



Employer *Bulletin*

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Health Insurance It's Your Choice Information

It's Your Choice Open Enrollment Period is October 5 - October 30, 2015

The It's Your Choice open enrollment period allows uninsured but eligible employees to enroll for coverage effective the following January 1. In addition, this is an opportunity for currently insured subscribers (active employees, annuitants and continuants) to change health plans, enroll or disenroll adult children or domestic partners and their children from family coverage, change from single to family coverage, change from family to single coverage or cancel coverage.

We encourage employees and annuitants to electronically submit their It's Your Choice enrollment changes via the myETF Benefits Online Health Insurance Enrollment System at <http://myETF.wi.gov/ONM.html>. Through this dedicated and secure website, enrolling in a health insurance plan is a quick and easy process. Employees will find step-by-step information on how to submit an electronic request at etf.wi.gov/members/IYC2015/15local-myETFbene-instructions.pdf. Please see the Employer's Application Processing Instructions for It's Your Choice 2016 later in this bulletin.

The It's Your Choice 2016 materials have been redesigned to be easier to navigate and to have a modern look and feel. ETF staff have been working on this effort as a part of the strategic plan to improve member communications and education.

As you read in a previous [Employer Bulletin](#), you may be receiving more decision guides than you have in previous years. The guides will be supplied to all state agencies starting the week of September 21. Up-to-date and easily accessible, interactive information will be available in the expanded It's Your Choice 2016 webpages, which will go live the week of September 28.

We have included a sample email (see Page 8) that you can use for your distribution.

It's Your Choice Employer Webinars and Kick-Off Meeting Reminder

ETF will be hosting employer webinars focused on the 2016 IYC changes. [Sign up for this training here.](#)

This year, ETF will again be presenting a live webinar of the annual It's Your Choice kick-off meeting from the Alliant Energy Center. This will provide employers the opportunity to either attend the kick-off meeting in person or by live webinar. ETF has expanded the number of lines that can be used to connect with the webinar, so more employers can attend online this year. Employers who decide to attend via the live webinar will have an opportunity to interact by asking questions online during the presentation. Employers may register to view the It's Your Choice kick-off meeting via webinar at <https://attendee.gotowebinar.com/register/1431987820733856258>

New this Year: Separate State & Local It's Your Choice Kick-off Meetings

Details for this year's It's Your Choice kick-off meeting is as follows:

Date: Thursday, September 24, 2015

Time: Local Employer Representatives: afternoon session 1:00 - 4:00 p.m.

Location: Alliant Energy Center
1919 Alliant Energy Center Way
Madison, Wisconsin 53713

For a map and directions, please refer to [Employer Bulletin Vol. 32, Local A](#). Pre-registration is not required to attend in person. However, if you would like to attend via webinar please [sign up online](#).

The It's Your Choice kick-off meeting provides an opportunity to receive information from health plan representatives, pharmacy benefit manager (PBM) representatives and ETF employees regarding health insurance program changes effective January 1, 2016. Health plan and PBM representatives, along with ETF employees, will be available for questions and information beginning at 12:30 p.m. and after the kick-off meeting.

Important Plan and Program Changes

New Names:

Program Option (PO)	Previous Name	New Name	New Shortened Name for Benefit Tables, etc.
PO2	Traditional HMO	It's Your Choice Local Traditional – with Dental Option	IYC Local Traditional – w/ Dental Option
PO4	Deductible HMO	It's Your Choice Local Deductible – with Dental Option	IYC Local Deductible – w/ Dental Option
PO6	Coinsurance HMO	It's Your Choice Local Health Plan – with Dental Option	IYC Local Health Plan – w/ Dental Option
PO7	High Deductible Health Plan HMO	It's Your Choice Local High Deductible Health Plan – with Dental Option	IYC Local HDHP – w/ Dental Option
PO12	N/A	It's Your Choice Local Traditional	IYC Local Traditional
PO14	N/A	It's Your Choice Local Deductible	IYC Local Deductible
PO16	N/A	It's Your Choice Local Health Plan	IYC Local Health Plan
PO17	N/A	It's Your Choice Local High Deductible Health Plan	IYC Local HDHP
	Standard Plan	It's Your Choice Access Health Plan	IYC Access Health Plan

Note: All local employers who do not elect dental will be moved the new non-dental program option by ETF. For example, if you currently have Program Option P04 and do not elect dental, your employer group will be moved under Program Option P014.

