



EPIC Dental & Excess Medical Plan Exclusively Designed for State of Wisconsin Employees

2010 Insurance Changes and Frequently Asked Questions

Benefit Information

The EPIC insurance plan, offered exclusively to State of Wisconsin employees, provides supplemental Dental, Excess Medical, and Accidental Death and Dismemberment (AD&D) coverage. This plan enhances your other base insurance plan(s) and has been available to WRS participants for 45 years (in 1994, EPIC secured this block of business from the John Deere Insurance Company). This plan provides:

- Medical benefits for out-of-pocket costs, such as co-pays and deductibles
- Dental coverage for major and orthodontic services – valuable if you don't currently have dental insurance or would like to enhance your existing dental coverage
 - **Reminder** – Members who enrolled during the 2009 Special Enrollment will have a dental maximum benefit of \$750 for 2010, and \$1,000 for 2011
- AD&D benefits – additional protection when the unexpected happens (for employee, and their eligible dependents)
- EPIC's complimentary EyeMed vision discount program

For a detailed description of benefits, please refer to the EPIC brochure or your Certificate of Coverage.

New 2010 Eligibility Changes

EPIC is recognizing the changes made to the State of Wisconsin health plans and coordinating our benefits to stay in line with these new state mandates.

- **Domestic Partners***

Enrollment of a domestic partner will be treated the same as a marriage for purposes of the EPIC insurance. Applications must be completed, signed, and submitted to your payroll office within 30 days of the domestic partnership effective date.

- **Dependent Coverage to Age 27***

If requested by the insured or applicant, dependents will be covered until the end of the month in which they turn 27, and they meet all of the following criteria:

- The child is over 17, but less than 27 years of age
- The child is not married
- The child is covered under their parents' base health plan

Your adult child that is not married is eligible to be covered on your insurance when he or she is 27 years of age or older when he or she:

- Is a full-time student who was previously called to federal active duty when the child was under the age of 27 years and while the child was attending, on a full-time basis, an institution of higher education.
- Is incapable of self-support because of a physical or mental disability that can be expected to be of long-continued or indefinite duration as determined by the health plan and is dependent on either parent for at least 50% of their support and maintenance as demonstrated by the support test for federal income tax purposes, whether or not the child is claimed.

***Important Note: There are tax consequences to you when you provide coverage for dependents that do not meet the support test for federal income tax purposes.**

New 2010 Benefit Changes

- **Treatment of Alcoholism, Drug Abuse, and Mental and Nervous Disorders**

Treated as any other health condition, and treated within the scope of the provider's license and within the terms of the policy.

- **Cochlear Implants and Hearing Aids**

"Treatment" means services, diagnoses, procedures, surgery, and therapy provided by a health care professional. Coverage of the cost of hearing aids and cochlear implants that are prescribed by a physician, or by an audiologist licensed in accordance with accepted professional medical or audiological standards, for a child covered under the policy or plan who is under 18 years of age and who is certified as deaf or hearing impaired by a physician or by an audiologist licensed under subch. II of ch. 459.

- **Contraceptive Coverage**

Contraceptive coverage will now be covered the same as any other drug or supply as defined in the policy.

- **Treatment of Autism**

Four years of intensive-level services to \$50,000 per calendar year, non-intensive-level services to a calendar year maximum of \$25,000. 100% of the maximum per year where the maximum is a combination of the benefits paid by the primary health plan and the EPIC plan, subject to specific limitations in the policy.

General Frequently Asked Questions (FAQs)

Q. Who is eligible for the EPIC Dental and Excess Medical plan?

A. Active State employees who are eligible to enroll in the State of Wisconsin-sponsored health plan, who enrolled during their eligibility period.

Q. If an employee doesn't enroll during their initial enrollment period, can they enroll later?

A. Late enrollment is only allowed when EPIC offers an approved enrollment period to State of Wisconsin employees and their dependents. EPIC does not offer enrollment opportunity periods each year.

Q. If an employee who is enrolled in the EPIC plan failed to enroll their dependents, can they enroll their eligible dependents at a later date?

