

**How to Become a Participating
Employer Under the
Wisconsin Public Employers'
Group Health Insurance Program**



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

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Submit materials or questions to:

Employer Services, ATTN: Program Manager
Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931
Fax: 608-266-5801
Toll-free phone: 1-877-533-5020
Local to Madison: 608-266-3285
Email: ETFSMBEmployerInsurance@etf.wi.gov

General Information

The Wisconsin Public Employers (WPE) Group Health Insurance Program offers employees of local government employers who participate in the Wisconsin Retirement System (WRS), the opportunity to choose between two or more health insurance plans. The Group Health Insurance Program became available to state employees in 1960 and to local government employees in 1987.

If the employer only participates in the Wisconsin Section 218 Agreement, the employer should consult the ET-1156 for information on how to join the health insurance program.

If the employer does not currently participate in the WRS and is not covered by a Section 218 agreement, the employer will not be able to join the health insurance program until after approval is granted by the Social Security Administration to join Wisconsin's Section 218 Agreement.

Health Insurance Plans

The WPE Group Health Insurance Program provides employees a choice of coverage between two types of plans and the employer can choose whether to offer Uniform Dental Benefits as a part of this plan.

1. They can select an alternate health plan from a list of health maintenance organizations (HMOs) and preferred provider organizations (PPOs) offering a uniform medical benefits package called an "It's Your Choice Local" health plan (Uniform Benefits).
- or*
2. Employees can select the nationwide It's Your Choice (IYC) Local Access Health Plan. Uniform Benefits do not apply to the IYC Local Access Plan except for the prescription drug coverage that is administered through the Pharmacy Benefit Manager (PBM).

Refer to the *It's Your Choice* materials at etf.wi.gov/IYC2017 for more details.

Alternate Health Plans—An employee may choose from a variety of alternate health plans that can be selected based on cost, quality of service, and access to specific physicians or other health care providers. Alternate health plans provide comprehensive benefits at a lower cost than the IYC Local Access Health Plan in exchange for some health-care provider limitations.

IYC Local Access Health Plan—This self-insured PPO plan provides medical benefits for covered services from any qualified health-care provider, but with differences in reimbursement depending on whether participants go to an in-network or out-of-network provider.

Uniform Dental Benefit

Employers choose whether to offer this dental plan to their entire employee group. There is no obligation for employers to participate in this plan. A currently participating employer can file a resolution annually to add or remove dental to their offering prior to October 1 for a change effective the following January 1.

Eligible employees, insured retirees and COBRA continuants will be able to choose whether they would like dental coverage when they enroll in health insurance if the employer has elected to offer Uniform Dental Benefits. Employees may have the Uniform Dental Benefit only if they are also enrolled in health insurance.

Delta Dental is the third party administrator for this plan. Employers can offer the Uniform Dental Benefit plan in addition to any other supplemental dental plans currently offered to employees.

Employee Eligibility

All employees, including part-time and seasonal employees, participating in the WRS are eligible for group health insurance coverage if the employer elects to participate in this program. **All employees eligible for group health insurance *must* be offered coverage.**

If you have questions about whether an employee or group of employees are eligible for health insurance coverage, contact the Employer Communication Center toll free at 1-877-533-5020 or 608-266-3285 (local Madison) before submitting materials to begin the underwriting process.

Each employer may decide whether married employees who work for the same employer may each select single or family coverage or if they are eligible only for family coverage through one of the spouses. Dependents may not be dual covered with different WPE employers or with a State employer.

Retired and Terminated Employee Eligibility

Certain retired employees are eligible under this health insurance program. These include:

1. Any retired employee receiving a WRS annuity (including a lump sum or disability annuity) as the employer's retiree and who is a participant in the employer's current group health plan.
2. Any retired or terminated employee who is part of the employer's group health plan as a result of state or federal (COBRA) continuation is eligible to enroll in any plan without restriction, except that the term of the coverage shall not exceed the length of time that the continuant is eligible under the employer's current plan.
3. Any insured employee who terminates employment after age 55 (50 for protective occupations), has attained 20 years of creditable WRS service, and is eligible for an immediate annuity but defers application.

No employer contribution is required for retirees. Premiums are billed to retirees through the Department of Employee Trust Funds (ETF) and are not the responsibility of individual employers. Employers **may choose** to contribute toward retirees' premium (employer paid annuitant). Employers participating in the program are responsible for notifying retired employees of the type and availability of coverage.

Retired employees not insured under their employer's current group health plan at the time of the group's initial enrollment in this program are **not** eligible to enroll.