New Hire for Income Continuation Insurance (ICI)

If you offer your employees the state's ICI program, note:

- Removal of six month waiting period for ICI.
 - There will no longer be a six month waiting period for ICI to become effective. This is effective January 1, 2016 for all employees with a hire date of July 1, 2015 or after.
 - Premiums will be due starting the first of the month on or following the 30th day after hire.

New Eligibility for Employer Contribution for Health Insurance

Insurance effective on the first day of the month following the date in which the employee becomes eligible for the increase in employer contribution (when application is submitted within 30 days of date of hire, which resulted in the increase in employer contribution).

Coverage End Date in the Case of Employee Death

The employee's health insurance coverage will cease at the end of the month of death and continuation for surviving dependents will begin the first of the month following. Previously, the effective date was dependent on whether premiums had been deducted.

Prescription Drug Costs

- Members will pay coinsurance instead of a copayment for certain prescription drugs.
- Out-of-pocket limits are increasing.

Dental

The Uniform Dental Benefit will be offered by Delta Dental instead of through health plans. All local employers who do not elect dental will be moved to the new non-dental program option by ETF. For example, if you currently have Program Option P04 and do not elect dental, your employer group will be moved to Program Option P014.

If an employer would like to offer the Uniform Dental Benefit in 2016, the employer must submit an [Intent to Offer Dental form](#), signed by the WRS Agent or other authorized personnel. The Intent to Offer Dental form must be submitted to ETF by September 25, 2015. In addition, employers must submit [a new resolution form](#) before January 1, 2016 through the traditional resolution process affirming that the employer will offer the Uniform Dental Benefit for plan year 2016. The change will be effective January 1, 2016.

Members will automatically be enrolled in their health plan with Uniform Dental Benefits (if offered by their employer). They may file an application to opt out of Uniform Dental coverage.

If a local employer chooses to adopt a program option that includes Uniform Dental coverage (e.g. P02, P04, P06 or P07), and the employee opts out of Uniform Dental coverage, the total premium for that employee's coverage will be less. Following are the portions of the total group health insurance premium that applies to the Uniform Dental benefits:

\$26.30 Individual Coverage for Non-Medicare & Medicare

\$65.70 Family Coverage for Non-Medicare & Medicare Family-2 (ALL family members on Medicare)

\$52.60 Family Coverage for Medicare Family-1 (NOT ALL family members on Medicare)

Example:

- Local employer A elects the IYC Local Traditional with Dental program option (P02)
- Employee #1 elects Individual coverage under Dean Health Insurance with Dental coverage. The Total Monthly Premium is \$763.60
- Employee #2 elects Individual coverage under Dean Health Insurance but opts out of Dental coverage. The Total Monthly Premium is \$737.30 ($\$763.60 - \$26.30 = \737.30)

In the example above, you will also note that the total monthly premium for Employee #2's coverage is actually the premium for the P12 program option.

Local employers may ask whether this results in different employer contributions for specific employees. Employers can choose to determine the amount they will contribute towards the total

premium, whether the employee elects to keep dental coverage or opt out. However, the maximum employer share will still be restricted to the amount calculated for the program option the employer elects, based on statutory limitations. For most employers, this maximum employer contribution limit will remain 88% of the average premium for Tier One qualified health plans.

The local employer has the flexibility to determine employer contributions below the maximum threshold.

For example, in Dane county for program option 2, the maximum employer contribution is \$613.50 for any plan.

