2008 Milwaukee County

Retiree Benefits Booklet

- Medical Plans & Rates
- Basic Life Insurance Plan

DEPARTMENT of ADMINISTRATIVE SERVICES
DIVISION of EMPLOYEE BENEFITS

October 2007

Dear Milwaukee County Retiree:

Employee benefits are a large part of your retirement benefits from Milwaukee County, and offer critical financial protection for you and your spouse. However, understanding your benefit choices requires effort on your part. Employee benefit options have become increasingly more complex, so please review this booklet carefully. The benefits Open Enrollment will be November 1, 2007 through November 16, 2007. **This year, if you are not changing your current elections, no action is required**.

Things to Consider

Please be aware that Medical Managed Care (HMO Comparable) plans require the use of specific providers. Contracts between the plans and these providers can expire, renew or cancel at various times throughout the year. Please confirm with WPS that the physician you want is still in the plan. Remember, your plan selections will be in effect for all of 2008 and cannot be changed until the next Open Enrollment/Transfer Period.

Plan Selection Options

The following benefit plan elections/changes can be made during this open enrollment:

Medical Plan:

- **Managed Care Plan (HMO Comparable)**
  - Wheaton Franciscan Direct Network
  - Patient Choice Network
- **Conventional Medical Plan (PPO)**
  - Patient Choice Network
  - Broad PPO Network

Basic Life:

- Milwaukee County Retirees are eligible to continue their Basic Life insurance coverage for up to 1 times their final annual salary. Note: an age-benefit reduction schedule applies beginning at age 65.

Benefits Informational Meetings:

To assist you with any open enrollment questions you may have, retiree benefits information meetings are listed below. Retirees are welcome to attend any of the meetings listed below, however, attendance is optional.

Sincerely,

David Arena
Director of Employee Benefits

Benefits Informational Meeting Schedule:

November 2nd
Washington Park Senior Center - Main Hall
4420 W. Vliet Street
9:00 a.m. – Noon

November 9th
WPS - Schlitz Park Keg House Building
111 W. Pleasant Street
9:00 a.m. - Noon

November 12th
Clinton Rose Senior Center
3045 N. Martin Luther King Dr.
Noon – 3:00 p.m.

November 14th
Wilson Park Senior Center - Main Hall
2601 W. Howard Avenue
1:00 p.m. – 4:00 p.m.

TABLE OF CONTENTS

	Page
Table of Contents	1
Enrollment Reminders	1
Medical Plans *At-A-Glance* Comparison	2-3
Medical Plan Frequently Asked Questions	4
Life Insurance Plans	5
2008 Health Plan Premium Charts	6
Important Notice: Prescription Drug Coverage & Medicare	**7-8**
For Additional Information	Back Cover
Enrollment Forms	Enclosed

Retiree Enrollment Reminders and Tips

1. **This year, retirees are not required to re-enroll for benefits for 2008. <u>If you do not wish to make changes to your current elections, no action is required</u>.**

2. **Details regarding the retiree medical plans, and Basic Life Insurance are included in this booklet**

3. **For additional assistance, representatives from WPS will be available to answer questions during the open enrollment meetings (A schedule of these meetings is included in the letter on the previous page). Representatives from REMCO (*Retired Employees of Milwaukee County)* will also be in attendance.**

4. **For your convenience, a medical insurance change form has been included with this packet. However, keep in mind that you need to complete it *<u>only</u>* if you want to change plans or eligible covered dependents**

Milwaukee County Employee Medical Plans

Benefit Comparison *At-A-Glance*

Benefit	Preferred Provider (PPO) Plan *Patient Choice Network* or *Broad PPO Network*			Managed Care Plan (HMO Comparable) *Patient Choice Network* or *Wheaton Franciscan Direct Network*	
Lifetime Maximum Benefit	Unlimited			Unlimited	
		Single	**Family**		
Annual Deductible	**Preferred providers:**	$150	$450	**Preferred providers:**	Not applicable
	All other providers:	$400	$1,200	**All other providers:**	Not applicable
Annual Out-Of-Pocket Limit (Includes deductible and coinsurance)	**Preferred providers:**	$1,500	$2,500	**Preferred providers:**	Not applicable
	All other providers:	$3,000	$5,000	**All other providers:**	Not applicable

