you receive a Dual-Choice application after October 26, 2007. Also note that late Dual-Choice material can be faxed to ETF at (608) 266-5801.

Contact the Employer Communication Center toll free at (888) 681-3952 or the local Madison number at (608) 264-7900 with all questions related to health insurance eligibility and reporting, including any questions related to this *Employer Bulletin*.

Health Plan Alternate Dual-Choice Application Mailing Addresses

Most health plans request that Dual-Choice applications be sent to the respective plan address listed on the inside back cover of the 2008 *It's Your Choice* book. However, to ensure timely processing, the following health plan requires Dual-Choice applications be sent to the alternate address as listed below:

Humana
Maria Chumley 6A102
101 E. Main Street
Louisville KY 40202

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services, or employment. If you are speech, hearing or visually impaired and need assistance, call the Wisconsin Relay Service at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). We will try to find another way to get the information to you in a usable form.

This *Employer Bulletin* is published by the Wisconsin Department of Employee Trust Funds. Questions should be directed to contact persons listed in the Bulletin, or to the Division of Trust Finance and Employer Services (DTFES). Call John Vincent, DTFES administrator, at (608) 261-7942. Employer agents may copy this Bulletin for further distribution to other payroll offices, subunits or individuals who may need the information. Copies of the most recent Employer Bulletins are available on our Internet site at the following URL: <http://etf.wi.gov/employers.htm>

Wisconsin Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; <http://etf.wi.gov>.

**2008 MONTHLY LOCAL EMPLOYEE RATES:
TRADITIONAL HMO OPTION--CLASSIC STANDARD PLAN**

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2008	NON-MEDICARE RATES <i>RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE</i>		MEDICARE RATES <i>RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE</i>		
	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1**
STANDARD PLAN: DANE ¹	835.40	2085.00	359.50	716.50	1194.90
STANDARD PLAN: MILWAUKEE ²	975.00	2434.10	359.50	716.50	1334.50
STANDARD PLAN: WAUKESHA ³	901.50	2250.40	359.50	716.50	1261.00
STANDARD PLAN: BALANCE OF STATE ⁴	901.50	2250.40	359.50	716.50	1261.00
STATE MAINTENANCE PLAN (SMP)	599.50	1495.20	NA	NA	NA
ANTHEM BCBS NORTHWEST	719.40	1794.80	525.00	1047.50	1241.90
ANTHEM BCBS SOUTHEAST	756.40	1887.30	543.40	1084.30	1297.30
ARISE HEALTH PLAN	572.30	1427.10	451.40	900.30	1021.20
DEAN HEALTH PLAN	435.00	1083.80	382.80	763.10	815.30
GHC EAU CLAIRE	664.60	1657.80	497.60	992.70	1159.70
GHC-SCW	440.30	1097.10	385.50	768.50	823.30
GUNDERSEN LUTHERAN HEALTH PLAN	634.20	1581.80	482.40	962.30	1114.10
HEALTH TRADITION	614.40	1532.30	472.40	942.30	1084.30
HUMANA EASTERN	795.40	1984.80	385.00	767.50	1177.90
HUMANA WESTERN	691.80	1725.80	385.00	767.50	1074.30
MEDICAL ASSOCIATES HEALTH PLAN	471.00	1173.80	344.10	685.70	812.60
MERCYCARE HEALTH PLAN	435.60	1085.30	383.10	763.70	816.20
NETWORK HEALTH PLAN	489.20	1219.30	409.80	817.10	896.50
PHYSICIANS PLUS--MERITER & UW	434.40	1082.30	382.50	762.50	814.40
SECURITY HEALTH PLAN	929.30	2319.60	422.40	842.30	1349.20
UNITEDHEALTHCARE NE	537.80	1340.80	434.20	865.90	969.50
UNITEDHEALTHCARE SE	597.50	1490.10	464.10	925.70	1059.10
UNITY COMMUNITY	412.10	1026.60	371.30	740.10	780.90
UNITY UW HEALTH	428.80	1068.30	379.70	756.90	806.00
WPS PATIENT CHOICE PLAN 1	766.20	1911.80	548.40	1094.30	1312.10
WPS PATIENT CHOICE PLAN 2	835.70	2085.60	583.20	1163.90	1416.40

Standard Plan rates are determined by the employer county or the retiree county of residence.