- Local employer A chooses to pay this amount for any plan with or without dental, thereby effectively providing a higher percentage reimbursement for the same plan without dental.
- Local employer B chooses to pay only for the health insurance amount subtracting the total cost of the dental from the maximum contribution (\$613.50- 26.30) for any plan thereby making the employee effectively pay the added cost of the dental (Helpful Hint: as noted above, these amounts are found in the tables for program option P12).
- Local employer C chooses to pay 88% of the average health insurance amount (\$613.50- 26.30=587.20) for any plan plus 50% of the cost of dental (\$26.30*0.5 =13.15), if an employee elects it.

All of these contribution scenarios are allowable because they all fall under the maximum employer contribution established for the employer's chosen Program Option 2.

Other Changes to Note

- Move to a new county: Members who move to a new county may now switch to any health plan. Previously, the member was limited to the health plans offered in the new county.
- Dependents only covered once: Dependents can only be covered once within the program (including state or local). If determined that a dependent is double-covered, the members will have 30 days to determine who will cover the dependent and then one must file an application dropping the coverage. Previously, there was no double-coverage restriction.
- Enrolling due to loss of other coverage: Application due to loss of other coverage can now be received within 30 days of the event or 30 days of the notification of the loss of coverage. Coverage will be effective the first of the month following application.

See what's changing for 2016 and more at etf.wi.gov/news/ht-2016local-rates_emp.htm.

Well Wisconsin and Optum Biometric Screenings

ETF will be hosting an Optum biometric screening at Monona Terrace in downtown Madison on Wednesday, October 21 from 9 a.m. to 1:00 p.m. Please use [this promotional flyer](#) to communicate this screening opportunity for the Well Wisconsin Incentive to your eligible employees. Optum events will end for 2015 in mid-November, but the Optum contract will continue to be available in 2016. For more information on the Well Wisconsin Incentive and the Optum contract see the [April 3, 2015 Employer Bulletin Vol. 32, No. 3](#).

General It's Your Choice Information

Employees wishing to stay with their current health plans for 2016 should do the following:

- Review the new It's Your Choice 2016 decision guide.
- Verify that their current health plan will be available in their area.
- Verify that selected physicians, clinics, hospitals will still be available under their health plan.
- Decide if they want to have Uniform Dental Benefit coverage in 2016, or if they want to opt

out (if offered by their employer).

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

To change health plans or coverage levels, or opt out of employer-offered uniform dental coverage, employees must submit a completed electronic or paper health insurance application to their employers **no later than 4:30 p.m. on Friday, October 30, 2015.**

Employees may select any health plan (e.g., HMO, WEA Trust) regardless of their county of residence, but should consider whether the providers are within a reasonable distance for medical care. An interactive map on ETF's website identifies geographic areas covered by each health plan.

ETF mails It's Your Choice guides 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, 2016 or later, must complete their It's Your Choice applications as active employees. Changes in annuitant coverage are handled by ETF when the employee applies for retirement benefits.

It's Your Choice Guides Distribution

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

- **Employees who have indicated they do not wish to make a change during the It's Your Choice open enrollment period.** Remind these employees that they remain responsible for understanding the information contained in the It's Your Choice guides, and on the ETF website, and that their certificate of coverage is available on the ETF website.
- **Insured employees on temporary layoff or leave of absence and those on permanent layoff paying premiums through the employer.** Employees who allowed health insurance coverage to lapse while on a leave of absence or a temporary layoff that encompassed the entire It's Your Choice open enrollment period should be advised they are eligible to make an It's Your Choice election within 30 days of returning from the leave or layoff.