Retired employees may remain covered as long as their former employer participates in the program. In addition, any retired or covered dependent eligible for Medicare must enroll in Parts A and B when first eligible and must notify ETF.

Coverage for Surviving Spouse and Dependents

The option to continue coverage at group rates indefinitely is available to the surviving spouse of an insured employee or retiree. Dependent children may continue coverage until such time as they would normally cease to be eligible.

Medicare Coordination

Participating health plans have coverage options that are coordinated with Medicare; therefore, participants remain covered by the plan they selected after they become enrolled in Medicare Parts A and B. Medicare is the primary payer of claims for retirees with Medicare Parts A and B. (If the retiree or his or her dependent is enrolled in the IYC Local Access Health Plan or State Maintenance Plan (SMP), coverage will be changed to Medicare Plus coverage. This coverage is different from the IYC Local Access Health Plan or SMP.) For participants with Medicare as primary payer, the monthly premium for health insurance is less. For those who are Medicare age but still actively working, the requirement that they enroll in Part B is deferred until they retire. These participants' premiums do not decrease until Medicare becomes primary.

Employee and Employer Cost

Employers are no longer prohibited from offering payment in lieu of coverage to employees under this health insurance program.

Employer contributions toward health insurance coverage are limited to those described in Wis. Stat. 40.51 (7) and administrative code ETF 40.10. Under the law, participating employers potentially have three structures available for establishing employer contribution toward premium:

1. the 88% Calculation Method, which must also align with the 105% calculation,
2. the Three-Tiered Premium Structure,
3. the 105% Formula Method, which is only available to those groups identified 2011 Wisconsin Act 10 as enumerated in the below section on the 105% Formula.

See page four for details about each premium structure.

Contributions can vary by employee groups. Contact ETF with questions. A group can be defined by:

- start dates
- full-time equivalency
- coverage type (single or family)
- collective bargaining agreements
- geographic location
- or other breakdowns approved by ETF

If employers use the **88% Calculation Method**, it must align with the 105% calculation. The 88% and 105% rate tables ETF provides indicate the maximum employer share. If a health plan's premium is equal to or less than the employer's share, the employer pays the entire premium. The employer may adjust the employer contribution downward to require employees who select low-cost plans to pay some amount. The employer must apply the same adjusted contribution rate equally to all employees within the same group, regardless of the plan they select.

- Participating employers are allowed to pay up to 88% of the average premium cost of the qualified tier one health plans within the service area (the county) of the employer.
- The 105% of the low-cost qualified health plan contribution method still applies. This method allows the employer to contribute toward the premium for any eligible employee an amount between 50% and 105% of the least costly qualified tier one health plan within the county of the employer.
- The minimum employer premium contribution for all local employees cannot be less than 50% for employees who work 1,040 or more hours per year or less than 25% for employees who work fewer than 1,040 hours.

The **Three-Tiered Premium Structure** is also available for employers to use to establish the maximum employee contribution toward premium. An employee's premium contribution is determined by the tier ranking (determined by the Group Insurance Board) of the health plan he or she selects.

- The employee portion of the monthly premium will increase for plans in higher tiers by at least \$20 for single coverage and \$50 for family coverage for each successively higher tier.
- The employee's single or family premium contribution must be the same for all plans in a given tier.
- A number of provisions affect the amount an employer may contribute toward the employee cost of health insurance. Wisconsin's 2011 Act 10 also requires that participating local employers not pay more than 88% of the average premium cost of the qualified tier one health plans. If a collective bargaining agreement is in effect, the terms of that agreement regarding group health insurance apply.
- In addition, by Administrative Code ETF 40.10, the employer may not pay more than 105% of the least costly qualified health plan within the employer's county.
- The employer may not pay less than 50% of the premium for employees who work 1,040 hours or more per year or less than 25% of the premium for employees who work fewer than 1,040 hours per year.

105% Calculation Method: All employees of participating local employers are subject to the 88% maximum contribution method except those listed below. For these, the **105% calculation method** applies; a tier structure that aligns with the 105% formula may be used.

- Represented employees who are subject to a collective bargaining agreement that was in place before June 28, 2011.
- Non-represented managerial law enforcement or managerial fire-fighting employees initially hired by a local employer before July 1, 2011. These employees are paid at the same percentage as represented law enforcement or fire-fighting personnel hired before July 1, 2011.
- Represented law enforcement or fire-fighting employees initially hired before July 1, 2011, and who, on or after July 1, 2011, became a non-represented law enforcement or fire-fighting managerial employee.
- These employees are paid at the same percentage as represented law enforcement or fire-fighting personnel hired before July 1, 2011.

