

UNIVERSITY OF WISCONSIN SYSTEM
Denial of Your Request as Treatment as an Assistance Eligible Individual

Name of Former Employee: _____

Name of Employee/Dependent Submitting Request: _____

Date: _____

Your *Request for Treatment as an Assistance Eligible Individual* (AEI), form ET-2314 UWS, has been denied. You (and your dependents, if applicable) do not meet the eligibility requirements as a qualified beneficiary under the American Recovery and Reinvestment Act (ARRA) as listed on form ET-2314 UWS (enclosed). You must be eligible as an AEI in order for your dependents to be eligible for the COBRA premium assistance.

You are ineligible for the COBRA premium assistance for the benefits plans for which you applied:

Health _____ Anthem DentalBlue Vision Insurance EPIC Other _____
(plan name)

You are ineligible for COBRA premium assistance for the following reason(s):

- The loss of employment was voluntary.
- The loss of employment did not occur between September 1, 2008 and May 31, 2010.
- The qualifying event was a reduction in hours that caused you to lose eligibility for coverage but it was not followed by a termination of employment (or the termination occurred prior to March 2, 2010 or after May 31, 2010).
- You indicated that you are eligible for other group health insurance or Medicare.
- You are a dependent who is not a qualified beneficiary for COBRA premium assistance purposes.
- Other (explain): _____

You, and your dependents if applicable, are/remain eligible for COBRA coverage but you are responsible for the full premium due. Any applications to continue coverage that you sent with the *Request for Treatment as an Assistance Eligible Individual* have been forwarded to the applicable benefit plan. The benefit plans will bill you directly for the premium. If you do not wish to continue the coverage, please contact the benefit plan. Contact information for the plans appears on the back of this page.

Send your premium payment directly to each benefit plan for which you are continuing coverage. Premium is due by the first of the month of coverage. There is a 30-day grace period for late payment after which coverage ends and there is no opportunity to re-enroll. You are responsible for knowing when your premiums are due, as your benefit plan may not automatically remind you of the due date.

Remember! Once you enroll in other group health insurance or Medicare you are no longer eligible to continue your health insurance coverage. Likewise, enrollment in other group dental or vision coverage will end your eligibility to continue Anthem DentalBlue and VSP Vision Insurance, if you are continuing those plans.

Appeals Process

If your former employer determines that you are not eligible for COBRA premium assistance, you may appeal the decision to the U.S. Department of Health and Human Services and request an expedited review of the denial. The Department must make the determination within 15 business days of receipt of a request for review. Send your appeal, along with a copy of the enclosed *Request for Treatment as an Assistance Eligible Individual* and this letter, to:

MAXIMUS Federal Services, Inc.
COBRA--Continuation Coverage Assistance Appeals Project
800 Cross Keys Office Park, First Floor - Suite 820
Fairport, New York 14450
Phone: (866) 400-6689 / TTY: (866) 631-5610
Fax: (866) 941-0170

To Ask Questions About Filing Your Appeal, email: ContinuationCoverage@maximus.com
Online Appeal Form Available at: www.ContinuationCoverage.net

*This notice does not fully describe continuation coverage or other rights
under the State of Wisconsin group health insurance program.*

How to Contact the Benefit Plans

Anthem BCBS
P.O. Box 34210
Louisville, KY 40233-4210
Tele: (800) 490-6201

Anthem DentalBlue
P.O. Box 9274
Oxnard, CA 93031-9274
Tele: (866) 589-0582

Arise Health Plan
P.O. Box 11625
Green Bay, WI 54307-1625
Tele: (920) 490-6900
(888) 711-1444
Fax: (920) 490-6942

Dean Health Plan
1277 Deming Way
Madison, WI 53717
Tele: (608) 828-1301
(800) 279-1301
Fax: (608) 827-4212

The EPIC Life Insurance Company
P.O. Box 8430
Madison, Wisconsin, 53708-8430
Tele: (800) 520-5750
Fax: (608) 223-2159

Group Health Cooperative of
Eau Claire (GHC-EC)
P.O. Box 3217
Eau Claire, WI 54702
Tele: (715) 552-4300
(888) 203-7770
Fax: (715) 552-3500

Group Health Cooperative of South
Central Wisconsin (GHC-SCW)
1265 John Q. Hammons Dr.
P.O. Box 44971
Madison, WI 53744-4971
Tele: (608) 828-4853
(800) 605-4327
Fax: (608) 662-4186

Gundersen Lutheran Health Plan
1836 South Ave.
LaCrosse, WI 54601
Tele: (608) 775-8007
(800) 897-1923
Fax: (608) 775-804

HealthPartners Health Plan
P.O. Box Box 1309
Minneapolis, MN 55440-1309
Tele: (952) 883-5000
(800) 883-2177
Fax: (952) 883-5666

Health Tradition Health Plan
P.O. Box 188
La Crosse, WI 54602-0188
Tele: (608) 781-9692
(888) 459-3020
Fax: (608) 781-9653

Humana
N19 W24133 Riverwood Dr. #300
Waukesha, WI 53188
Tele: (800) 448-6262

Medical Associates Health Plan
1605 Associates Dr., Suite 101
P.O. Box 5002
Dubuque, IA 52004-5002
Tele: (563) 556-8070
(800) 747-8900
Fax: (563) 556-5134

MercyCare Health Plan
3430 Palmer Dr.
P.O. Box 2770
Janesville, WI 53547-2770
Tele: (608) 752-3431
(800) 752-3431
Fax: (608) 752-3751

Navitus Health Solutions
5 Innovation Court Ste B
Appleton, WI 54914
Tele: (866) 333-2757
Fax: (920) 831-1930

Network Health Plan
1570 Midway Place
P.O. Box 120
Menasha, WI 54952
Tele: (920) 720-1300
(800) 826-0940
Fax: (920) 720-1900

OptumHealth Vision Insurance
Tele: (800) 638-3120

Physician Plus Insurance Corp.
P.O. Box 2078
Madison, WI 53701-2078
Tele: (608) 282-8900
(800) 545-5015
Fax: (608) 258-1902

Security Health Plan of Wisconsin
1515 Saint Joseph Ave.
P.O. Box 8000
Marshfield, WI 54449-8000
Tele: (800) 472-2363
(715) 221-9555
Fax: (715) 221-9500

Standard Plans and SMP
WPS Health Insurance
1717 W. Broadway
P.O. Box 8190
Madison, WI 53707-8190
Tele: (800) 634-6448
Fax: (608) 243-6139

UnitedHealthcare of Wisconsin, Inc.
P.O. Box 13187
3100 AMS Blvd.
Green Bay, WI 54307-3187
Tele: (800) 357-0974
Fax: (920) 662-8349

Unity Health Insurance
840 Carolina Street
Sauk City, WI 53583-1374
Tele: (800) 362-3310
Fax: (608) 643-2564

VSP Vision Service Plan
P.O. Box 997100
Sacramento, CA 95899-7100
Tele: (800) 400-4569
Fax: (916) 463-9031

WPS Metro Choice
1717 W Broadway
PO Box 8190
Madison, WI 53707-8190
Tele: (800) 634-6448
Fax: (608) 243-6139