

MTEA Date Book Corrections

There are three banking day errors in the 2010-11 MTEA Date Book:

There is **no** banking day on December 3.

The January banking day is **January 24th** (not the 31st).

The May banking day is **May 20th** (not the 13th).

When you receive the Date Book, please correct these errors. We apologize for the inconvenience.

Educators' Votes Make a Difference

MPS educators have an opportunity to make a difference in Tuesday's Primary Elections. MTEA members have voted to support:

◆ **JoCasta Zamarripa**
(Assembly District 8)

◆ **Scott Dettman**
(Assembly District 7)

◆ **Elizabeth Coggs**
(Assembly District 10)

These candidates, along with incumbents like **Rep. Barbara Toles** and **Rep. Leon Young**, are committed to fighting for adequate funding for public education, fair bargaining laws, and tougher accountability for voucher schools.

Please remember to vote on Tuesday, **September 14th**.

This is a Wisconsin Statute 11.29 communication for MTEA members only.

Your Health Plan Options

During 2005-06, MPS implemented substantial changes in the two group health plans, the Aetna (PPO) and the UnitedHealthcare (HMO). For the past five years, the experiences of MTEA members have shown that Aetna is a better choice for most individuals and families.

Why Members Prefer the PPO Plan

Members choose the comprehensive indemnity/preferred provider option (PPO) plan administered by Aetna instead of the health maintenance organization (HMO) plan administered by UnitedHealthcare (UHC) for five reasons:

1. Medical decision-making and choices.
2. Access to doctors, clinics, and hospitals - locally and nationally.
3. Wider array of benefits.
4. Higher limits on benefits.
5. Risk of huge out-of-pocket costs.

The reasons are briefly explained below.

1. Medical Decision-Making and Choices

Perhaps the most important reason members select the Aetna PPO plan instead of the UnitedHealthcare HMO is the difference in how treatment decisions are made.

In a PPO, you and your doctor consider what treatment is best and who is the best provider. There are few restrictions on which procedures should be done, and you (with your doctor) choose the doctor, clinic, and hospital. The goal is obtaining the best quality care for you.

In contrast, an HMO is managed care - with rules and restrictions set by the HMO and applied by a caseworker. Treatment options are limited to in-network doctors, clinics, and hospitals. The HMO focus is on the most cost effective treatment.

2. Access, Locally and Nationally

In a PPO, you have access to all area doctors, clinics, and hospitals - even providers not in the PPO network.

In an HMO, you can access only in-network providers, and you are not guaranteed access to your choice of network specialists. Many offices assign specialists, usually based on availability. For example, different pediatricians may see your child when you visit the same clinic for routine check-ups.

Nationally, Aetna has a very extensive network in all 50 states. UHC's network is not as extensive - with far fewer providers in some locations, and none in some states.

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Self-Funded Plans

MPS self funds both group health plans. Instead of paying a set premium amount for each employee, MPS pays Aetna and UHC only for the medical services participants receive, plus an administrative fee. Usage, in both plans, determines the cost.

One financial advantage of self-funded plans is that costs are minimal for healthy employees who receive a few routine medical services annually.

Projected Premiums

For each budget year, the district estimates the total cost of each plan. MPS then calculates an average cost, a "premium" for employees on unpaid leave, retirees, and others who pay all or part of the premium each month.

For 2010-11, the premium projected for family coverage is:

Aetna PPO - **\$2,237.21**

UHC HMO - **\$1,471.73**

The **\$765.48** difference reflects two facts:

- ◆ Aetna is a better plan.
- ◆ A higher percentage of members with serious and costly illnesses choose Aetna.

Don't Opt Out

If you are covered by your spouse's health insurance plan, you may decline MPS coverage and receive a total of \$500 (taxable income) spread over your paychecks this school year.

However, the benefits under the MTEA-negotiated plans are more comprehensive than plans offered by most employers. If an illness or accident occurs, you may need a coordination of benefits with your spouse's plan. The out-of-pocket costs for one hospital stay or surgical procedure could far exceed the \$500 opt-out amount.

We strongly advise you to enroll in the Aetna Plan.

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3. Wider Array of Covered Benefits

The following are examples of medical expenses which the Aetna PPO covers but the UHC HMO does not: medically necessary orthotics; voluntary abortions; physician supervised weight loss treatment, including appetite suppressant medications; and Aetna covers 53 oral surgery procedures while UHC covers just one.

There are also differences in prescription drug coverage. Under the Aetna PPO plan, you are guaranteed coverage for virtually all FDA-approved drugs.

The UHC HMO plan determines which FDA-approved drugs it covers and can drop coverage at any time. For example, UHC does not cover Prilosec. The alternative is purchasing Prilosec over the counter at a much higher out-of-pocket cost.

4. Higher Limits on Benefits

The comparison of benefits charts on pages 10-21 of the 2010 Open Enrollment booklet MPS mailed to your home shows that the Aetna PPO provides more coverage than the UHC HMO. Here are a few examples:

	Aetna	UHC
PT, OT, & Speech Therapies	No annual limit	20 visits each, per year
Infertility Treatment Lifetime	\$30,000	\$2,000
Skilled Nursing Facility (Days/Year)	120	30
Home Health Care (Visits/Year)	120	60

5. Risk of Huge Out-of-Pocket Costs

There is a risk that you could pay much more out-of-pocket with the UHC HMO - especially if you become seriously ill. This example shows how the Aetna plan offers better financial protection **overall**.

Suppose you were diagnosed with cancer, and your doctor recommended treatment at the Mayo Clinic that would cost \$40,000.

You would have access to the Mayo Clinic even though it's not in the Aetna network. Your out-of-pocket costs could be up to **\$600**. This total consists of a \$100 deductible and a \$500 coinsurance payment, the maximum out-of-network payment annually. Aetna would pay **\$39,400**.

In the UnitedHealthcare HMO, you would probably never be referred to the Mayo Clinic. If you opted to go on your own, you would pay the entire **\$40,000** bill.

In-Network Difference - If you receive all medical services in-network, there is no risk of huge out-of-pocket costs with the UHC HMO plan. In fact, if you have single coverage and stay in-network, your annual out-of-pocket costs with UHC could be as much as \$150 lower than Aetna.

More Information at mtea.org

If you would like more details on health insurance and other negotiated benefits, please go to mtea.org. You'll find an explanation of how deductibles, co-pays, and coinsurance work and lots more.
