

September 26, 2012

It's Your Choice : Kick-Off

Open Enrollment Period

October 8 – November 2, 2012

Welcome

- Refreshments
- Restrooms
- Introduction of ETF Employees

Agenda

- Welcome
- Process Reminders
- Summary of Administrative Changes for 2013
- Important Plan, Program and Contract Changes
- Optional Plans Update
 - EPIC
 - DentalBlue
 - VSP
- Question & Answer Period
- Health Plan/Navitus/Wage Works Updates
- Closing

Application Changes & Process Reminders

- Health Insurance Application
- Late It's Your Choice Requests
- Rescinding It's Your Choice Requests

Health Insurance Application

7. SIGNATURE (Read the TERMS AND CONDITIONS on the last page and sign the application.)				
By signing this application, I apply for the insurance under the indicated health insurance contract made available to me through the state of Wisconsin and I have read and agree to the TERMS AND CONDITIONS . A copy of this application is to be considered as valid as the original. In addition, to the best of my knowledge, all statements and answers in this application are complete and true. All information is furnished under penalty of Wis. Stat. § 943.395. Additional documentation may be required by ETF at any time to verify eligibility.				
SIGN HERE & Return to Employer →			Date Signed (MM/DD/CCYY)	
8. EMPLOYER COMPLETES (Coding Instructions are in the <i>Employer Health Insurance Administration Manual</i> .)				
Employer Number 69-036-		Name of Employer		Program Option Code
				Surcharge Code
Group Number	Enrollment Type	Employee Type	Coverage Type Code	Health Plan Name or Suffix
Previous Service – Complete Information				
1. Employer, are you a WRS participating employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, answer questions 2, 3 and 4. 				
2. Did employee participate under WRS prior to being hired by you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Previous service check completed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Source of previous service check: <input type="checkbox"/> Online Network for Employers (ONE) <input type="checkbox"/> ETF				
Date Application Received by Employer (MM/DD/CCYY)			Date WRS Eligible Employment or Graduate Assistant Appointment Began or Hire Date (MM/DD/CCYY)	
Event Date (MM/DD/CCYY)			Prospective Date of Coverage (MM/DD/CCYY)	
Payroll Representative Signature			Telephone ()	

COPY AND DISTRIBUTE EMPLOYEE EMPLOYER

Process Reminders

- Late It's Your Choice Requests
 - Guidelines Reference
 - State & Local - Health Insurance Employer Administration Manual, Chapter 4, Section 404 and 405.
- Rescinding/Withdrawing It's Your Choice Requests
 - Guidelines Reference
 - Employer Bulletin, September 19, 2012

Administrative Changes for 2013

- Health Risk Assessment (HRA) & Biometric Screening + Incentives
- Prior Authorization
- Primary Care Provider (PCP)

Wellness 2013 – Health Risk Assessment

- Annual Health Risk Assessments (HRA)
 - A questionnaire about present and past health status.
 - Again offered by every health plan; NOT mandatory for employees.
 - Designed to:
 - Promote early intervention
 - Reduce long-term treatment costs
 - Health plan decides how to administer HRA:
 - Online
 - Telephone
 - Doctor's office
 - Employer Health Fair

Wellness 2013 – Biometric Screening

- Annual Biometric Screenings
 - Tests:
 - Blood Pressure
 - Body Mass Index (BMI)
 - Cholesterol Level
 - Glucose Level
 - Results:
 - Can be obtained through doctor, health fair, another health plan
 - Health Plan decides how to administer screenings
 - NOT mandatory for employees

Wellness 2013 – Incentives

■ Wellness Incentive

- Up to \$150.00 per member.
- Members receive incentives when they:
 - Complete HRAs and biometric screenings, and submit the results to their health plan.
 - Meet other wellness program participation requirements:
 - E.g. completion of a fitness challenge, smoking cessation program, nutrition counseling
- Health plan decides how to administer incentive:
 - Gift card
 - i pad drawing
 - Membership discounts

2013 Prior Authorization – Low Back Procedures & High-Tech Radiology

- Prior Authorization (PA)
 - Designed to promote necessary care
 - Intended to engage provider and patient in a discussion of best course of treatment (e.g. alternatives to surgery; effects of repeated exposure to radiation)
 - Member responsible for finding out health plan's PA process
 - Types:
 - Patient asks Dr. for PA
 - Dr. asks health plan for PA
 - "passive" PA systems – diagnosis code driven

