RE: Impact of 2017 Wisconsin Act 59 on City Benefits for Domestic Partners

Dear City Employee/Retiree

This letter provides an update on the Wisconsin State Budget motion pertaining to the elimination of benefits for domestic partners for City employees and retirees. 2017 Wisconsin Act 59, which was signed into law as part of the 2017-2019 state biennial budget, created a new section (66.0510) that changes the City’s ability to provide certain benefits to domestic partners. The legislation states that a local governmental unit may only provide an employee benefit plan to its officers, agents, employees, spouses and dependent children. Below are details on how this legislation will impact City of Milwaukee benefits for domestic partners and their dependents.

Health & Dental Insurance Benefits
City sponsored Health and Dental insurance coverage for non-represented domestic partners, domestic partner children and retirees will end on March 31, 2018. The domestic partners of employees covered by a collective bargaining agreement that includes domestic partner benefits will continue to be eligible for benefits until the applicable collective bargaining agreement expires or is modified, extended, renewed or terminated, whichever occurs first. For purposes of domestic partner benefits, a collective bargaining agreement will not be considered “expired” until a successor agreement is entered into.

Life Insurance
Life Insurance benefits will remain in effect until the expiration date of the current life insurance policy or the date it is extended, modified, or renewed. The City’s life insurance contract with MetLife ends on December 31, 2019 and life insurance coverage will not be available for domestic partners or their children after that date.

Wellness Program & Services
The legislation’s terms for “employee benefit plan” are broad and include programs and services that provide medical benefits as well as training programs to participants. The broad terms of the legislative language prevent the City from allowing domestic partners to participate in City Wellness programming including the Health Appraisal, Healthy Rewards, utilizing the City’s Wellness Center and Onsite Clinics and other wellness benefits and services after March 31, 2018.
COBRA and Federal Health Exchange
The City is not able to offer COBRA coverage to domestic partners or domestic partner children. Under the federal and state COBRA law, which provides continuation coverage to individuals who lose health and dental insurance, domestic partner and domestic partner children do not meet the definition of a COBRA qualified beneficiary. Unfortunately, the City will not be able to offer COBRA coverage to domestic partners or their children when City health and dental coverage ends on March 31, 2018.

The open enrollment period for obtaining 2018 health insurance coverage on the federal exchange runs from November 1, 2017 through December 15, 2017. A Domestic Partner whose coverage is terminated outside of the federal open enrollment period may be eligible to enroll in the federal exchange at the time they lose City coverage if they qualify for a “special enrollment period” under federal law. Domestic Partners should consult www.healthcare.gov to determine whether they qualify for a special enrollment period at the time City health coverage ends.

Domestic Partners that need help enrolling in coverage under the federal exchange should visit the federal website www.healthcare.gov or call 1-800-318-2596. Participants can find local brokers through the website to provide assistance with choosing and enrolling in outside coverage. Participants can also contact the Milwaukee Health Department Community Healthcare Access Program (CHAP) where a Certified Application Counselor can help with enrollment in the Health Insurance Marketplace and assist or provide referrals for dental services. Participants should call 414-286-8620 for CHAP assistance or visit www.city.milwaukee.gov/health/medassist.

Participants that enroll in outside coverage prior to April 1, 2018, need to complete a health and dental waiver form and submit the form to DER Employee Benefits for active employees or The Employees’ Retirement System for retirees.

If you have additional questions related to this change please contact DER benefits at 414-286-3184.

Sincerely,
Renee Joos
Employee Benefits Director