In these cases, the 105% of the low-cost qualified health plan contribution method still applies.

Health plans must have a minimum number of certain providers in the geographic area serving the majority of the employees in order to be considered in the employers' calculation method (that is, qualified); however, this does not limit the employee's choice of plans.

Employees may select any plan offered by this program, as long as they are willing to receive health care from its respective network providers.

Note: The State Maintenance Plan (SMP) will be designated as the low-cost qualified health plan in those counties where other plans do not meet the minimum provider qualification requirements. In those counties, the 88% calculation method is based on SMP rates.

For health plan premium rates, refer to the *It's Your Choice* materials (listed below). Premiums change annually on January 1.

How to Join

All employers participating in the WRS may enter the program at the beginning of any quarter, following group underwriting. Underwriting will determine whether the group may join at the rates published in the *It's Your Choice* materials (ET-2128, ET-2158, ET-2168 or ET-2169), or whether the group must pay an additional per contract per month surcharge added to the published rates as determined by the Group Insurance Board's actuary for an average of 24 months. Typically, after adjusting for differences in benefits, groups find that the program's first year rates with surcharge are comparable to their renewal rates. The surcharge will be applied if the group's risk is determined to be detrimental to the existing pool. Per the contract, the surcharge cannot be appealed. Fees for underwriting are non-refundable.

Once ETF receives all the required information, the underwriting and enrollment process takes 120 days. Groups are eligible to enroll each quarter:

First Quarter January 1	Second Quarter April 1	Third Quarter July 1	Fourth Quarter October 1
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A blank checklist detailing the information required for submittal is included in this brochure. The *Large Group Underwriting Checklist* for groups with 51 or more WRS active employees appears on pages 14-15. The *Small Group Underwriting Checklist* for groups of 50 or less WRS active employees appears on page 16.

An employer may enroll its participants in the IYC Local Traditional Plan, IYC Local Deductible Plan, IYC Local Health Plan, or the IYC Local High Deductible Health Plan. These may be offered with or without the Uniform Dental Benefit. Program Options 2, 4, 6 and 7, below, all include the Uniform Dental Benefits, while options 12, 14, 16 and 17 do not include dental.

There are differing levels of deductibles and coinsurance in these programs to align with the cost savings of these options. An employer may elect to provide these programs or options separately to collective bargaining units as approved by ETF. To offer a second program or option, please indicate which programs you are offering on the resolution. If you decide to offer a second program or option at a later date, please complete the [Existing Employer Option Selection Resolution \(ET-1152\)](#) form.

See the following chart or the *It's Your Choice* materials, linked below:

PO 2 & 12 IYC Local Traditional (ET-2128)	PO 4 & 14 IYC Local Deductible (ET-2158)	PO 6 & 16 IYC Local Health Plan (ET-2168)	PO 7 & 17 IYC Local HDHP (ET-2169)
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**Wisconsin Public Employees
Non-Medicare Medical Benefits/Program Options (POs)
Effective January 1, 2017**

	For HMOs and some PPOs: Represents benefits for in-network providers	Program Option 2*/12 IYC Local Traditional Plan	Program Option 4*/14 IYC Local Deductible Plan	Program Option 6*/16 IYC Local Health Plan	Program Option 7*/17 IYC Local High Deductible Health Plan (HDHP)
Uniform Benefits	Deductible (Unless otherwise noted, it is an overall deductible)	No deductible	\$500 Individual \$1,000 Family Except as required by federal law. Does not apply to prescription drug copayments.	\$250 Individual \$500 Family Except as required by federal law. Does not apply to office visit and prescription drug copayments.	\$1,500 Individual \$3,000 Family Except as required by federal law. <i>Note:</i> Deductible must be met before coverage begins. For family coverage, full family deductible must be met. Deductible includes prescription drug coverage. Once met, office visit and prescription drug copayments apply up to OOP.
	Office Visit Copayment	None	None	\$15 Primary Care, \$25 Specialty Care. Applies to OOP but not deductible.	After deductible \$15 Primary Care, \$25 Specialty Care. Applies to OOP.
	Coinsurance	None except 20% for durable medical equipment, adult hearing aids and adult cochlear implants.	After deductible, none except 20% for durable medical equipment, adult hearing aids and adult cochlear implants.	After deductible you pay 10% except for office visit copayments.	After deductible you pay 10% except for office visit and prescription drug copayments.
	Annual out-of-pocket limit (OOP): includes deductible and coinsurance	None except up to \$500 Individual for durable medical equipment and adult cochlear implants. Plan pays no more than \$1,000 for each adult hearing aid. See etf.wi.gov .	After deductible, none except up to \$500 Individual for durable medical equipment and adult cochlear implants. Plan pays no more than \$1,000 for each adult hearing aid. See etf.wi.gov .	\$1,250 Individual \$2,500 Family	\$2,500 Individual \$5,000 Family



