

It's *Your* Benefit

Health insurance and other benefit programs for state and local employees and retirees



Take Care During Cold and Flu Season

Do you know what to do and what not to do during the cold and flu season to avoid getting sick? According to the U.S. Centers for Disease Control (CDC), the single best way to protect yourself from getting the flu is to get vaccinated (flu shot or nasal vaccine) every year. Although October and November are the best months to receive the vaccine, you can still receive it in December and beyond, since the flu season can last as late as May. Once you get vaccinated, it takes about two weeks for your body to produce protective antibodies.

As part of an annual Department of Employee Trust Funds study measuring participants' satisfaction with their health plan survey (also known as the Consumer Assessment of Health Plans, or CAHPS), state employee and retirees were asked if they received a flu shot since September 1, 2005. Just over half of the 6,710 respondents (51.5%) surveyed between March and May 2006 said

they had received a flu shot. Older participants were far more likely to have received a shot than younger ones. Here is the breakdown by age range:

| <u>Age Range</u> | <u>% Receiving Flu Shot</u> |
|------------------|-----------------------------|
| 18 to 24 | 23.3 |
| 25 to 34 | 32.1 |
| 35 to 44 | 33.3 |
| 45 to 54 | 41.3 |
| 55 to 64 | 58.4 |
| 65 to 74 | 80.4 |
| 75 or older | 89.2 |

Antibiotic resistance

Another important health concern during the cold and flu season is the appropriate use of antibiotics. It is important for people to take antibiotics only when it is appropriate to treat their illness. Not only are antibiotics ineffective in treating viral

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Cost Containment, Quality Improvement Efforts Demonstrate Positive Results

Four years ago the Department of Employee Trust Funds launched several initiatives that centered on health care cost containment and quality improvement. The catalyst for change came from efforts by the Group Insurance Board and the executive and legislative branches of state government to improve service delivery and quality of care while controlling escalating costs for the program's 200,000 members. Initiatives that required statutory changes were subsequently passed into law as part of the biennial budget.

Since then, our health plans have seen significant changes that helped control costs for participants and improve health care services. That we were able to implement such meaningful changes, including providing prescription drugs through a prescription drug purchasing pool operated by a pharmacy benefit manager, and adopting for state employees a three-tiered premium structure is quite an achievement. While the new initia-

tives may have taken a bit of getting used to, we thank you for your support. We are pleased to report that these efforts continue to demonstrate positive results. For example:

- Average health insurance premium rate increases are in the single digits for the third year in a row. 2007 rates will go up an average of 7.4% for state employers and 5.9% for local employers.
- For the third year in a row, monthly premiums decreased for those in the Medicare Plus \$1 Million plan.

When it comes to health insurance, quality must always trump cost. Going forward, we will keep the focus on improving quality and patient safety, while managing programs in a responsible way to achieve the best value for our members. We will continue to work on your behalf in 2007.

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infections such as colds and the flu, but inappropriately using antibiotics may contribute to a problem called antibiotic resistance. Antibiotic resistance occurs when bacteria or other germs change in some way, resist the effects of the antibiotic, and multiply; the result is a strain of bacteria that is more difficult to treat. According to the CDC, antibiotic resistance has been called one of the world's most pressing health problems. Here are some recommendations from the CDC to protect your health, your family's health and the health of

your community:

- Talk with your provider about antibiotic resistance.
- Do not take an antibiotic for a viral infection like a cold, a cough, or the flu.
- Do not demand antibiotics when a doctor says they are not needed. They will not help treat your infection.
- Take antibiotics exactly as prescribed and complete the prescribed course even if you are feeling better. In addition, do not take antibiotics prescribed for someone else. The antibiotic may not be appropriate.