2013 Prior Authorization – Low Back Procedures

- **Prior Authorization – Low Back Procedures**
 - Required for: *"members with a history of low back pain who have not completed a regimen of conservative care."*
 - Exception: *"members requiring immediate or expedited care."*

2013 Prior Authorization – High-Tech Radiology

- **Prior Authorization – High Tech Radiology**
 - Required for: MRI, CT scan, PET scan, nuclear stress test
 - Exception: *“members requiring immediate or expedited care.”*

2013 Primary Care Selection

- Primary Care Provider (PCP) Selection
 - Members are *strongly encouraged* to select PCP in 2013
 - Requirements vary by health plan
 - Designed to coordinate care with specialists
 - Similar to managed care model from 1990s
 - Similar to PPACA's ACO (Accountable Care Organization) model
 - Applies to subscribers and their covered dependents
 - Some plans already require PCP selection
 - Members should select PCP when submitting application
 - Can select and/or change PCP through health plan and/or myETF Benefits



Important Changes

- New Level 4 Copayment
- Uniform Benefits Medical Change
- PPACA
- State Premium Contributions
- WPE Program Option Changes

New Level 4 Copayment Specialty & Certain Other Medications

- **Specialty Medications**

- **Level 4 Copayment: \$50**

Includes all Formulary & Non-Formulary Specialty Drugs when filled at any Participating Pharmacy

- **Reduced Level 4 Copayment: \$15**

Includes ONLY *Formulary* Specialty Drugs when filled at the preferred Participating Pharmacy – Diplomat Specialty Pharmacy – through the Navitus SpecialtyRx program.

- **Level 4 OOPPL: \$1,000 individual/\$2,000 family**

NOTE: This OOPPL accumulates separately from the Level 1/Level 2 OOPPL for non-specialty drugs.

New Level 4 Copayment Specialty & Certain Other Medications

- Specialty Medications, in general, are drugs that require special storage and handling and, as a result, are more costly and usually not available from all participating pharmacies (e.g. cancer drugs, injectables).
- Diplomat Specialty Pharmacy is a mail order pharmacy for specialty medications for the Navitus SpecialtyRx program – but don't confuse this program with regular mail order through WellDyne...
- Formulary Drugs are the preferred drugs that are covered by our benefits. These are designated on the formulary as...
 - Level 1 or Level 2 for Non-Specialty drugs
 - Level 4 "ESP" for Specialty drugs
- Non-Formulary Drugs are still covered by our benefits but are not the preferred drugs. These are designated on the formulary as...
 - Level 3 for Non-Specialty drugs
 - Level 4 WITHOUT the "ESP" for Specialty drugs

Important Changes

- New for **Uniform Benefits**:
 - Hospice, inpatient stays up to 30 days at approved facility - upon terminal diagnosis
 - Board and ETF initiative to facilitate improvements in end-of-life care
 - Smoking cessation, expanding to include four telephonic counseling sessions and requiring prior authorization for any limited extension of related pharmacological products.



Update on PPACA or ACA or federal health care reform

- The federal list of preventive services that are allowed at 100% have been updated at <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>
- Includes women's care, biggest change with 8 new prevention-related services covered at 100%
 - Contraceptives, breastfeeding counseling and supplies, domestic abuse counseling, gestational diabetes screening, HIV counseling, HPV screening, STD counseling, and well woman visits



Update on PPACA or ACA or federal health care reform

- Federally required *Summaries of Benefits and Coverage (SBCs)* & *Uniform Glossary* will be available at: etf.wi.gov/members/health-plan-summaries.htm.
- Members will call ETF to request printed copies if needed. We will work with them to provide the appropriate plans for their location and needs.

