Things To Remember about Your Health Insurance

- You are responsible for your health care decisions.

- Not every service you want or need is covered by your health insurance. Contact your plan if you are uncertain about coverage or to find out if you need prior authorization for the services you want to receive.

- You will have to pay for services you choose to receive that are not covered by your plan.

- If you are in a plan with a network of providers, you must always use that network’s providers for your care or obtain prior authorization for services outside of the network.

- Some services require copayments. Know your plan’s coverage.

Wisconsin Department of Employee Trust Funds
Ombudsperson Services
P.O. Box 7931
Madison, WI 53707-7931

When You Have Wisconsin Retirement System Insurance Questions About:

- Claims
- Clarification of Benefit Coverage
- Denial of Referrals
- Enrollment and Eligibility
- Prescription Drug Benefits/Medicare Part D Benefits
- Grievance Process
- Independent Review Process
- It’s Your Choice Enrollment Period

Contact us at:
1-877-533-5020 ext. 17947
Local: (608) 261-7947
ombudsperson@etf.wi.gov

Wisconsin Relay Service
(for speech- and hearing-impaired individuals):
7-1-1 or
1-800-947-3529 (English)
1-800-833-7813 (Español)

etf.wi.gov

etf.wi.gov
WHAT SERVICES ARE AVAILABLE THROUGH THE OMBUDSPERSON PROGRAM?

The Department of Employee Trust Funds (ETF) ombudsperson staff attempts to resolve questions and issues on behalf of Wisconsin Retirement System (WRS) participants.

WHY USE AN OMBUDSPERSON?

The ombudsperson gives you an additional way to resolve your plan issue outside of the grievance process; however, this does not replace the plan grievance process. ETF staff try to promptly resolve your complaint, often by working directly with the plan.

If your complaint cannot be resolved informally by the ombudsperson and you wish to pursue the complaint further, a staff member will explain the multi-level grievance process available to all WRS participants.

AN OMBUDSPERSON CAN HELP:

- When a prior authorization request has been denied.
- When claims have not been processed correctly.
- When you have been told that you have no insurance coverage.
- If you would like to know how to file a grievance or independent review.
- If you receive a bill for services that have been covered in the past.

AN OMBUDSPERSON CANNOT:

- Guarantee a favorable outcome.
- Change any plan’s policy.
- Authorize claims payment.
- Make medical determinations.
- Make ETF policy or management decisions.

OMBUDSPERSON:
A confidential resource for people in the WRS who acts as a neutral party to work for equity, fairness and compliance with program policies and insurance contracts.

I HAVE AN INSURANCE ISSUE. WHERE DO I BEGIN?

First, contact your plan and clearly explain the problem. Many issues are resolved with a few calls to the plan or your provider.

If you are unable to resolve the matter yourself, you can choose to go through your plan’s grievance process. Contact your plan for information about their grievance process.

You may contact an ETF ombudsperson before or after going through the plan grievance process. In either case, the ombudsperson can assist as a “navigator,” by providing guidance, options and resources.

Call, e-mail or write the ombudsperson program if you have questions or would like more details about services available or the grievance and appeal process.