Prescription Drug Benefits	Copayment/Coinsurance (For detail including prescription drug out-of-pocket limits, visit etf.wi.gov)	
	Level 1	\$5
	Level 2	20% (\$50 max)
	Level 3	40% (\$150 max)
	Level 4 Preferred	\$50
	Level 4 Non-Preferred	40% (\$200 max)

*Program option includes dental coverage with no deductible and a \$1,000 per individual annual benefit maximum for 100% coverage of specified diagnostic, preventive and restorative coverage; and 80% coverage for certain periodontics and adjunctive services. Also includes 50% coverage up to \$1,500 per child for orthodontia. For details, visit etf.wi.gov.

**Wisconsin Public Employees
Non-Medicare Medical Benefits/Program Options (POs)
Effective January 1, 2017**

Freedom of Choice Type Benefit	IYC Local Access Traditional Health Plan PO2*/12	IYC Local Access Deductible Health Plan PO4*/14	IYC Local Access Health Plan PO6*/16	IYC Local Access High Deductible Health Plan (HDHP) PO7*/17	
IYC Access Health Plans	Deductible (Unless otherwise noted, it is an overall deductible.)	In-Network Individual: \$100 Family: \$200 Out-of-Network Individual: \$500 Family: \$1,000 Deductibles do not apply to prescription drug copayments.	In-Network Individual: \$500 Family: \$1,000 Out-of-Network Individual: \$1,000 Family: \$2,000 Deductibles do not apply to prescription drug copayments.	In-Network Individual: \$250 Family: \$500 Out-of-Network Individual: \$500 Family: \$1,000 Deductibles do not apply to office visit and prescription drug copayments.	In-Network Individual: \$1,700 Family: \$3,400 Out-of-Network Individual: \$2,000 Family: \$4,000 <i>Note: Deductible must be met before coverage begins. For family coverage, full family deductible must be met. Deductible includes prescription drug coverage. Once met, office visit and prescription drug copayments apply up to OOP.</i>
	Office Visit Copayment	None	None	In-Network \$15 Primary Care \$25 Specialty Care Applies to OOP but not deductible. Out-of-Network 30% total cost after deductible, applies to OOP.	In-Network, after deductible \$15 Primary Care \$25 Specialty Care Applies to OOP but not deductible. Out-of-Network 30% total cost after deductible, applies to OOP.
	Coinsurance	In-Network None Out-of-Network After deductible, you pay 20%.	In-Network After deductible, you pay 20% Out-of-Network After deductible, you pay 30%.	In-Network After deductible, you pay 10% Out-of-Network After deductible, you pay 30%.	In-Network After deductible, you pay 10% Out-of-Network After deductible, you pay 30%.
	Annual Out-of-Pocket Limit (OOP) Includes deductible and coinsurance.	In-Network: None Out-of-Network: Individual: \$2,000 Family: \$4,000	In-Network: Individual: \$2,000 Family: \$4,000 Out-of-Network: Individual: \$4,000 Family: \$8,000	In-Network: Individual: \$1,000 Family: \$2,000 Out-of-Network: Individual: \$2,000 Family: \$4,000	For allowable medical and prescription drug claims: In-Network Individual: \$3,500 Family: \$6,550 Out-of-Network Individual: \$3,800 Family: \$7,600

Prescription Drug Benefits	Copayment/Coinsurance (For detail including prescription drug out-of-pocket limits, visit etf.wi.gov)	
	Level 1	\$5
	Level 2	20% (\$50 max)
	Level 3	40% (\$150 max)
	Level 4 Preferred	\$50
	Level 4 Non-Preferred	40% (\$200 max)

*Program option includes dental coverage with no deductible and a \$1,000 per individual annual benefit maximum for 100% coverage of specified diagnostic, preventive and restorative coverage, and 80% coverage for certain periodontics and adjunctive services. Also includes 50% coverage up to \$1,500 per child for orthodontia. For details, visit etf.wi.gov.