	Preferred providers:	**All other providers:**	**Preferred providers:**	**All other providers:**
Coinsurance (unless otherwise stated)	90%	80%	100%	Not covered
Inpatient Services(1)	90% after deductible	80% after deductible	100% after $100 copay	Not covered *unless emergency admission via ER*
Outpatient Services	90% after deductible	80% after deductible	100%	Not Covered
Maternity Services(2)	90% after deductible(6)	80% after deductible	100%	Not Covered
X-Ray and Lab Tests	90% after deductible	80% after deductible	100%	Not Covered
Emergency Room(3)	100% after $50 copay (waived if admitted)	100% after $50 copay (waived if admitted)	100% after $50 copay (waived if admitted)	100% after $50 copay (waived if admitted)
Physician Office Visits	100% after $20 copay	100% after $40 copay	100% after $10 copay	Not Covered
Routine Physical Exams (Physician Charges)	100%(7)	Not Covered	100%	Not Covered
Well-Baby Care	100%	Not Covered	100%	Not Covered
Immunizations	100%	100%(4)	100%	Not Covered
Routine Vision & Hearing Exams(5)	100%	Not Covered	100%	Not Covered
Chiropractic Care	100% after $20 copay	100% after $40 copay	100% after $10 copay	Not Covered
Mental Health / Substance Abuse	See Summary Plan Description		See Summary Plan Description	
Physical, Occupational, Speech, & Respiratory Therapy	90% after deductible	80% after deductible	Hospital: 100% Office: 100% (60 office visit limit)	Not Covered
Durable Medical Equipment	90% after deductible	80% after deductible	50% up to a maximum of $50 per item. 100% thereafter	Not Covered
Prescription Drugs	Generic: $5 Copay Preferred Brand: $20 Copay Non-Preferred Brand: $40 Copay Covered Supplies $20 Copay Limited to 30-day supply at retail pharmacy		Generic: $5 Copay Preferred Brand: $20 Copay Non-Preferred Brand: $40 Copay Covered Supplies $20 Copay Limited to 30-day supply at retail pharmacy	

Notes: This at-a-glance guide is intended as a summary only. For specific terms, provisions, conditions, limitations, or exclusions, please refer to your Summary Plan Description.

(1) Inpatient coverage limited to 365 days per confinement
(2) Includes coverage for dependent daughters
(3) Ancillary services in ER subject to deductible & coinsurance
(4) Immunizations covered up to age 6
(5) Frames, lenses, contact lenses, contact lenses fittings, and hearing aids are not covered
(6) physician services for maternity covered at 100%
(7) Limited to one exam / year for patients 18 and older

Milwaukee County 2008 Health Benefits At-A-Glance

Selecting the right provider network not only serves you well, but also helps Milwaukee County address the challenge of dramatically increasing health care costs so that we can continue to offer quality benefits for generations to come. For 2008, you can choose between two health plans:

- **The Managed Care (HMO comparable) Plan includes two network options: Wheaton Franciscan Direct Network (*formerly Covenant Direct)* or Patient Choice Network**

- **The Conventional Plan includes two network options: Patient Choice Network or Broad *(formerly Statewide/National)* PPO Network**

The Milwaukee County Managed Care (HMO comparable) Plan

This plan offers the following benefits as long as you stay in your provider network. Highlights of the plan include:

- Physician office visit $10 co-pay
- Paid-in-full immunizations and injections
- Fixed dollar co-pays for prescription drugs ($5 for generic, $20 for preferred brand drugs, $40 for brand-name drugs)
- Paid-in-full well-baby care
- $100 wellness credit
- All benefits provided by in-network providers only

Network Option: Wheaton Franciscan Direct Network

When you choose Wheaton Franciscan Direct, you'll have access to one of the area's leading providers of health care, Wheaton Franciscan Healthcare. Wheaton Franciscan's 34 national awards for patient satisfaction make one thing clear, patients come first. Advanced care that includes everything from wellness programs to critical care is delivered with the personal attention you and your family deserve.

