

**SPECIAL DUAL-CHOICE ENROLLMENT PERIOD
AUGUST 1 – 31, 2005
OPEN TO SELECT WSEU BARGAINING UNITS ONLY**

As part of the settlement of the WSEU 2003 – 2005 contract, employees who are represented by WSEU and are currently enrolled in a health insurance plan that requires a Tier 2 or Tier 3 employee monthly health insurance premium contribution have a special enrollment opportunity from August 1 – August 31, 2005.

1. Am I eligible to change health plans during this special Dual-Choice enrollment period?

You are eligible to change plans if you are currently covered under the Standard Plan (not SMP), Compcare Blue Northeast or Humana Eastern.

The Standard Plan requires the Tier 3 employee monthly contribution of \$100 for single coverage or \$250 for family coverage. Compcare Blue Northeast and Humana Eastern require the Tier 2 employee monthly contribution of \$50 for single coverage or \$125 for family coverage. Tier 1 plans require an employee monthly contribution of \$22 for single coverage or \$55 for family coverage.

2. What do I do if I want to change plans?

If you wish to change from your current Tier 3 plan to a Tier 2 or Tier 1 plan, or from your current Tier 2 plan to a Tier 1 plan, you must submit a copy of the enclosed notice along with your application to your campus benefits office no later than 4:30 p.m. on August 31, 2005.

3. When does the change in health plans become effective?

*Applications received in your campus benefits office by the August 31 deadline will be effective for the September coverage month. **Applications received on or after September 1 will not be accepted.** Premiums for September coverage will be deducted from your August 4 paycheck. Refunds will be issued, as necessary, if you changed to a lower tier plan after the higher Tier 2 or Tier 3 premiums were deducted from your August 4 or August 18 checks.*

4. Will the amount of the out-of-pocket prescription drug copayments that I've already satisfied in 2005 be applied under the new health plan?

No, if you choose to change plans at this time, you will be subject to a new out-of-pocket maximum for your prescription drug copayments from September 1 – December 31, 2005. The out-of-pocket maximum is \$300 per individual or \$600 per family.

5. How many deductions for health insurance will I have in 2005?

There will be a total of four payroll deductions for coverage months of September, October, November and December. You will see the deductions on your August 4, August 18, September 15 and October 13 paychecks.

6. Can the employee change from single to family coverage during the August enrollment or do they need to do that during the regular Dual-Choice enrollment period?

No, the opportunity is for a health plan change, not a coverage change. You can make the change from single to family coverage during the Dual-Choice Enrollment period from October 10 – 28, 2005 for a January 1, 2006 effective date.

7. I'm currently under treatment. If I change health plans, will I have to change my health care provider?

In order for it to be covered by your new health plan, the treatment or service must be provided by its network providers. The only exception is if the member is in her last trimester of pregnancy who may continue to see her current obstetrician through post-partum care (as required by State law).

8. How do I know which Tier 1 plans are available in my area?

The 2005 It's Your Choice booklet lists all of the participating health plans and shows which tier they are in. Please refer to pages A-6 – A-14 of the booklet for a list of health plans by county.

9. How do I know which providers are in the health plan's network?

Each health plan lists its major providers in section G. of the 2005 It's Your Choice booklet, as well as a web site address where you can access their provider directory. You can also call the health plan directly.

10. Please explain the three-Tier health insurance concept.

In an effort to hold down the ever-increasing costs of health insurance, the three-Tier concept was included in the 2003 – 2005 biennial budget. Under this approach, each health plan is assigned to one of the three tiers based on the relative efficiency with which the plan is able to provide the required benefits and quality of care. Health plans receive extra credit if they score well on measures of quality, patient safety and customer service. Each year the health plans are reviewed and placed in a tier. A Tier 2 plan could be a Tier 1 plan the next year.

11. If I'm on leave of absence during August, can I switch health plans upon my return to work?

Yes, but only if you are on unpaid leave for the entire month of August and have let your health insurance coverage lapse. You may submit an application to change health plans within 30 days of your return to work and the effective date of the health plan will be the first of the month on or after your campus benefits office receives the application.

If you have any questions about this special Dual-Choice enrollment period for select WSEU-represented employees, please contact your campus benefits office.