

## THINGS TO REMEMBER ABOUT YOUR HEALTH INSURANCE

- You are responsible for your health care decisions.
- Not every service you want or need is covered by your health insurance. Contact your plan if you are uncertain about coverage or to find out if you need prior authorization for the services you want to receive.
- You will have to pay for services you choose to receive that are not covered by your plan.
- If you are in a plan with a network of providers, you must always use that network's providers for your care or obtain prior authorization for services outside of the network.
- Some services require copayments. Know your plan's coverage.

## Wisconsin Department of Employee Trust Funds

Ombudsperson Services  
P.O. Box 7931  
Madison, WI 53707-7931



**1-877-533-5020 ext. 17947**  
**Local: (608) 261-7947**  
**ombudsperson@etf.wi.gov**

**Wisconsin Relay Service**  
(for speech- and hearing-impaired individuals):  
7-1-1 or  
1-800-947-3529 (English)  
1-800-833-7813 (Español)

**etf.wi.gov**

# Ombudsperson Services



## When You Have Wisconsin Retirement System Insurance Questions About:

- Claims
- Clarification of Benefit Coverage
- Denial of Referrals
- Enrollment and Eligibility
- Prescription Drug Benefits/  
Medicare Part D Benefits
- Grievance Process
- Independent Review Process
- It's Your Choice Enrollment Period

### Contact us at:

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## WHAT SERVICES ARE AVAILABLE THROUGH THE OMBUDSPERSON PROGRAM?

The Department of Employee Trust Funds (ETF) ombudsperson staff attempts to resolve questions and issues on behalf of Wisconsin Retirement System (WRS) participants.

### AN OMBUDSPERSON CAN HELP:

- When a prior authorization request has been denied.
- When claims have not been processed correctly.
- When you have been told that you have no insurance coverage.
- If you would like to know how to file a grievance or independent review.
- If you receive a bill for services that have been covered in the past.

#### **OMBUDSPERSON:**

A confidential resource for people in the WRS who acts as a neutral party to work for equity, fairness and compliance with program policies and insurance contracts.

## WHY USE AN OMBUDSPERSON?

The ombudsperson gives you an additional way to resolve your plan issue outside of the grievance process; however, this does not replace the plan grievance process. ETF staff try to promptly resolve your complaint, often by working directly with the plan.

If your complaint cannot be resolved informally by the ombudsperson and you wish to pursue the complaint further, a staff member will explain the multi-level grievance process available to all WRS participants.

### AN OMBUDSPERSON CANNOT:

- Guarantee a favorable outcome.
- Change any plan's policy.
- Authorize claims payment.
- Make medical determinations.
- Make ETF policy or management decisions.

#### **OMBUDSPERSON:**

Offers impartiality—  
Not an advocate for any particular individual or group. Considers the rights and interests of all parties to reach a fair resolution.

## I HAVE AN INSURANCE ISSUE. WHERE DO I BEGIN?

First, contact your plan and clearly explain the problem. Many issues are resolved with a few calls to the plan or your provider.

If you are unable to resolve the matter yourself, you can choose to go through your plan's grievance process. Contact your plan for information about their grievance process.

You may contact an ETF ombudsperson before or after going through the plan grievance process. In either case, the ombudsperson can assist as a "navigator," by providing guidance, options and resources.

Call, e-mail or write the ombudsperson program if you have questions or would like more details about services available or the grievance and appeal process.

## Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) and (d)(1)

The Department of Employee Trust Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ETF does not exclude people or treat them differently because 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. 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's Compliance Officer, who serves as ETF's Civil Rights Coordinator.

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: Compliance Officer, Department of Employee Trust Funds, 801 West Badger Road, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 1-800-947-3529; Fax: 608-267-4549; Email: ETFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF's Compliance Officer 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, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 1-800-833-7813).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

**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: 1-800-947-3529)

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

**Arabic:** ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك دون أي مصاريف: اتصل بالرقم 1-877-533-5020 (خدمة الصم والبكم: 1-800-947-3529)

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529)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: 1-800-947-3529).

**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: 1-800-947-3529).

**Laotian/Lao:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-533-5020 (TTY: 1-800-947-3529).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 1-800-947-3529).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, papagesë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

**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: 1-800-947-3529).