Electronic Distribution of the It's Your Choice Guides

Employers distributing the It's Your Choice information electronically must incorporate the following as part of their electronic distribution procedures:

- Develop a list of all eligible employees and use that list to match against their file of employee email addresses.
- Verify the list and then send the employee an email with the link to the guides and online information. Employers should send the email with a "return receipt." This will establish a record of when the employee opened the email.
- Due to federal regulations, **employers must retain the list** of employees who received an electronic copy of the IYC materials. For each employee who receives an email message, the employer should receive a "reject" notice if the email address is no longer in existence.

Note: Give new employees paper copies of the guides. In addition, employees who do not have access to a computer, and employees who receive the electronic distribution but request a paper copy, must be given one.

Other Information

The [Group Health Insurance Application/Change Form \(ET-2301\)](#) can be downloaded from ETF's Internet site or you may order applications by completing the Online Forms Order page found under the Employers menu at etf.wi.gov.

Employees must contact health plans directly to request the most up-to-date information regarding service area and/or provider availability related to It's Your Choice open enrollment.

Note: When contacting a health plan or Navitus, employees must identify themselves as a Wisconsin Public Employer Group Health Insurance Program subscriber in order to receive information pertinent to the program administered by ETF. It's also beneficial if they state which Program Option they are offered.

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, such as marital status changes, to you via a myETF Benefits update or the [Group Health Insurance Application/Change Form \(ET-2301\)](#).

Employers are responsible for keying changes submitted on paper by using the myETF Benefits system found on the [Online Network for Employers \(ONE\) Internet site](#). Once mailing addresses are updated, employees will receive provider information in a timely fashion, including information for the annual disabled dependent verification process, which enables dependents who remain eligible in 2015 to continue their current health insurance.

Employer's Application Processing Instructions for It's Your Choice

During the It's Your Choice open enrollment period, employers have three options for handling It's Your Choice requests from their employees:

1. Employers can require employees to use the Online Network for Members (ONM) site to file their requests through the myETF Benefits system (<https://myetf.wi.gov/etf/internet/member/onm.html>). Employees must submit their electronic request **no later than October 30, 2015**. ETF strongly encourages employers to direct their employees to use the myETF Benefits system.
2. Employers may require employees to file their requests by completing a [Group Health Insurance Application/Change Form \(ET-2301\)](#) and submit the application to the employer no later than the end of the business day on October 30, 2015. If an employer elects to require a paper application, the employer must enter that application into the myETF Benefits system on behalf of their employee on the ONE site. The application is not to be mailed or faxed to ETF for processing and keying. The deadline for employers to enter It's Your Choice applications into the myETF Benefits system is November 30, 2015.

If the employee submits a paper application to their employer, ETF does not require that a copy of the application be submitted to ETF. Employers are not to make entries on behalf of their employee without an application as documentation of the employee's request. The employer is to maintain a copy of the paper application in the employee's file.

3. Either accept an electronic request from an employee *or* a paper [Group Health Insurance Application/Change Form \(ET-2301\)](#). Again, this is at the employer's discretion to determine what will be acceptable.

If employers are going to accept a [Group Health Insurance Application/Change Form \(ET-2301\)](#), the following steps in processing the application are required:

1. Verify the employee completed the application in its entirety, including signing the application. The application should be promptly returned to the employee if it is incomplete.
2. Complete the Employer section of the application in its entirety. Do not leave requested information blank.
3. Make one copy of the application for the employee after completing the Employer section of the *Health Insurance Application/Change Form*. Do not send a copy of the application to ETF or the health plan.
4. All *Health Insurance Application/Change Forms* received by the employer on or prior to

October 30, 2015 must be keyed into the myETF Benefits system by November 30, 2015. This deadline must be met by the employer to ensure health plans and Navitus receive the contract information timely so employees receive their health plan information and identification cards prior to January 1, 2016.