STANDARD PLAN AREA INCLUDES
THE FOLLOWING:

- ¹DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix
- ²MILWAUKEE: Milwaukee county & retirees and continuants living out of state
- ³WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha
- ⁴BALANCE OF STATE: All other Wisconsin counties

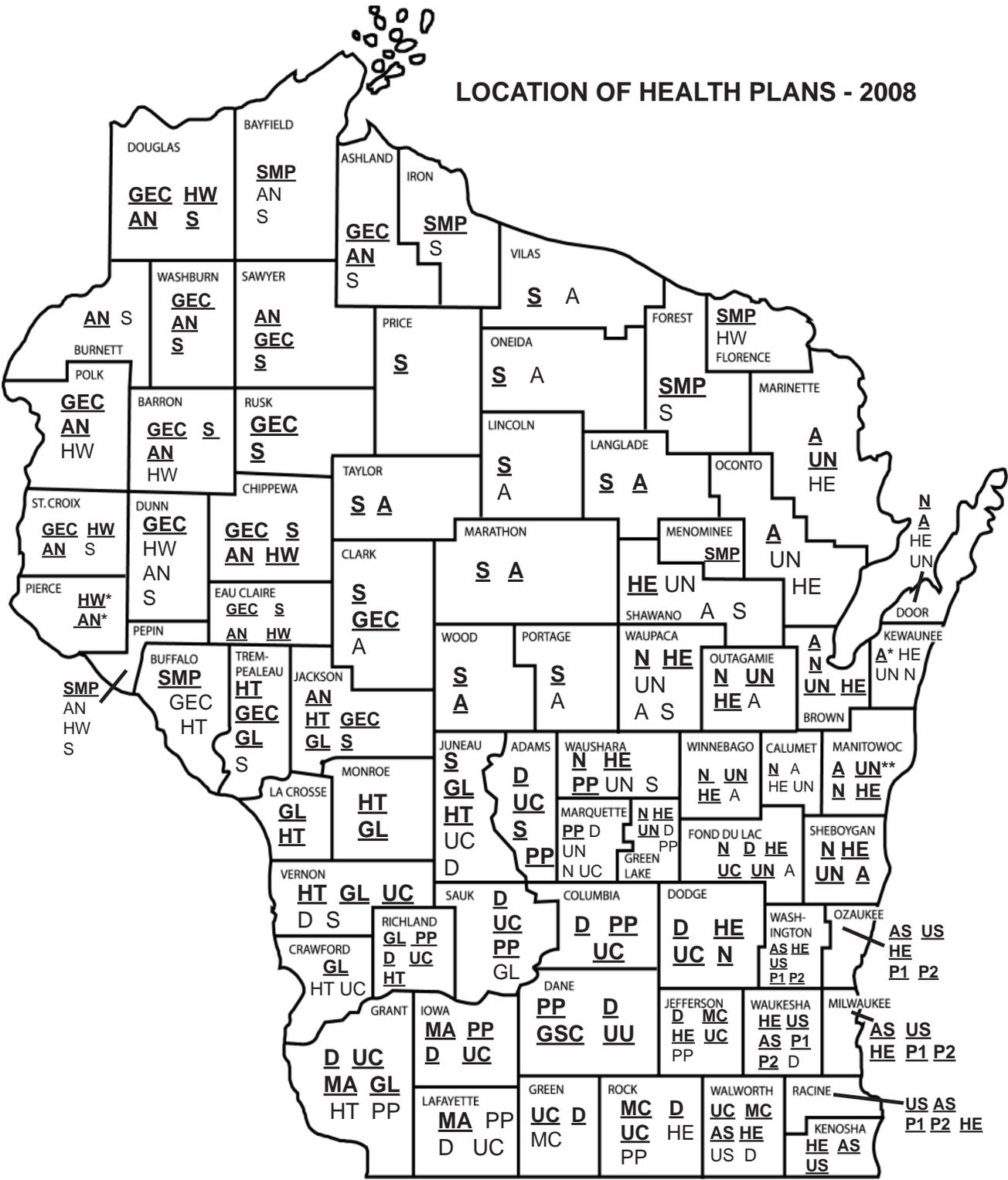
N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.

*Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.

**Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D.

Medicare premium rates apply only to subscribers who have terminated employment.

LOCATION OF HEALTH PLANS - 2008



* Qualified in a county with no hospital.
 ** Hospital 4 miles from major city.

A number of plans have changed their service areas for 2008; some have made significant changes. As a result, you may need to change plans for 2008.

“Qualified plans in each county are underlined and show in **bold** type. “Non-qualified” plans are not underlined or bolded. Non-qualified plans have limited provider availability in the indicated county.

Plan designation is based upon the tiering of plans approved by the Group Insurance Board.