Minimum Participation Requirements

Large employers (with 51 or more WRS participants) must achieve a 65% participation rate of all eligible employees. Eligible employees are all employees participating in the WRS. Small employers (50 or less WRS participants) must meet the following enrollment levels.

The program has adopted the minimum participation standards outlined in WI Administrative Code INS 8.46 (2). If an employee declines the initial coverage and indicates one of the following reasons, that person is considered a "waive" and is deducted from the group of "Eligible Employees" by the Office of Commissioner of Insurance (OCI) definition:

- Covered by a plan not sponsored by the employer
- Enrolled in a similar plan sponsored by the employer
- Annualized medical premium contribution exceeds 10% of his or her annualized gross earnings

Note: Employees who decline initial coverage for any other reason remain in the count of "Eligible Employees."

The Group Insurance Board has adopted the OCI mandates regarding small group minimum enrollment after removing "waives" from the group size count:

<u>Group Size</u>	<u>Minimum Enrollment</u>
1	1
2-4	2
5-6	3
7	4
8-9	5
10	6
11-50	70%

Note: An employer may *only* deduct the allowable "waives" from the overall group when the initial group size of employees that participate in the WRS is 50 or fewer.

Following medical underwriting, the WRS participating public employer will be notified what, if any surcharge will be applied. The employer may then elect to join WPE Group Health Insurance Program by filing a resolution 90 days prior to the effective date. Blank resolution forms are available at [Resolution for Inclusion Under WPE Group Health Insurance \(ET-1324\)](#). Be sure to include the total number of eligible employees on the resolution.

Action to adopt a resolution must be taken by one of the following governing bodies:

Public Employer	Corresponding Governing Body
County	County Board
City	Common Council
Village	Village Board
School District	School Board
Other Political Subdivision	Governing Board

Following underwriting, and 90 days after receipt of a resolution at ETF and an *Online Network For Employers Security Agreement (ET-8928)*, coverage will be effective on the first day of the quarter, unless the next quarter start date is specified.

Mail resolution and security agreement to:
Department of Employee Trust Funds
Employer Services, ATTN: Program Manager
P.O. Box 7931
Madison, WI 53707-7931
Email: ETFSMBEmployerInsurance@etf.wi.gov

After the resolution is filed, there will be an initial enrollment period. During this period the minimum participation level must be met, based on the number of WRS eligible employees electing coverage under this program, or the resolution will be rejected. Applications or online enrollments filed during the initial enrollment period **must be received by ETF or entered in myETF Benefits at least 30 days prior to the effective date of coverage or the group health insurance resolution will be null and void.**

Please note that if you wish to retain a second group health plan for one or more of your bargaining units, use the special resolution at: [Resolution for Inclusion Under Second Group Health Plan \(ET-1325\)](#). For more information, see pages 11 and 12.

Signing up for E-mail Updates for Local Employer Bulletins: Group Health Insurance

Once a resolution is filed to join the WPE Group Health Insurance Program, the employer agent is required to sign up for ETF E-mail Updates. ETF delivers Local Employer Bulletins, Group Health Insurance and other employer announcements exclusively through ETF E-mail Updates. ETF E-mail Updates is an automated system that uses e-mail to notify interested parties about specific topics when new information is posted to ETF's website. When either a new Employer Bulletin or an employer announcement is available at etf.wi.gov, subscribers will receive an e-mail with a link to it. There is no charge to subscribe to this service.

All employer agents must follow the steps outlined below even if currently subscribed to ETF E-mail Updates. The topics agents will subscribe to are employer specific and allow for more extensive communication from ETF.

Though we encourage all employer agents to subscribe through the process below, **we also suggest that your organization subscribe a shared, general e-mail address that may be accessed by others when an employer agent is unavailable.** It is the employer agent's responsibility to maintain a working e-mail address in the ETF E-mail Updates system.

How to Subscribe:

1. **Type** <http://etf.wi.gov/employer-updates.htm> into your Internet browser.
2. Click on an *Employer Bulletin* link that represents a program your organization offers.
3. Enter your email address and click the Submit button.
4. On the Success screen click on Subscriber Preferences.
5. Select the Questions tab. This question will verify that your organization has fulfilled its responsibility by subscribing to the ETF E-mail Update system.
6. Select the organization you work with from the drop down menu.
7. Click Submit.

Employer agents and all other interested parties must repeat steps 1 through 3 above to sign up to receive an employer bulletin for each ETF-administered program your organization offers. You cannot sign up for all bulletins at one time. Return to hyperlink <http://etf.wi.gov/employer-updates.htm> as these topics do not appear in the Quick Subscribe page.