Information and Resources

- The Uniform Benefits package provided under the state's group health insurance program covers many types of immunizations. For more specific information, contact your health plan. For the list of health plans participating in our program and contact information, go to: <http://etf.wi.gov/links.htm>
- Visit this CDC page for important information on reducing the inappropriate use of antibiotics and how to use them appropriately when they are necessary: <http://www.cdc.gov/drugresistance/community>
- For key facts about the Influenza (Flu) Vaccine, go to: <http://www.cdc.gov/flu/protect/keyfacts.htm>

Reminders and Announcements:

InstyMed Machines Not in Network

What is an InstyMed Machine? An InstyMed machine operates like a bank automated teller machine but instead of money, it dispenses prescription medications with a doctor's authorization. There are about a dozen InstyMed machines in Wisconsin, located primarily in hospitals and emergency rooms. These machines provide emergency service 24 hours a day and are not meant to replace local pharmacies.

Caution: These machines are not part of the Navitus network. They accept only cash and/or credit card payments. If you decide to use one in the event of an emergency, you may fill out a *Direct Member Reimbursement Claim Form* to send to Navitus for reimbursement. These forms are located on the Navitus Internet site, www.Navitus.com, or call Navitus Customer Care toll-free at 866-333-2757 and ask to have one mailed to you. As with any other out-of-network pharmacy, Navitus will determine the reimbursement amount based on our program's in-network price of the medication. As a result, you may be responsible for more than the amount you would normally pay according to your benefit structure.

Grace Period for ERA Claims

A two-and-a-half-month grace period following the end of the plan year now applies to both the Medical Expense and Dependent Care Reimbursement accounts in the Employee Reimbursement Accounts (ERA) program. Medical and dependent care expenses for services provided through March 15, 2007, may be reimbursed with funds remaining from the 2006 Plan Year. Reimbursement of claims will be made strictly on a "first in, first out" basis. This means that if you have 2006 expenses that you intend to have paid from your 2006 contributions, they must be submitted and processed before you submit any 2007 reimbursement claims to assure that they are paid out of your 2006 balance. The deadline for submitting claims for expenses incurred during the 2006 Plan Year, including the grace period, is April 15, 2007.

Coming Soon: Annual CAHPS Survey

The annual health insurance satisfaction survey (also known as the Consumer Assessment of Health Plans, or CAHPS) is set to take place from mid-February to mid-May. State employees (including graduate assistants), and retirees who are selected to participate in the survey will be contacted either by e-mail or by letter. If you are selected and the Department of Employee Trust Funds has your e-mail address, you will receive an e-mail with the following appearance:

From: WisconsinHealthInsuranceSurvey@morpace.com
Subject: 2007 State of Wisconsin Health Insurance Satisfaction Survey

Note: Because survey participants are randomly selected, it is not possible to volunteer to participate in the study.

Changes to Report? Start with ETF

This is a reminder to retirees and continuants (members who have insurance under Federal COBRA and/or state continuation rights) to report all necessary information changes directly to the Department of Employee Trust Funds (ETF). Information that should be reported directly to ETF includes:

- Name, address, and phone number changes.
- Medicare eligibility information.
- Changes in coverage (add/delete a dependent)
- Cancellation of health insurance coverage

When canceling health insurance coverage, you must notify ETF in writing. Your coverage will be canceled at the end of the month in which ETF receives your cancellation notice and annuity deductions, if applicable, will be adjusted accordingly.

Contact ETF toll-free at 1-877-533-5020 or (608) 266-3285. To send an e-mail to the Department, see the “contact ETF” page at the following address: <http://etf.wi.gov/contact.htm>.



Program Promotes Importance of Eye Exam For People with Diabetes

The Wisconsin Lions Foundation, the Wisconsin Diabetes Prevention and Control Program, and other partners have produced a nine-minute DVD, *Protect Your Vision: The Dilated Eye Exam*. The program stresses the importance of an annual dilated eye exam and encourages people with diabetes to take charge of their health care needs and make that

annual appointment. The DVD contains both English- and Spanish-language versions of the program. To view *Protect Your Vision: The Dilated Eye Exam* online, or to obtain an order form, go to the Wisconsin Lions Foundation Internet site at: <http://www.wlf.info/Diabetes%20Project.htm>. To find the program, scroll to the bottom of the page.