State Employee Premium Contribution

- State of Wisconsin Employees* (except as stated below)

■ Tier	Single	Family
■ Tier – 1	\$ 85.00	\$211.00
■ Tier – 2	\$124.00	\$312.00
■ Tier – 3	\$230.00	\$575.00

- UW Graduate Assistants

■ Tier	Single	Family
■ Tier – 1	\$42.50	\$105.50
■ Tier – 2	\$62.00	\$156.00
■ Tier – 3	\$115.00	\$287.50

- State Patrol Titled Classifications

■ Tier	Single	Family
■ Tier – 1	\$31.00	\$78.00
■ Tier – 2	\$69.00	\$173.00
■ Tier – 3	\$164.00	\$412.00

**For employees of the University of Wisconsin Hospital or other quasi-governmental authorities, questions about your premium contribution amounts should be directed to your benefits/payroll/ personnel office.*

**Wisconsin Public Employees
Non-Medicare Benefits
Program Options (PO) Effective January 1, 2013**

NON-MEDICARE BENEFITS		Program Option 2	Program Option 4	Program Option 6
Uniform Benefits (For HMOs and some PPOs: benefits described for services at plan providers only)		Full Pay Uniform Benefits (No deductible or coinsurance.)	\$500 Individual/ \$1000 Family deductible except as required by federal law. After deductible is met, Uniform Benefits apply.	NEW 90%/10% coinsurance to \$500 Individual/\$1000 Family out-of-pocket limit, except as required by federal law. After coinsurance is met, Uniform Benefits apply.
Standard PPO Benefit	Freedom of Provider Choice Benefit:	Standard PPO NEW	Standard PPO: <i>Modernized, but no change to former PO 5s deductible/coinsurance</i>	Standard PPO: <i>Modernized, but no change to former PO 3s deductible/coinsurance</i>
	Deductible (Unless otherwise noted, it is an overall deductible.)	<i>In-Network:</i> \$100 Individual/ \$200 Family <i>Out-of-Network:</i> \$500 Individual/ \$1000 Family	<i>In-Network:</i> \$500 Individual/ \$1000 Family <i>Out-of-Network:</i> \$1000 Individual / \$2000 Family	<i>In-Network:</i> \$250 Individual/ \$500 Family <i>Out-of-Network:</i> \$500 Individual/ \$1000 Family
	Coinsurance	<i>In-Network:</i> 100%/0% <i>Out-of-Network:</i> 80%/20%	<i>In-Network:</i> 80%/20% <i>Out-of-Network:</i> 70%/30%	<i>In-Network:</i> 90%/10% <i>Out-of-Network:</i> 70%/30%
	Annual out-of-pocket limit (Includes deductible & coinsurance.)	<i>In-Network:</i> \$100 Individual/ \$200 Family <i>Out-of-Network:</i> \$2000 Individual/ \$4000 Family	<i>In-Network:</i> \$2000 Individual/ \$4000 Family <i>Out-of-Network:</i> \$4000 Individual/ \$8000 Family	<i>In-Network:</i> \$1000 Individual/ \$2000 Family <i>Out-of-Network:</i> \$2000 Individual/ \$4000 Family



SMP Changes for WPE coverage

- Newly offered in Price, Oneida and Vilas counties due to Security becoming Tier 3.
- Wisconsin Public Employer (WPE) SMP has been redesigned to offer Uniform Benefits. No dental coverage is included.
- See *Comparison of Benefits* for PO2 in IYC: Decision Guide on Pages 22 through 25; for PO4 in ET-2158.



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Members

Other Insurance Programs (State Employees Only) Employee pay-all, payroll deduct

- [Accidental Death and Dismemberment](#)
- [Anthem DentalBlue](#)
 - [2012 Plan](#)
 - [2013 Plan](#)
- [Dental Plan Comparison](#)
- [EPIC Insurance General Benefit Information](#) (Dental, Hospital/Surgical, Accidental Death and Dismemberment, and Vision Options)
- [EPIC Insurance Policy Certificates](#)
- [Long-Term Care](#)
- [Vision Service Plan \(VSP\)](#)

- EPIC Benefits+ is "wrap plan" with dental, AD&D, hospital/ surgical indemnity, opt. vision
- EPIC Dental Wisconsin

Note: If members take no action during IYC, will continue premium and benefit level from 2012 to 2013.