Prevent Emails from Delivery to SPAM Folder

Add etfwi@public.govdelivery.com to your e-mail address book to prevent Employer Bulletins from ending up in a SPAM folder. If you use a spam filter, add etfwi@public.govdelivery.com to the white list.

If you have questions, please call the Employer Communication Center: 1-877-533-5020 or locally at 608-266-3285.

Initial Enrollment

At the time of initial enrollment, employees may select any of the plans offered by the group health insurance program. In the following situations, however, employees are limited to enrollment in the IYC Local Access Health Plan, if:

- the employer did not provide health insurance coverage to its employees prior to joining this program;
- the employee is not insured under the employer's current health insurance program or under another group health insurance plan administered by ETF at the time the resolution to participate is filed and wishes to enroll for coverage under this program;
- the employee is insured for single coverage and wishes to enroll for family coverage; or
- the employee is hired after the approval by the employer of the Resolution of Inclusion and before the effective date.

Note: Currently uninsured employees must be appointed to work at least 1200 hours (2/3 time) and for at least one year to be eligible to enroll under the IYC Local Access Health Plan.

The employee may select a different health plan during the next It's Your Choice open enrollment period that occurs after their effective date of coverage.

Retirees otherwise eligible may enroll under this program only if they are insured under the employer's current group plan at the time of the initial enrollment.

Any person who is part of the employer's group as a result of state or federal (COBRA) continuation is eligible to enroll in any plan without restriction, except the term of coverage shall not exceed the length of time for which the continuant was eligible under the employer's previous plan.

It's Your Choice Open Enrollment

It's Your Choice Open Enrollment period represents an opportunity for *employees and currently insured annuitants and continuants* to change health plans, switch from single to family coverage, change from family to single or to (for employees only) newly elect coverage. This option is only available once each year (usually in October), with the change in coverage effective January 1 of the following year. During this enrollment period, insured and uninsured employees may elect any health plan offered.

Late Enrollment

Employees choosing not to enroll when initially eligible and who do not have a qualifying event are limited to enrollment during the It's Your Choice Open Enrollment period.

Other Enrollment Opportunities

Refer to the [It's Your Choice Frequently Asked Questions](#) section on the website.

Enrollment Periods for New Employees

Once an employer participates in this program, any newly hired employee for whom the employer reports WRS contributions may enroll within 30 days of the date of hire or prior to the date the employer contributes to the premium, but no later than the first of the seventh month for which WRS contributions have been reported. Beginning January 1, 2014, in order to avoid penalties that may be assessed if coverage is found to be 'unaffordable' under federal health care reform, you may want employer contributions to begin no later than the first of the month preceding the employee's completion of 90 days of qualified employment.

For employees selecting immediate coverage, coverage will be effective the first of the month following the date of hire unless the hire date is the first of the month. In this case, coverage would be effective on the hire date.

Depending on employees' personal needs, they may enroll for single or family coverage. If an employee selects family coverage, eligible dependents include the employee's spouse, domestic partner and unmarried children up to age 26 must be covered as required by law. See the [It's Your Choice materials](#) for the complete definition of dependent.

Continuation (COBRA)

The option to continue group health insurance coverage, as permitted by state or federal law, at **group rates** is available to:

1. Employees (and covered dependents) for 18 months if the employee ceases to be eligible for group coverage because of termination of employment (including retirement) or transfer into non-eligible employment.
2. Employees and covered dependents for 36 months, if the employee ceases to be eligible for group coverage because of layoff.
3. The spouse and eligible dependents of an insured employee for 36 months who loses coverage due to divorce or termination of Domestic Partnership.
4. Dependent children for 36 months who lose dependent status.
5. Dependents for 36 months who lose coverage due to the employee's death.

Conversion

The opportunity to convert to non-group health insurance coverage (generally Marketplace or Exchange coverage) at **non-group rates** is available to any person eligible for continuation of coverage, and any person who has exhausted their 18, 29 or 36 months of continuation of coverage. Conversion is not available at the time of retirement or for retirees following COBRA continuation. Conversion is available from all plans provided the participant's group coverage has been in effect for at least three months prior to termination. The conversion contract (not group continuation) available at that time will be subject to the rates and regulations then in effect.

Alternatively, individuals may want to explore options under the federal Marketplace.