Use the Right ID Card for Pharmacy Benefits

Having pharmacy benefit coverage and using the right identification card (ID) is important to ensure claims are paid correctly and appropriately. If you or your covered dependents are no longer eligible but continue to use your prescription drug ID card when purchasing medications, you will be held responsible for reimbursing all claims.

Navitus Health Solutions, the pharmacy benefit manager for the state group health insurance program, provides prescription drug coverage to all covered state retirees, state employees and local government employees, and retirees and their dependents covered under the Wisconsin Public Employers (WPE) program. One ID card is issued to the subscriber listing all Navitus covered members.

In addition, Dean Care Rx provides pharmacy benefits to individuals who are participating through their (or their spouse's) former local government employer and who are Medicare eligible. Dean Care Rx is the WPE program's Medicare Part D Prescription Drug Plan and is managed by Dean Health Insurance (DHI). This is primary pharmacy benefit coverage. The retired member receives a separate DHI ID card, as does each DHI-covered spouse and dependent. Because DHI separately contracts with Medicare for this drug coverage, it is also imperative to complete and return the

Department's *Medicare Eligibility Statement* (ET-4307) form prior to the start of the retiree/dependent's Medicare coverage. This will help ensure that the transition to new ID cards and coverage flows smoothly.

DHI also provides ID cards for what is known as the “WRAP only” coverage. This secondary coverage is provided when WPE retirees enroll in a prescription drug program other than Dean Care Rx. However, while you may have an ID card for WRAP coverage, you must submit claims to DHI directly, since your pharmacist does not process the WRAP coverage claims.

Finally, your health plan should annually ask you if you also have benefit coverage under another group health plan. This is known as coordination of benefits. The plans report this information to the Department of Employee Trust Funds and we, in turn, notify Navitus and DHI. Therefore, if neither Navitus nor DHI are the primary providers of your pharmacy benefits, be prepared to present your ID card from your other group plan at the pharmacy. Whether you receive pharmacy benefits coverage through Navitus, DHI, or another group plan, it is important to know the effective dates of your coverage and to use your ID cards appropriately.



Eligibility for Dependents Age 19 or Older

If you have dependents age 19 or older on your health insurance policy, read this carefully: After the Dual-Choice enrollment period ended, you should have received a questionnaire in the mail from the health plan you were enrolled in for 2006. The completed questionnaire, in which you indicated whether your dependent remains eligible on your health insurance, was to have been returned to that health plan. If you did not do this, your dependent's coverage was terminated effective January 1.

If you indicated on the questionnaire that your dependent is no longer eligible on your health insurance, notify your employer now (if you have not already done so). Your employer will ask you to complete either the *Health Insurance Change* form (ET-2329) or, if coverage changed from family to single, the *Health Insurance Application* (ET-2301). You must return the completed form to your employer within 60 days of your dependent losing eligibility or your dependent will not be eligible to

elect COBRA continuation coverage. COBRA is a federal law that governs when employers must offer health insurance continuation coverage to employees and their dependents.

If you completed the questionnaire but your dependent's eligibility status has since changed, you must notify your employer. Example: Your dependent did not plan to become a full-time student in 2007 at the time you completed the questionnaire. However, your dependent is now a full-time student. You must complete the *Health Insurance Change* form (ET-2329) to have your dependent's coverage reinstated. Complete the *Health Insurance Application* (ET-2301) if reinstating your dependent changes coverage from single to family.

Please remember to always report any changes to your insurance coverage to your employer. If you are an annuitant, contact the Department of Employee Trust Funds. Failure to do so may result in loss of benefits or in repayment of benefits you received to which you were not entitled.

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