EPIC Benefits+- wrap plan includes

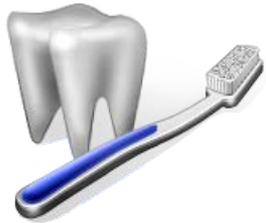
dental, AD&D, hospital indemnity,
vision discount OR *optional* vision plan

- Premiums increased
 - See brochures from vendor
 - See etf.wi.gov/employer (or member)
- Premium rate is guaranteed for 2013 and 2014
 - No enrollment opportunity– will summarize later

EPIC Benefits+ coverage changes

- In 2013, **ALL members will have Hospital Indemnity**
 - Replacing “excess medical” with hospital/surgical indemnity plan, for Medicare annuitants (last year this change happened for Active, COBRA).
 - **Hospital/Surgical benefit will pay *based on age* + 65 or – 65** (for annuitants—actives stay at \$100 rate)
 - \$100/day starting on day 3 (if under age 65), or \$75 starting on day 5 (up to day 365) of a hospitalization.
 - \$100, or \$75(age 65+) for “day surgery” in a hospital or ambulatory surgery center (not in-office “surgery.”)
 - Medicare is no longer a factor in benefits or premiums.
- VA hospital care no longer excluded from indemnity benefit

EPIC Dental Wisconsin



- 20 agencies offer Dental Wisconsin
- **In 2013, two different rates** structures will apply: Active/COBRA, and Annuitant
 - Retiree rates are higher, because of higher usage for major dental work (increasing 15 or 25%)
- **Minor changes in eligibility** (recommended by FBC):
 - To mirror state health insurance, children of parents who are both on state employee plan but are divorced/never married, can be covered under *each* parent's family or +child plan
 - Active or annuitant member can make this change
 - **Active** employees have special enrollment opportunity based on qualifying events
 - Marriage, birth, adoption, divorce

Anthem DentalBlue



- OSER is dropping administration of the Contract for all state agencies, but most state agencies will still offer
 - UW System will no longer offer for any employee
 - See etf.wi.gov for links to 2013 benefit info
- **Maximum annual benefit increased for PPO and Supplemental to \$1,250**

2013 Dental Plan Benefits and Rates for ACTIVE employees– See ETF.wi.gov/members (*thanks to B. Ritchie of UW for original chart)

PLAN NAME	DENTAL WISCONSIN PPO		DENTAL WISCONSIN Select	*EPIC Benefits+		ANTHEM DENTACARE - HMO		ANTHEM PREFERRED - PPO		ANTHEM Supplemental
	In-Network	Out-of-Network					In-Network	Out-of-Network		
	Offers occasional open enrollment for participating agencies.			Infrequent Special Enrollment. See graduated dental annual maximums		Open Enrollment offered for participating agencies. NOT available for UW system. Open for refrees who previously lost coverage, in 2012 IYC period only				
Diagnostic / Preventative	100%	75%	No coverage	No coverage	100%	80%	75%	No coverage. Must select health plan w/ diagnostic & preventative dental benefits		
Basic	75%	55%	75%	No coverage	80%	60%	50%	75%		
Major/Restore (Includes Endodontic and Periodontic)	50% –includes implants	25% –includes implants	50% - includes implants	50% - includes implants	60%	40% – includes implants	25% – includes implants	50%		
Orthodontia (Lifetime Benefit)	50% up to \$1,000 – for children under the age of 19.		50% up to \$1,000 – for children under the age of 19.	\$1200 for children under age 19 after a 24-month waiting period	20% discount at participating ortho/\$1000 Benefit	20% discount at participating ortho/\$1000 Benefit		20% discount at participating ortho/\$1000 Benefit		
Annual Deductible Per Person	\$25	\$50	\$50	\$75	\$0	\$25	\$50	\$50		
Office Visit Copay	None		None	None	\$10 per visit	None		None		
Annual Benefit Maximum for Dental Services	\$1,000		\$1,000	\$1,000 Special Enrollment Limit: Year 1: \$500; Year 2: \$750; Year 3: \$1,000 Ortho: 24-month waiting period	\$750 + add'l \$500 for endodontic/periodontic	\$1,250		\$1,250		
Waiting Period (if no prior comparable coverage) Basic Services Major Services Orthodontia	Prior coverage credited 3 Months 3 Months 12 Months		Prior coverage credited 3 Months 3 Months 12 Months	Prior coverage not credited Not covered No waiting period 12 months	None	Prior coverage credited 3 Months 3 Months No waiting period		Prior coverage credited 3 Months 3 Months No waiting period		
2013 RATES	Active Employees and COBRA (+5.6%)		Active Employees and COBRA (+15%)	Without Vision Ins. (+4.1%)	With Vision Ins. (+4.5%)	Region 1	Region 2	No premium increase for Anthem		
Employee	\$28.32		\$20.52	\$19.77	\$24.02	\$23.27	\$28.78	\$23.51		\$18.08
Employee + Spouse or Domestic Partner	\$59.96		\$42.19	\$39.54	\$47.04	\$46.55 Employee + 1	\$57.56 Employee + 1	\$47.01 Employee + 1		\$36.17 Employee + 1
Employee + Child or Children	\$67.04 Employee + Child(ren)		\$48.68 Employee + Child(ren)	\$39.54 Employee + Child	\$47.04 Employee + Child					
Family	\$101.34		\$71.59	\$59.31	\$70.34	\$74.47	\$92.10	\$77.56		\$54.28
Network Requirements	Delta Dental PPO Provider Network	Delta Dental Premier Providers*	See any dentist. Utilization of a Premier provider will eliminate any balance billing for charges over maximum plan allowable cost.*	See any dentist. An excess coverage plan that includes dental benefits, not a dental insurance plan. Always pays its benefits after all other plans		DentaCare HMO Providers Only		Preferred PPO Providers		See any dentist. Utilization of a Preferred PPO provider will eliminate any balance billing for charges over maximum plan allowable cost.
WI Providers (approx)	1,700 at 705 locations	3,900 at 1710 locations	3,900 at 1710 locations	N/A		525		1,250		1,640