Retaining a Second Group Health Insurance Plan

Employers wishing to join the WPE Group Health Insurance Program while retaining a separate group health plan outside this program for one or more of its bargaining units or that portion of employees that are the result of a municipality's division or merger may do so only under the following provisions:

1. **Overall Participation.** It must be demonstrated to the satisfaction of the Group Insurance Board that excluding such a sub-group will not be detrimental to this program. Regardless, the minimum participation level must be met, which is based on the number of **all** your eligible employees (i.e., all WRS participating employees).

2. **IYC Access Health Plan vs. Alternate Health Plans.** If less than 50% of the employees enrolling in this program elect the IYC Access Health Plan coverage, after the first year the Plan Stabilization Contribution (PSC) may be increased by up to \$2 per month for each year that the average age of the employer group exceeds the average age of all other IYC Access Health Plan participants in this group health insurance program. The maximum increase in the PSC would be \$10 per month if a second plan is retained.
3. **Contract.** A newly participating employer must agree to continue participation in the WPE Group Health Insurance Program for a minimum of three years if they have been assigned a surcharge or if a second plan is retained.

Termination of Participation

Participation in the Group Health Insurance Program is optional. Wisconsin statute permits an employer to withdraw from the program at the end of any calendar year if a [Resolution to Withdraw from the WPE Group Health Insurance Program \(ET-1318\)](#) is received at ETF by the preceding October 15 and the employer has been participating for a full calendar year except as noted in 3, above.

Employers whose participation falls below the established participation requirements will be informed by ETF of their status. Following an employer's withdrawal from the program, any participant, including retirees, who was eligible for coverage as a result of the employer's previous participation will no longer be eligible for coverage. This includes any retiree and employee or dependent of an employee who is on continuation of coverage. Coverage for all participants will terminate on December 31 of that year.

Employers withdrawing from the WPE Group Health Insurance Program cannot re-apply for participation in the program for three years and will have to go through underwriting again.

Failure to execute the withdrawal resolution by October 15 will require ETF's approval of the withdrawal. In addition, ETF may impose enrollment restrictions on the employer appropriate to preserve the integrity of the program should the employer reapply for participation in the program after three years. Such restrictions may also be imposed if ETF terminates the employer's participation in the program due to the employer's failure to maintain the minimum participation level of eligible employees or otherwise violates the terms of the contract.

More Information

If you have any questions not covered in this booklet, you may obtain additional information by contacting:

Department of Employee Trust Funds
Employer Services, ATTN: Program Manager
P. O. Box 7931
Madison, WI 53707-7931

Phone 608-266-3285
Toll free 1-877-533-5020
E-mail: ETFMSBEmployerInsurance@etf.wi.gov
Fax: 608-266-5801
Internet site: etf.wi.gov

Resolution for Inclusion Forms

[Resolution for Inclusion Under WPE Group Health Insurance \(ET-1324\)](#)
[Resolution for Inclusion Under Second Group Health Plan \(ET-1325\)](#)

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, ໂດຍບໍ່ຄ່າ ຈຳນວນ ພ້ອມໃຫ້ທ່ານ. 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).

**Wisconsin Public Employers
Large Group Underwriting Checklist/Questionnaire**
(For groups with 51 or more WRS active employees.)

All Information must be sent to:
Employer Services, ATTN: Program Manager
PO Box 7931, Madison, WI 53707-7931
801 W. Badger Rd., Madison, WI 53713-2526
Fax (608) 266-5801
Email: ETFSMBEmployerInsurance@etf.wi.gov

- Check made out to WPS Health Insurance for cost of Underwriting for \$1,000.
- Check made out to Segal Consulting for cost of Underwriting for \$1,400.
- Employer Questionnaire checklist from ET-1139 (this form).
- WRS Group Name: _____.
- Employer Identification Number (EIN) _____.
- Federal Employer Identification Number (FEIN) _____.
- Group Contact/WRS Agent (name) _____.
- Group Contact phone _____ Fax _____.
- Email Address _____.
- Group Physical Address: _____

_____.

- County Location of Employer: _____.
- Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client): _____.
- Number of *all* employees on payroll including part time, seasonal *and all retirees* whether or not they meet WRS eligibility requirements: _____.
- Number of WRS eligible employees including part time, seasonal *and retirees*: _____.
- US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): #____.
- What is your anticipated employer contribution?:
_____.
- What is your anticipated probationary period for health insurance eligibility? (For example, 1st of the month following 60 days):
_____.
- Current insurance carrier & years enrolled: _____.
- Most recent State Department of Workforce Development quarterly Wage and Tax Report statement. This report must include employee names. This report can be sent by secure email to ETFSMBEmployerInsurance@etf.wi.gov or mailed with this checklist.
- Send electronic census data by secure e-mail to ETFSMBEmployerInsurance@etf.wi.gov or on disc that is mailed with this checklist. Your census data will be for all eligible employees (noting those employees who are in their probationary period), retirees, former employees receiving COBRA benefits (include COBRA end date) and employees waiving coverage under the current benefit plan. Census data should include:
 - The employee by name, employee number, or numeric assigned number
 - Date of birth or age
 - Sex
 - Current status of their insurance EE (single), EC (employee/child{ren}), ES (employee/spouse), F (family) preferable. At a minimum EE & F.
 - Zip code of the employee's address