A. Late enrollment is only allowed when EPIC offers an approved enrollment period to State of Wisconsin employees and their dependents. EPIC does not offer enrollment opportunity periods each year. Please see next questions for information on the 2010 enrollment of domestic partners and dependents to age 27.

Q. How will EPIC administer the new 2009 Wisconsin Act 28 changes for Domestic Partners?

A. EPIC will follow the same guidelines as established for the health plans. If an employee is enrolled in the EPIC plan, they will be allowed to enroll their eligible domestic partners and the eligible dependents of the domestic partner, for coverage effective January 1, 2010 or later. You may only submit an application after you have established a domestic partnership effective date.

If you have submitted the required paperwork to either ETF and/or your payroll and benefits office in 2009 to establish a January 1, 2010 domestic partnership effective date, you may submit an application to EPIC to add your domestic partner and their eligible dependents for a January 1, 2010 effective date of coverage. They will not be effective prior to January 1, 2010.

If your domestic partnership is effective after January 1, 2010, an application to add your domestic partner and their eligible dependents must be submitted to EPIC within 30 days of that effective date. The effective date will be the same date as the effective date of the domestic partnership.

Q. What if I do not add my domestic partner within the 30 days of my domestic partnership effective date?

A. Late enrollment is only allowed when EPIC offers an approved enrollment period to State of Wisconsin employees and their dependents. EPIC does not offer enrollment opportunity periods each year; this includes domestic partners and any dependents.

Q. Will the children of the domestic partner be able to enroll in the EPIC plan?

A. Yes, children of the domestic partner will be eligible to enroll at the same time the domestic partner enrolls for the 2010 mandate (eligibility of the child will need to meet the criteria of any other dependent child). Future enrollment will follow the same guidelines as enrollment of a stepchild.

Q. How will EPIC administer the new 2009 Wisconsin Act 28 changes for dependents over the age of 19 but under the age of 27?

A. We will answer this question in the following scenarios:

Adult dependent children currently insured with EPIC who turned 25 in 2009:

EPIC will send a letter to each employee with an insured dependent over the age of 25, informing the employee that we will be terming these dependents effective January 1, 2010. If the dependent qualifies for coverage under your health plan and the EPIC plan, you must submit an application to reinstate the dependent as of January 1, 2010. These applications must be submitted prior to January 1, 2010.

Adult dependent children between the ages of 19 to 25 currently insured with EPIC who did not respond to our 2009 dependent student letter or indicated that the child was no longer a student:

EPIC will send the same letter (as indicated in the above paragraph) for dependents over the age of 25, informing the employee that their dependent's coverage will be termed effective January 1, 2010. If the dependent qualifies for coverage under your health plan and the EPIC plan, you must submit an application to reinstate the dependent as of January 1, 2010. These applications must be submitted prior to January 1, 2010.

Adult dependent children who are not full-time students, not currently enrolled in EPIC:

Dependent children between the ages of 19 and 27 who were not eligible for the EPIC coverage because they were not full-time students, may apply for an effective date of January 1, 2010, as long as the application for coverage is received prior to January 1, 2010, they are approved for the employee's health plan, and they meet the qualifications of an eligible dependent.

Adult dependent children who are full-time students not currently enrolled in EPIC:

If your child was a full-time student, and is presently a full-time student, but you failed to add them when they were eligible for coverage, you will not be able to add that child at this time. If your child's status changes, is no longer a student, and is insured by your health plan and meets all the dependent eligibility qualifications, you may add that child at that time, as long as an application is submitted within 30 days of the change in status date.

Q. I enrolled during last year's Special Enrollment opportunity, now I am adding my domestic partner, what benefits will my domestic partner have?

A. EPIC is recognizing the domestic partner eligibility (and the eligible children of the partner) the same as a marriage. The domestic partner will have the maximum level of benefits (\$1,000 dental maximum).

