

**MCWAH**  
**Health, Dental, and Vision Insurance**  
**Completing and Submitting Insurance Enrollment Forms - New Hire**

*In all circumstances, the insurance enrollment forms must be signed, dated, and submitted by 30 days after your hire date or you will lose your opportunity to enroll as a new hire.*

➤ **Health, Dental and Vision Insurance enrollment:**

Completed on-line at <https://connect.wpsic.com/Gateway/commercialGateway/unauth/MCW.do>  
See Page 4 for on-line enrollment instructions. Be sure to keep a copy of your receipt.

**If you do not wish to enroll:**

➤ **You must complete the Health, Dental and Vision forms on-line indicating that you wish to WAIVE coverage.**

**This applies individually to each insurance coverage. For example: You can Enroll in Health insurance, Waive Dental insurance, and Enroll in Vision insurance. One choice of either to Enroll or Waive must be entered online for each insurance coverage.**

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**Effective date of coverage when you enroll as a New Hire:** Your official date of hire which is **7/1/23** or **8/1/23** regardless of any orientation or other sessions you may attend prior to that date.

NOTE: You should make sure that your current Health and Disability insurance coverages continue through 6/30/23 if you have options to do so. If you need other Health or Disability insurance for coverage prior to 7/1/23, you can contact the MCWAH Benefits Coordinator (smonroe@mcw.edu) who will put you in contact with someone to discuss temporary insurance options that may be available for coverage prior to 7/1/23 for you to purchase as an individual. You should contact the MCWAH Benefits Coordinator at least 10 days in advance of when you will need the temporary coverage to begin, and, if you have existing coverage, before that coverage ends.

**Address:** Complete the insurance enrollment forms **with an address to which insurance member cards and enrollment materials can be sent shortly after you submit the enrollment forms.**

- The address should be current or one from which mail will be forwarded.
- MCWAH will provide periodic address updates to the insurance companies based upon our records.
- You can update your address by calling the insurance companies or logging into your account on their websites once you have received your Member ID cards.
- If you do not have an address in the United States, **you will need to wait until you have one to enroll.** Provide an U.S. address to the MCWAH office as soon as possible. Your insurance enrollments cannot be processed until we have an U.S. address but must be received before 30 days after your hire date.

**Member ID Cards:** You need to wait at least 15 days after your enrollment forms were submitted to receive your ID cards. If you have not received your ID cards at that time:

- You should contact the insurance company at the customer service phone numbers on the [website](#).
- Verify that your correct address is on file and ask them to resend the Member ID cards if needed.
- When calling WPS Health insurance (1-800-223-6048): Press “1” (Member), wait past the translation services question, and then press “1” (Eligibility Verification). Tell them that you are a new enrollee who has not received their Member ID card. You will need to provide your name, social security number, date of birth and the address that you provided on the enrollment form. Our WPS Group # is 10006555.

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**(Continued)**

**Marriage:** If you will be married **between the receipt of these forms and your hire date**, *you need to wait until after the marriage date* to complete, sign and date the enrollment forms. The forms should be made out with your marital status and legal name as of your hire date. [The last name used for employment, payroll, fringe benefits, and academic records must be the same per MCWAH policy]. The forms should be promptly submitted as soon as possible after your marriage but **must be** received by 30 days after your hire date or you will lose your opportunity to enroll as a new hire.

**Birth of a Child:** If you are expecting a child **between the receipt of these forms and your hire date** and you wish to enroll in Family coverage including coverage of the child, *you need to wait until after the birth of the child* to complete, sign, and date the enrollment forms. The forms should be promptly submitted as soon as possible after the child's birth date but **must be** received by 30 days after your hire date or you will lose your opportunity to enroll as a new hire.

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## **Availability of Summary of Benefits and Coverage (SBC) Health Insurance Plan Information**

In accordance with the Patient Protection and Affordable Care Act [Health Care Reform Legislation], a [Summary of Benefits and Coverage \(SBC\)](#) is now available for our WPS Group Health Insurance plan.

The SBC follows a standardized template utilizing a uniform glossary of terms and can be used to compare this benefit plan to other benefit plans available to you.

The Summary of Benefits and Coverage includes summary information as to:

- Covered Health Benefits
- Prescription Drug Coverage
- Cost-Sharing (Deductibles, Copayments, Coinsurance, and Out of Pocket Costs)
- Limitations & Exceptions
- Coverage Examples
- And more

Note: Exact details and coverage are subject to the terms of the plan certificate.