Continued on next page

For current self-funded groups and insured groups with experience data, send by secure email to ETFSMBEmployerInsurance@etf.wi.gov or on disc that is mailed with this checklist:

- Twenty-four months (month by month, 12 months minimum) of claims data
- Enrollment data (month by month summary of enrollment by single, limited family, family)
- Benefit plans in force for each year of rate history
- Employer contribution
- **High cost claims data (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). *This information cannot include name, Social Security number, or any information that would identify the individual.***
- Current rates by benefit plan. For self-funded groups, current COBRA/funding rates and/or current specific stop loss, aggregate stop loss, and administrative fees and aggregate factors by plan.

□ **For insured groups with carriers who do not provide experience data, send by secure e-mail to ETFSMBEmployerInsurance@etf.wi.gov or on disc that is mailed with this checklist*:**

- 3 years of rate history and renewal calculations, including renewal rates
- Enrollment (summary of enrollment by single, limited family, and family) for each of 3 year rate history
- Benefit plans in force for each year of rate history
- High cost claim (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available). **Note: Claims data cannot include name, Social Security number, or any information that would identify the individual.**

* Note: Groups that consist of 51 to 100 active WRS employees may have to request this information, in writing, from their current plan. If it is not received by ETF, your group may be assigned to the highest surcharge amount.

Do not file a resolution until you have received your group's rates and your governing body has decided to accept them.

**Wisconsin Public Employers
Small Group Underwriting Checklist/Questionnaire**

(For groups with 1-50 WRS active employees.)

All Information must be sent to:

Employer Services, ATTN: Program Manager

PO Box 7931, Madison, WI 53707-7931

801 W. Badger Rd., Madison, WI 53713-2526

Fax (608) 266-5801

Email: ETF SMBEmployerInsurance@etf.wi.gov

- Check made out to ETF for a portion of the cost of Underwriting for \$250.
 - Employer Questionnaire checklist from ET-1139 (this form).
 - WRS Group Name: _____.
 - Employer Identification Number (EIN) _____.
 - Federal Employer Identification Number (FEIN) _____.
 - Group Contact/WRS Agent (name) _____.
 - Group Contact phone _____ Fax _____.
 - Email Address _____.
 - Group Physical Address: _____.

_____.

 - County Location of Employer: _____.
 - Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client): _____.
 - Number of *all* employees on payroll including part time and seasonal *and all retirees* whether or not they meet WRS eligibility requirements: _____.
 - Number of WRS eligible employees including part time, seasonal *and retirees*: _____.
 - US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): #_____.
 - What is your anticipated employer contribution?: _____.
 - What is your anticipated probationary period for health insurance eligibility? (For example, 1st of the month following 60 days): _____.
 - Current insurance carrier and years enrolled with current carrier: _____
_____.

 - Small Employer Uniform Employee Application for Group Health Insurance (OCI 26-501) completed by each WRS eligible employee and insured retiree. The application is available online at <https://oci.wi.gov/Documents/OCIForms/26-501.pdf>
 1. Those applying for coverage must complete sections I through IV and VI, VII and X.
 2. Those waiving coverage must complete sections I and V only.
- Due to private health insurance information, completed Uniform Employee Applications must be inserted in sealed envelopes with the employee's/retiree's name on the envelope and returned to the employer.** The envelopes are to be marked confidential. When **all** Uniform Employee Applications are received, the employer will submit them in their individually sealed envelopes with all other required documents 120 days prior to the effective date selected.
- State Department of Workforce Development quarterly Wage and Tax Report statement. This report must include employee names.
 - Recent health insurance carrier bill listing all covered employees/retirees/continuant*.
 - Provide a copy of the health plan's current benefits and rates*.
- *If the employer does not offer *group* insurance, each employee must provide a copy of his or her health plan bill and benefits.

Note: If this information is not received by ETF, your group may be assigned to the highest surcharge amount.

Do not file a resolution until you have received your group's rates and your governing body has decided to accept them.