Q. How does the EPIC Dental plan benefit the State of Wisconsin employee and their family?

- EPIC will coordinate dental benefits with other medical and dental plan(s). (Medical plans may provide preventative and basic dental coverage.)
- EPIC covers the major and orthodontic services that may not be covered by their primary plan(s).
- Primary dental coverage/services may have an annual or one-time maximum benefit. Having EPIC will help fill in the gap when the primary benefits are exhausted.
- The EPIC plan features Delta Dental providers. Although members may see any dental provider they wish, they will receive the best value when they visit a Delta Dental provider.
- Your out-of-pocket costs for qualified dental procedures will be reduced by 50%, up to a maximum of \$1,000 per member per year.
- Members may continue their coverage with EPIC when they retire – providing dental coverage when Medicare and Medicare Supplement plans do not.

Q. How does the EPIC Excess Medical plan benefit the State of Wisconsin employee and their family?

- EPIC will coordinate benefits with other medical plan(s) for an inpatient hospital stay or surgical procedure and all related services, and related State Mandates.
- EPIC covers the out-of-pocket medical costs that are the employee's responsibility.
- Upon retirement, members may continue their coverage with EPIC, to coordinate with Medicare, a Medicare Supplemental plan, or the State of Wisconsin Standard Plan (no dental coverage).
Note: Many times the HMO or PPO primary plan pays 100% of the actual hospital or surgical claim, but the related charges, such as therapy, may not be paid at 100%. In this case, members should submit a claim to EPIC.

Q. How does the EPIC Accidental Death and Dismemberment plan benefit the employee and their family?

- EPIC AD&D coverage helps offset some of the financial burden associated with an accidental death or specific life-altering injury.
- AD&D pays a lump sum benefit.

Claims Processing

Dental Claims – EPIC contracts with Delta Dental of WI to process all of EPIC's dental claims. After you visit your dentist, submit your dental claims to your primary plan for consideration. Then, submit all of your claims (including the portion paid by your primary coverage) to EPIC Life in care of Delta Dental for consideration. If you do not have a primary dental plan, submit all of your dental claims directly to EPIC Life in care of Delta Dental for consideration.

Medical Claims – First, submit your medical claims to your primary plan(s) for consideration. Then, submit your claims to EPIC for consideration. For EPIC to process your claim, you will be required to provide a copy of the Explanation of Benefits (EOB) from your primary medical plan.

Note: To receive EPIC benefits for **medical related services**, you must provide an EOB from your primary medical plan indicating approval of an inpatient hospital stay or surgery.

Accidental Death and Dismemberment (AD&D)

AD&D claims should be submitted directly to EPIC. The claim form can be found on EPIC's website, www.epiclifecom.com > Claim Forms > Life and AD&D Claim Form. This benefit payment is made in the event of the accidental loss of life, feet, hands, or eye.

Retiree Information

When an employee is eligible for annuitant status and they are currently enrolled in the EPIC plan, they may keep their EPIC coverage for as long as they live, as long as they continue to pay the premiums. At time of retirement, the payroll office will provide the employee with information to convert the EPIC insurance to an annuitant status. The EPIC continuation form (Wisconsin State Employees Dental and Excess Medical Coverage Continuation Form) must be completed and submitted within 30 days following loss of coverage through the State of Wisconsin as an active employee.

The Annuitant can continue to cover any covered and eligible dependents. Beginning 1/1/2010 this will include domestic partners.

Retiree Frequently Asked Questions (FAQs)

Q. May I add a domestic partner to my existing plan?

A. EPIC will follow the same guidelines as established for the health plans. If an annuitant is enrolled in the EPIC coverage, they will be allowed to enroll their eligible domestic partner and the eligible dependents of the domestic partner, for coverage effective January 1, 2010 or later. You may only submit an application after you have established a domestic partnership effective date. A copy of the notarized Affidavit of Domestic Partnership must be submitted along with the application.

If you have submitted the required paperwork to either ETF and/or your payroll and benefits office in 2009 to establish a January 1, 2010 domestic partnership effective date, you may submit an application to EPIC to add your domestic partner and their eligible dependents for a January 1, 2010 effective date of coverage. They will not be effective prior to January 1, 2010.

