

## WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN

### SUMMARY OF MATERIAL MODIFICATIONS

- Effective June 1, 2010 – Replaced HealthEOS discount reprinter with Anthem Blue Preferred Plus POS Network (in Wisconsin) and BlueCard PPO Network BC/BS (Outside Wisconsin). To locate a provider please visit [www.anthem.com](http://www.anthem.com) or call 1-800-810-2583.
- Effective June 1, 2010 A 24 hour 7 days a week Nurseline is available to participants with health questions by calling 1-866-670-1565.
- Effective June 1, 2010 Entered into a direct contract with Dean Health System, Inc. to treat services provided at their facilities on an In-Network basis. Dean Health Systems includes Dean Care facilities plus St. Mary's Hospital, St. Mary's Dean Ventures St. Clair Hospital and Imaging Services. For more information on additional facilities [www.deancare.com](http://www.deancare.com)
- Effective June 1, 2010 Benefits reimbursed at 90% if Anthem Network or Dean Health Systems facilities are used, 70% for Non-Anthem Network or Non-Dean Health providers used (includes WEEBF2 Plan for high cost injectible drugs). For out-of-network services the maximum out-of-pocket expense per calendar year increased from \$2,000 per individual to \$3,000 and \$6,000 per family to \$9,000.
- Effective June 1, 2010 Catastrophic Coverage is reimbursed at 80% rate if Anthem Network or Dean Health Systems facilities are used, 60% reimbursement rate for Non-Anthem Network or Non-Dean Health System Providers are used.
- Effective June 1, 2010 Diabetic Supplies (Insulin, Test Strips, Syringes, Lancets) now obtainable under your Pharmacy benefit with Sav-Rx, 80%/20% reimbursement rate, not subject to the annual prescription drug cap or co-pay.
- Effective June 1, 2010 The Plan implemented a Prior Authorization program through Sav-Rx for "Specialty" Prescription Drugs.
- Effective June 1, 2010 The Plan implemented a pill splitting program through Sav-Rx to generate savings for the participant and the Plan.
- Effective June 1, 2010 The Plan implemented an education program for proton pump inhibitors and generic alternatives through Sav-Rx to educate participants regarding cost savings produced by generic medication.
- Effective June 1, 2010 Participants, who have Optional Dental Coverage, will receive discounts on services if an Anthem National Dental Network Dentist is seen (not mandatory).

## WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN

### SUMMARY OF MATERIAL MODIFICATIONS

Effective June 1, 2010 – Replaced HealthEOS discount reprinter with Anthem Blue Preferred Plus POS Network (in Wisconsin) and BlueCard PPO Network BC/BS (Outside Wisconsin).

Benefits reimbursed at 90% if Anthem Network used, 70% for Non-Anthem Network providers used (includes WEEBF2 Plan for high cost injectible drugs).

Catastrophic Coverage = 80% reimbursement rate if Anthem Network used, 60% reimbursement rate for Non-Anthem Network Providers used.

Diabetic Supplies (Insulin, Test Strips, Syringes, Lancets) now obtainable under your Pharmacy benefit with Sav-Rx, 80%/20% reimbursement rate, not subject to the annual prescription drug cap or co-pay.

Prior Authorization program through Sav-Rx for Specialty Prescription Drugs.

Participants, whom have Optional Dental Coverage, will receive discounts on services if an Anthem National Dental Network Dentist is seen (not mandatory).

**WISCONSIN ELECTRICAL EMPLOYEES HEALTH & WELFARE PLAN**

**MAJOR MEDICAL BENEFITS**

<b>ITEM</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>
<b>Major Medical Annual Deductible</b>	<b>Individual / Family \$500.00 / \$1500.00</b>	<b>Individual / Family \$500.00 / \$1500.00</b>
<b>Co-Payment amounts</b>	<b>Provider / Participant 90% / 10%</b>	<b>Provider / Participant 70% / 30%</b>
<b>Maximum Out of Pocket Expense Per Calendar Year</b>	<b>Individual / Family \$1000 / \$3000</b>	<b>Individual / Family \$3000 / \$9000</b>

**CATASTROPHIC BENEFITS**

<b>ITEM</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>
<b>Catastrophic Annual Deductible</b>	<b>Individual \$1500.00</b>	<b>Individual \$1500.00</b>
<b>Co-Payment (No annual maximum out of pocket expense)</b>	<b>Provider / Participant 80% / 20%</b>	<b>Provider / Participant 60% / 40%</b>