- Access 5 great local hospitals including The Wisconsin Heart Hospital and Children's Hospital
- Quality, board–certified primary care physicians at over 100 locations
- Board-certified specialists in all specialties

Network Option: Patient Choice Network

The Patient Choice network features some of the finest hospitals and physicians in the country. The Patient Choice model is designed to facilitate a direct relationship between the patient and the doctor, removing the insurance company from medical decisions. Additional highlights include:

- Efficient use of resources that reduce incentives for unnecessary and/or duplicative tests
- Promotes wellness by encouraging patients to stay healthy, not just treating them when they are sick
- Information is available regarding performance in treating chronically ill patients with diseases such as asthma and diabetes

The Milwaukee County Conventional Plan

This plan features comprehensive benefits with deductibles and coinsurance at both in- and out-of-network providers. Highlights of the plan include:

- $150 per person, per year deductible ($450 per family)
- In-network physician office visit $20 co-pay
- Fixed dollar co-pays for prescription drugs ($5 for generic, $20 for preferred brand drugs, $40 for non-preferred brand name drugs)
- Paid-in-full well-baby care
- In-network and out-of-network benefits

Network Option: Patient Choice Network

The Patient Choice network features some of the finest hospitals and physicians in the country. The Patient Choice model is designed to facilitate a direct relationship between the patient and the doctor, removing the insurance company from medical decisions. Additional highlights include:

- Efficient use of resources that reduce incentives for unnecessary and/or duplicative tests
- Promotes wellness by encouraging patients to stay healthy, not just treating them when they are sick
- Information is available regarding performance in treating chronically ill patients with diseases such as asthma and diabetes

Also included is the National PPO Network in 41 other states that includes thousands of physicians, hospitals, and specialty care facilities.

Network Option: Broad PPO Network

The Broad PPO Network includes more than 15,000 physicians in Wisconsin and parts of Minnesota, Illinois and Iowa. Plus, you can access a wide range of clinics and specialty care centers and over 138 hospitals. With the national network you can access thousands of physicians, hospitals, and specialty care facilities in 41 other states.

for online information go to the WPS website: **www.wpsic.com**

QUESTIONS AND ANSWERS ABOUT MEDICAL BENEFITS

Answers to the most commonly asked questions about medical benefits are listed below to assist you in making a decision about which medical plan is best for you and your family.

1. **Q**. Have my health benefits plan options changed?

   A. *No, your plan options for 2008 are the same as the current options.*

2. **Q**. Has the health insurance company changed?

   A. *WPS Health Insurance will continue to administer your health plan for 2008.*

3. **Q**. Have my provider options changed?

   A. *No, you will continue to have two network options to choose from for both the Conventional and Managed Care (HMO comparable) plans. For the conventional plan, you can choose the Patient Choice Network or the Broad (formerly called the Statewide/National) PPO Network. For the Managed Care (HMO comparable) Plan, you can choose the Wheaton Franciscan Direct Network (formerly Covenant Provider Network) or the Patient Choice Network. To find in-network providers, visit www.wpsic.com and use the Find A Doctor feature*

4. **Q**. If I choose the Managed Care (HMO comparable) plan, will I have to go to an in-network physician for all of my health care needs?

   A. *Yes, in order to have your health care costs covered, you must stay within your selected network.*

5. **Q.** If I change to a different medical plan, when will the new coverage start?

   A. *Your new medical plan will take effect January 1, 2008. There will be no lapse in coverage as your current plan will be in effect through December 31, 2007. Your commitment to the plan you choose is for one calendar year. If you change health plans for 2008 and later decide you would like to return to your former plan or enroll in a different plan, you may do so only during next year's open enrollment*

6. **Q.** How is emergency care handled in and out of the Milwaukee area?

   A. *Emergency care may be obtained anywhere without prior authorization, subject to notification of the plan within 24 hours of receiving emergency services requiring inpatient hospitalization. (Review your summary plan description for specific procedures you must follow to obtain emergency and follow-up health care coverage.)*

Milwaukee County Life Insurance Plans

MetLife is the current administrator for all of Milwaukee County's life insurance plans.

Basic Life Insurance:

Milwaukee County Retirees are eligible to continue their Basic Life insurance coverage for up to 1 times their final annual salary.

Pre-age 65 Retirees Hired Before 1/1/1994
Milwaukee County provides the first $25,000 *($20,000 for select bargaining units)* of that coverage. If basic life is elected, retirees are responsible for the remainder of the coverage, at a rate of $0.34 per thousand dollars of covered income.

Post-age 65 Retirees Hired Before 1/1/1994
Upon reaching age 65, Milwaukee County pays the full premium cost of your life insurance coverage

All Retirees Hired after 1/1/1994 pay the full cost of life insurance coverage (currently $0.34 per thousand dollars of covered income).

Note: The following benefit reduction schedule begins at age 65 for basic life coverage for all retirees.