If your domestic partnership is effective after January 1, 2010, an application to add your domestic partner and their eligible dependents must be submitted to EPIC within 30 days of that effective date. The effective date will be the same date as the effective date of the domestic partnership.

Q. Will a spouse or domestic partner be able to continue their coverage if the annuitant dies?

A. Yes, the covered spouse or domestic partner may continue their EPIC coverage if the annuitant dies. The spouse would be required to complete a new continuation form to put the plan in their name. The spouse would then be eligible to continue their coverage for his/her lifetime as long as the premiums are paid.

Q. What if I do not add my domestic partner within the 30 days of my domestic partnership effective date?

A. Late enrollment is only allowed when EPIC offers an approved enrollment period to State of Wisconsin annuitants and their dependents.

Q. Will I be able to add my adult children to my plan?

A. Yes, you will have the same opportunity as all other State of Wisconsin enrollees. Please see previous FAQ's regarding adult children.

Q. When retired, will the premium be taken from the employee's accumulated sick day credits?

A. No, once the continuation form is completed and submitted to EPIC, EPIC will bill the member directly – quarterly, semi annual, or annually. The member has the option to have the monthly premiums automatically withdrawn from their bank account. Premiums and benefits for annuitants differ from those for active employees.

Q. Will the employee's dependents be able to continue their coverage when the employee retires?

A. The dependents that are on the plan at the time of the employee's retirement may remain on the plan as long as they meet the definition of an eligible dependent (this will include domestic partners and their eligible dependents).

Contact Information – When calling, please have your EPIC customer number ready.

Benefit and Claim Questions

- **Dental** – Contact EPIC in care of Delta Dental of Wisconsin:
 - Phone: (800) 236-3712
 - Fax: (715) 343-7615
 - Web: www.deltadentalwi.com
 - Address: EPIC c/o Delta Dental of WI
P.O. Box 828
Stevens Point, WI 54481

- **Excess Medical** – Contact WPS:
 - Phone: (800) 374-2040
 - Fax: (608) 223-3626
 - Address: EPIC Life Insurance
P.O. Box 8924
Madison, WI 53708

- **Accidental Death and Dismemberment** – Contact EPIC:
 - Phone: (800) 520-5750
 - Fax: (800) 236-7610
 - E-mail: life&diclaims@epicliflife.com
 - Address: EPIC Life Insurance
P.O. Box 8430
Madison, WI 53708

Important:

- **Active Employees** (non-annuitants) – Contact your payroll office for eligibility and payroll deduction questions; contact EPIC for all other questions:
- **Annuitants** (retirees who are eligible for annuitant status) – Once you become an annuitant and complete the continuation form provided to you at time of retirement from your human resource department, EPIC will bill you directly. Contact EPIC for eligibility and billing questions:
 - Phone: (800) 520-5750, extension 67857 or (608) 226-7857
 - Fax: (800) 236-7610
 - E-mail: wseeligibility@epicliflife.com
 - Address: EPIC Life Insurance
P.O. Box 8430
Madison, WI 53708

Notes:

ETF has provided more FAQs on their Web site.

This document is not a certificate of coverage and should be used as a general guide. Refer to the Certificate of Coverage for complete benefit information.

If there are differences in this document and the Group Policy, the Group Policy is the governing document.

This insurance plan has been authorized by the Group Insurance Board for the purpose of permitting premium collection through payroll deductions under authority granted by § 40.03 (6) (b) and pursuant to §20.921 (1) (a) 3. State Statute. The criteria the Board uses involves meeting several requirements which include, but are not limited to: documentation of financial stability, demonstration of a reasonable ratio of claims paid to the premium level, authority to conduct business in the State of Wisconsin, agreeing to conditions for the rate-making process and other administrative conditions. Employee Trust Funds (ETF) staff and the Board's actuary review proposals for participation prior to Board approval. However, the Board does not require competitive bids or a benefit comparison with similar products from other vendors. **Authorization for payroll deduction should not be construed as an endorsement of this plan by either the Group Insurance Board or the Department of Employee Trust Funds.**