The Summary of Benefits and Coverage (SBC) for the plan year:

Can be found on our website at any time directly at:

<https://www.mcw.edu/-/media/MCW/Departments/Graduate-Medical-Education/sbc.pdf>

The SBC is easily printable. Hard copies are available at no charge upon request to [gme@mcw.edu](mailto:gme@mcw.edu) or by calling WPS at 1-800-223-6048.

# Medical College of Wisconsin Affiliated Hospitals, (MCWAH)

## New Hire – Health, Dental & Vision Insurance Enrollment



**Complete On-Line at**

<https://connect.wpsic.com/Gateway/commercialGateway/unauth/MCW.do>

**Be sure to keep your receipt that is provided at the end of the process.**

### NOTE:

1. **All new hires must choose to enroll in Single coverage, Family coverage or Waive coverage.**  
If you choose to Waive coverage for yourself and your family, choose Waive as your coverage selection in Section 1.
2. Caution: During the enrollment process you will not be able to save your progress and return later.
3. Please make sure you have full names, address, DOB and SSN numbers available for all family members to be covered before beginning the enrollment form process.
4. You will also need the names, current health carrier, policy or group numbers and effective dates of any current health care coverage for anyone being enrolled.
5. Required fields are marked with an asterisk (\*). Delays in processing will occur if values are not entered correctly.
6. Do not use the browser Back or Forward buttons - your data will not be saved.
7. You will receive a receipt notice at the end of the form process if your enrollment is successfully received by the system. Make sure to print the receipt and have it available as proof of your completion of the enrollment. **You will not receive an email verification.**

Receipt Example:

A screenshot of a web application receipt page. At the top left is the WPS Health Insurance logo. The main heading reads "Your Application has been Received!". Below this, it says "Your receipt number and the date/time we received your application are below:". There is a "Print Current Page" button on the right. A "Final Step:" section lists two instructions: "1. Please print this page for your records." and "2. Exit the Application." Below this is a green bar with the text "Application Receipt Information". The receipt details are: "Receipt Number: 7ec81b62-d215-4a39-8bba-147a99f857d0" and "Date/Time Received: 05/04/2018 01:53:08:763 PM". At the bottom right, there is an "Exit Application" button. The form number "Form Number: MCWAH Enrollment Form" is visible in the bottom right corner.

Medical College of Wisconsin Affiliated Hospitals

**WPS – HEALTH INSURANCE ENROLLMENT INFORMATION**

NEW Employees -- you will receive your ON LINE enrollment instructions as part of your New Employee Packets.

GRADUATING\TERMING Employees -- you will receive a COBRA packet about two weeks before you leave.

**EXISTING Employees** -- There is an **ANNUAL OPEN ENROLLMENT PERIOD** for Health insurance each late May\June for July 1<sup>st</sup> (changes will be effective as of July 1<sup>st</sup> through the next June 30<sup>th</sup> which is the plan year).

You can add, increase (single to family), waive or reduce (family to single) your enrollment each year **during the annual open enrollment period prior to July 1st.** If you make no changes, your election automatically renews for the next plan year.

The open enrollment forms to change your Health insurance enrollment **must be completed, signed, and dated and received by the insurance companies prior to 7/1 (will be effective 7/1).** There can be NO exceptions.

Mail Completed Enrollment Form to: MCWAH, 8701 Watertown Plank Road, Milwaukee, WI 53226  
OR

FAX Completed Enrollment Form to: MCWAH 1-414-955-6409

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You need to have a ***Qualifying Event*** as outlined below in order to make a change to your Health Insurance Coverage outside of the annual open enrollment period.

You must ***Complete, Sign and Date a new enrollment form within 30 days\* of the date of the qualifying event or you will need to wait until the next annual enrollment period to make the change.***

**Qualifying Events – ALL Enrollments and changes thereto are subject to underwriting by WPS.** SEE: The Plan Certificate for the official Policy covering each of the following events.