Withdrawing/Rescinding an It's Your Choice Application

Entry into myETF Benefits of an employee's request to withdraw or rescind an It's Your Choice application must be completed by ETF. Employees may rescind a 2016 It's Your Choice application by notifying their employers in writing prior to December 31, 2015. The written request should be filed with the employee's records. When you receive a request to rescind, make two copies of your copy of the It's Your Choice application initially submitted by the employee to select a change and write "Rescind" across each copy. Forward one copy of the application along with a copy of the employee's written request to rescind to ETF. Retain a copy for your employee's records. ETF will update myETF Benefits by deleting the It's Your Choice request and reinstating the employee's original coverage.

If an employee submitted his/her It's Your Choice request through the myETF Benefits system and now wants to rescind that request, the employee must submit a written request to their employer by December 31, 2015. Employers are to make a copy of that written request and forward it to ETF while retaining a copy for your employee's records. ETF will update myETF Benefits by deleting the It's Your Choice request and reinstating the employee's original coverage.

Additional It's Your Choice Instructions and Information

Specific It's Your Choice instructions are found in the [Local Health Insurance Employer Administration Manual \(ET-1144\)](#):

- If you have an employee initially eligible for coverage in November or December 2015.
- For instructions on completing the [Continuation – Conversion Notice \(ET-2311\)](#) if you have an employee who terminates employment in November or December 2014 after filing an It's Your Choice application.
- For information on the process to follow if you receive a late It's Your Choice application, an application received after October 30, 2015. ETF reviews all late It's Your Choice requests. Note that documents for late It's Your Choice applications can be faxed to 1-608-266-5801, attention Employer Services.

Contact the Employer Communication Center toll free at 1-877-533-5020 or locally at 608-266-3285, option 2, with questions or via email at etfhealthandins@etf.wi.gov.

Contacting the Health Plans

The updated [Health Plan Contact List \(ET-1728\)](#) is meant for employers to use when contacting the health plans for assistance with membership, supplies, etc. It is available on ETF's website under the Employers tab. The contact list includes email addresses and fax numbers when available.

Note that employees who need assistance should contact the health plan directly, using the health plan contact information available on the ETF website. These are customer service lines and are fully staffed to handle a large number of phone calls.

Following is a sample email. Note that the IYC 2016 webpages will not go live until the week of Sept. 28.

Important Information About Your Health Insurance for 2016

The annual It's Your Choice open enrollment period is **October 5 - October 30, 2015**.

During the It's Your Choice open enrollment period eligible employees may elect to:

- Enroll for coverage if currently uninsured.
- Change health plans.
- Change from single to family or family to single coverage without restrictions.
- Opt out of dental coverage for 2016. (*Employer, if you offer Uniform Dental Benefits include this bullet, strike it from your letter if you do not offer Uniform Dental Benefits.*)
- Enroll or disenroll eligible adult dependents.

Any enrollment for coverage or changes to coverage you request becomes **effective on January 1, 2016**.

The *It's Your Choice 2016 Decision Guide*, as well as the ETF website at etf.wi.gov, contain important and useful information. Be sure to review the decision guide and online information, and pay particular attention to the *What is Changing in 2016* section.

Plan Names are Changing

New plan names are described in your *It's Your Choice 2016 Decision Guide* and online at etf.wi.gov.

If you wish to change plans, begin coverage, enroll/disenroll your adult child or domestic partner and domestic partner's adult children, change to family coverage, change to single coverage, cancel coverage or (if your employer offers the Uniform Dental Benefit) opt out of dental:

1. Electronically file your application via <http://myETF.wi.gov/ONM.html> **or** complete a paper [Group Health Insurance Application/Change Form \(ET-2301\)](#).
2. Submit your electronic request or your completed paper application to your benefits office **no later than 4:30 p.m. on October 30, 2015**.

No action is necessary if you do not want to change plans, change coverage, cancel coverage or opt out of employer-offered uniform dental. You should still verify your provider network for 2016 and review what's changing for 2016.

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 or hearing impaired and need assistance, call the Wisconsin Relay Service toll free at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). If you are visually or cognitively impaired, call 1-877-533-5020 or 608-266-3285 locally. 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*. 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 at etf.wi.gov/employers.htm

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