

What is the Local Annuitant Health Program (LAHP)?

The Program was established by 1987 Wisconsin Act 107 to provide group health insurance for retirees from local public employers whose group health insurance with their former employer does not meet their needs or is not permanently available after retirement.

Who is eligible for this health insurance?

Eligible persons are any local government retiree who is receiving a monthly or lump sum Wisconsin Retirement System annuity based on service with a local government employer, that person's spouse or domestic partner and eligible dependent children, and the surviving spouse/domestic partner/dependent child(ren) who is receiving an annuity as a beneficiary of a deceased participant.

What insurance coverage is available?

The program offers two plans: the LAHP Medicare Supplement for persons age 65 and over who are enrolled in Medicare Parts A and B, and the LAHP Preferred Provider Organization (PPO) plan for persons under age 65. Both plans are insured by WPS Health Insurance.

The 2017 monthly premiums are:

Age 65 or Over:
Medicare Supplement (MS)

Subscribers Age Band	Single Medicare	Family Medicare	One MS + One PPO
65 to 67	\$178.60	\$352.00	\$1,341.70
68 to 69	\$198.30	\$391.40	\$1,361.40
70 to 74	\$243.90	\$482.40	\$1,407.00
75+	\$276.50	\$547.40	\$1,439.40

Under Age 65:		
LAHP PPO Plan	- single	\$1,893.50
	- family	\$3,775.50
Under Age 65 with Medicare*:		
PPO Plan	- single	\$1,326.90
	- family of 2	\$2,648.10
Under Age 65 with one Medicare*, one not:		
PPO Plan	- family of 2	\$3,214.20
Under Age 65 with two Medicare*, third not		
PPO Plan	-family of 3 or more	\$3,791.10

* Disability and/or Dependent Medicare

The **Medicare Supplement** coverage provides payment for the coinsurance on certain Medicare-approved hospital and medical benefits. It includes payment of the Medicare Parts A and B deductibles and an aggregate of 365 home health care visits per year, including those covered by Medicare. Prescription drugs are not covered.

The **LAHP Preferred Provider Organization** plan provides medical and prescription drug benefits for persons under age 65. Each individual is subject to a \$250 single, 3 per family deductible and, in addition pays, 20% of charges for in-network services, or 40% for out-of-network, up to an overall coinsurance maximum of \$2,500 single/\$7,500 family.

When should I apply for this insurance?

You and your dependents may enroll without providing evidence of insurability or incurring waiting periods for pre-existing conditions only if we receive both your insurance and annuity applications within 60 days after the date you terminate covered WRS employment. Both applications can be submitted up to 90 days before you terminate employment, but your insurance application cannot be accepted before we receive your annuity application.

An open enrollment opportunity also exists when you (or your spouse if you are currently insured) turn 65 or first enroll in Medicare Part B and are over 65. You may apply for coverage as early as three months prior to the month you enroll in Medicare Part B, and up to six months after the month in which you enroll in Medicare Part B.

THE DEADLINE FOR OPEN ENROLLMENT IS 60 DAYS AFTER YOU TERMINATE EMPLOYMENT. PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE TO ENSURE TIMELY RECEIPT OF MATERIALS.

Please send Local Annuitant Health Programs forms ET-2156 and ET-2330.

Please Print

Name: _____
 Social Security Number: _____
 Date of Birth: _____ Date of Retirement (if applicable): _____
 Address: _____

Note: If you have coverage through the Wisconsin Public Employers' Group Life Insurance Program and are at least age 66, you may be eligible to convert the present value of your life insurance to pay health insurance premiums. If you would like a brochure which explains *Converting Your Group Life Insurance to Pay Health Insurance Premiums (ET-2325)*, check this box: Yes, send me this brochure (ET-2325).

Annuitants who do not apply within an open enrollment period and uninsured eligible beneficiary annuitant's (spouse or domestic partner and dependent children of deceased eligible annuitants) may file an application at any time, but are required to demonstrate good health by providing evidence of insurability. A waiting period of 270 days may apply for pre-existing conditions (reduced to 90 days if no treatment is received for the condition during that time).

The survivor of a deceased active employee who takes the WRS death benefit as a monthly annuity may enroll without furnishing evidence of insurability by filing an application with this Department within 60 days of the date of the employee's death.

When should I cancel my current insurance?

Do not cancel your current insurance until you have been notified in writing of your acceptance into this program, and of the effective date of coverage.

Is this the best insurance for me?

To learn more about health insurance for seniors, write the Office of the Commissioner of Insurance, P.O. Box 7873, Madison, WI 53707-7873 or call the Medigap Helpline, toll-free at 1-800-242-1060. Request *Wisconsin Guide to Health Insurance for People with Medicare* and the Commissioner's list of Medicare Supplement policies sold in Wisconsin.

To receive more information about the Local Annuitant Health Program and an application form, complete the tear-off section of this sheet, and mail it to this Department at P.O. Box 7931, Madison, WI 53707-7931.

If you have questions about the program, call us toll free at 1-877-533-5020 or 608-266-3285 (local Madison).

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 us toll free at 1-877-533-5020 or 608-266-3285 (local Madison). We will try to find another way to get the information to you in a usable form.



Local Annuitant Health Program Important Health Insurance Information

This insurance is available to retirees from local units of government through the State of Wisconsin Group Insurance Board and the Department of Employee Trust Funds. If you need health insurance now or in the future, you may benefit from this program.

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

ET-9019 (REV 11/29/2016)

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

The Wisconsin 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.

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, kannscht 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, ໃດຍບໍ່ເສັຽຄ່າ, 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, pa pagesë. 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).