- a) **Marriage** → Within 30 days of marriage, you can add or change to Family Coverage. The effective date of the event and the effective date of the new coverage is the date of marriage. The enrollment change form must be signed on or after the marriage date.
- b) **Add Newborn Child to Existing Family Coverage** → Coverage is provided from the time of the Child's birth. You can email your name + the Child's name, gender, and birth date to [gme@mcw.edu](mailto:gme@mcw.edu) within 30 days of the Child's birth.
- c) **Changing from Single to Family Coverage due to a Newborn Child** → Under the existing Single Coverage, coverage is provided for the newborn from the moment of the Child's birth and for the next 60 days after birth. To extend coverage beyond the first 60 days, an enrollment form must be submitted to change to Family Coverage. The effective date of the event and the effective date of the new coverage is the date of birth. In order to make this change on a **pre-tax basis**, the enrollment change **must be submitted within 30 days.**
- d) **Changing from NO Coverage to Family Coverage due to a Newborn Child** → The new enrollment form must be submitted within 30 days of birth. The effective date of that event and the effective date of the new coverage is the date of birth.

e) **Adoption of a child** → Similar to the addition of a newborn child. Based upon when the child is placed for adoption and/or the date of the final court order granting adoption. Email [gme@mcw.edu](mailto:gme@mcw.edu) within 30 days of the event for additional information if this event applies to you.

f) **Adding a Dependant to Existing Single or Family Coverage due to Court Order** → Email [gme@mcw.edu](mailto:gme@mcw.edu) within 30 days of the event for additional information if this event applies to you.

g) **Housestaff, their Spouse, or Other Dependant Loses Coverage under other Creditable Prior Coverage** → If you (or a dependant) did not enroll in the MCWAH WPS Health Insurance Plan when you otherwise could have enrolled, because you (they) were covered by other creditable coverage at that time; you can enroll for Single or Family Coverage if you (they) lose that Coverage either voluntarily or involuntarily. You (they) must have been covered under creditable prior coverage at the time you otherwise could have enrolled. You must apply for the Single or Family Coverage within 30 days of the effective date of the loss of the prior coverage. [Example: **Spouse loses their coverage** (or you lose coverage under your Spouse's plan), voluntarily or involuntarily, under which you and/or your Family were covered at the time you could have initially enrolled in the MCWAH plan]. In order to make this change on a **pre-tax basis**, the loss of coverage generally needs to be due to *loss of eligibility* or *open enrollment at the spouse's employer*.

h) **Housestaff, their Spouse, or Other Dependant Gain other Coverage under the spouse or dependant's employer's insurance plan due to a qualifying event** → If you (or a dependant) gain other coverage by meeting the qualifying event requirements of their employer's plan (new hire, open enrollment, marriage, newborn, etc), you can cancel or reduce (Family to Single) that coverage by completing an enrollment change form within 30 days of the qualifying event (gain of other coverage). The change must be consistent with the corresponding gain in coverage with the other employer's plan.

i) **Divorce** → Within 30 days of divorce, you **MUST** complete an enrollment form to drop your former spouse from coverage as they will no longer be eligible. The effective date of the event and the effective date of the change in coverage is the 1<sup>st</sup> of the month following the date of divorce.

j) **Other Qualifying Events** → There may be other events that qualify for additions or changes in Health Insurance, such as a spouse moving into the country. A signed and dated enrollment form must be received within 30 days of the qualifying event date. Email [gme@mcw.edu](mailto:gme@mcw.edu) for additional information if you think you might have an event that would qualify.

#### NOTE

Premium Only Plan: Your signed enrollment form to enroll in the Health and/or Dental insurance is also an election to enroll in the Premium Only Plan (POP) with pre-tax deductions of your portion of the Health and Dental insurance premiums. **This election cannot be changed during the plan year (7/1-6/30) without a qualifying event** that is in compliance with both the insurance company plan certificate and the POP plan document. You must complete, sign, and date a new enrollment form within the time frame specified for the qualifying event (usually 30 days from the qualifying event date).

**Your current election to the POP plan automatically renews each 7/1 if you do not actively change your enrollment with the Health and/or Dental insurance company prior to 7/1.**

There is **an annual open enrollment period** each year prior to July 1<sup>st</sup> in which you can add, change, or waive your Health or Dental insurance enrollment (and your POP elections) without a qualifying event. **The open enrollment forms to change your Health or Dental insurance enrollment must be completed, signed, and dated and received by the insurance companies prior to 7/1 (will be effective 7/1).** There can be NO exceptions.