VSP (Vision Service Plan)



- **2013 rates and benefits will not change from 2011/2012**
- **Expanded provider options- see materials at vendor table, and members will receive mailing**
 - **Network goes beyond independent optical offices, will include some retail chains such as Wisconsin Vision and Costco**

Summary: 2013 Enrollment Opportunities

- EPIC
 - Dental Wisconsin- open to *Active only*
 - Open to annuitants of agencies that did not renew Anthem DentalBlue contract
 - Benefits+
 - **No** enrollment for 2013 or indefinitely
- Anthem DentalBlue
 - Open for *Active Employees* across state
 - NOT UW systems
 - Open to *retirees* (rare opportunity)
- VSP
 - Open for *Active and Annuitants*

Contacts for Optional Plans

- **Plans have improved the value and ease of obtaining information on web through etf.wi.gov**

- **Anthem DentalBlue**
 - Customer Service Contacts for Members
 - Open enrollment- Ph # 866 511-4476
 - General Inquiries, HMO, PPO, or Supplemental- Ph # 888 589-0582
 - Christy Mathews - enrollment & billing contact: Ph# 513-770-8806 or christy.mathews@anthem.com
 - Contacts for ETF /ER Staff Only
 - Sandy Reblin – contact for escalated issues: Ph# 920-923-8996 or sandra.reblin@anthem.com
 - Angie Gehrmann - primary contact: Ph# 715-852-5672 or angie.gehrmann@anthem.com

- **EPIC**
 - Customer Service Contacts for Members – Phone # 800 520-5750
 - Jessica Hasselberger- enrollment & billing: Ph# 608 226-7857 or jessica.hasselberger@epicliflife.com

 - Contacts for ETF/ER Staff Only
 - Russell Hann- elevated contract/service issues: 608 223-5507 or russell.hann@wpsic.com
 - Website: www.epicliflife.com, and click on the State of Wisconsin icon.

- **VSP**
 - Customer Service Contacts for Members – Phone: 800 400-4569
 - Active employee website: www.vsp.com/go/stateofwiemployees
 - Annuitants website: www.vsp.com/go/stateofwiredirees
 - Contacts for ETF /ER Staff Only
 - Victoria McLallen – annuitant eligibility issues contact: Ph# 916-851-4616 or VickMc@VSP.com
 - Brian Nichelmann – elevated issues Ph# 800- 852-7600 ext 5246 or Brian.Nichelmann@vsp.com

Optional Plan Contacts (cont.)

- Long Term Care Insurance
 - HealthChoice- United of Omaha
 - Cliff Morris 800 334-7988
 - Senior Care (existing John Hancock)
 - Bill or Kevin Kumpf 608 273-3443

- Accidental Death and Dismemberment
 - The Hartford
 - Kelly O'Donnell, service manager 800 636-2403

Questions?

Vendor Representatives

- Summary of Notable Changes for 2013
 - Health Risk Assessments/Biometric Screenings/Incentives
 - Prior Authorizations
 - Network Changes
- Updates
 - Navitus
 - Wageworks (State ERA Vendor)

Thank you for attending!

- Closing