Age	Percentage of original benefit
65 but less than 66	92%
66 but less than 67	84%
67 but less than 68	76%
68 but less than 69	68%
69 but less than 70	60%
70 and older	25%

Important Considerations

- This is "Term" insurance only. You may not borrow against it and no cash value accrues.
- Life insurance beneficiaries may be changed at anytime. Please be sure to keep your beneficiary information up to date.
- Deferred retirees do not have life insurance, and will not be eligible to enroll in life insurance at the time of retirement or during open enrollment.
- If you choose to decline basic life insurance coverage, you will not be eligible to re-enroll at a later date.

Milwaukee County Retiree Health Plan Rates as of 1/1/2008

	County Conventional Plan		Managed Care (HMO Comparable)	
	Broad PPO	Patient Choice PPO	Wheaton Franciscan Direct	Patient Choice HMO
Single person not on Medicare	**$1084.33**	**$889.32**	**$846.99**	**$869.87**
Family not on Medicare	**$1798.50**	**$1474.23**	**$2371.50**	**$2435.08**
One person on Medicare	**$374.14**	**$374.14**	**$369.28**	**$369.28**
Two persons on Medicare	**$748.30**	**$748.30**	**$738.56**	**$738.56**
One person on Medicare and one person without Medicare	**$1458.47**	**$1263.46**	**$1216.27**	**$1239.15**
One person on Medicare and one person without Medicare plus dependent child(ren)	**$1458.47**	**$1263.46**	**$1216.27**	**$1239.15**
Two persons on Medicare plus dependent child(ren)	**$1458.47**	**$1263.46**	**$1216.27**	**$1239.15**

Notes:
Employees hired before 1/1/1994 who retire with at least 15 years of pension credit service are eligible for County-paid coverage. Additionally, Milwaukee County will reimburse these retirees for the cost of Medicare Part B premiums. Please be advised, if you are required to pay more than the standard Medicare Part B premium ($96.40 per person per month for 2008), it is your responsibility to notify the Division of Employee Benefits.

Important Notice From Milwaukee County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Milwaukee County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Wisconsin Physicians Service, on behalf of Milwaukee County, has determined that the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. It is not necessary for you to join a Medicare prescription drug plan at this time.

Your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

If you decide to join a Medicare drug plan, your Milwaukee County coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits and the Medicare prescription drug plan will coordinate benefits with your Milwaukee County prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Milwaukee County prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

-- CONTINUED ON NEXT PAGE --

You should also know that if you drop or lose your coverage with Milwaukee County and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For more information about this notice or your current prescription drug coverage…

Contact the person listed below for further information.
NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Milwaukee County changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

• Visit www.medicare.gov
• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare Drug Plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	November 1, 2007
Name of Entity/Sender:	Milwaukee County
Contact--Position/Office:	Susan Atkins, Benefits Specialist
Address:	901 N. 9th Street, Room 210, Milwaukee, WI 53233
Phone Number:	414-278-4115

FOR ADDITIONAL INFORMATION

Medical Plans

• MILWAUKEE COUNTY CONVENTIONAL PPO PLAN
— PATIENT CHOICE NETWORK
—BROAD *(formerly Statewide/National)* PPO NETWORK

• MANAGED CARE PLAN (HMO Comparable)
— WHEATON FRANCISCAN DIRECT NETWORK
— PATIENT CHOICE NETWORK

WPS Milwaukee Service Center ..... 1-800-351-9946 or 414-224-8838
(Information regarding providers, benefit levels, and claims processing)

WPS Customer Service Hours: 8:00 a.m. to 4:30 p.m. Monday through Friday
Open Enrollment Customer Service Hours (November 1st through November 16th, 2007)
7:00 a.m. to 7:00 p.m. Monday through Thursday
7:00 a.m. to 5:00 p.m. Friday

Employee Assistance Program-Mental Health/Substance Abuse

HEALTH MANAGEMENT CENTER (Access to Service)
• EAP service for all enrollees 1-800-472-4992
• Mental Health/Substance Abuse for
Conventional Medical Plan (PPO participants) 1-800-472-4992

THIS BROCHURE DESCRIBES THE MEDICAL BENEFIT PROGRAMS IN GENERAL TERMS ONLY AS OF THE DATE OF THIS PRINTING. IT IS NOT INTENDED TO BE A COMPLETE DESCRIPTION OF COVERAGE AND ANY STATEMENTS IN THIS BROCHURE ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER CONTRACT OF EACH PLAN AND THE RELEVANT COUNTY ORDINANCES AND BARGAINING UNIT AGREEMENTS.