It’s Your Choice: Kickoff

September 26, 2013

Welcome

• Refreshments/Restrooms
• Meeting Format
  – Live video webcast
  – Recorded webcast available for on-demand viewing
    on 9/27 (see ETF’s Employer Video Library)
  – PowerPoint slides available within the webcast for
    downloading
• Q & A – Panel Discussion
  – How to present your questions
Agenda

- Process Reminders
- Summary of Administrative Changes for 2014
- Wellness Benefits Update
- Important Program and Contract Changes
- Optional Plans Update
- Q & A Period – Panel Discussion
- Closing

Health Insurance Application & Process Reminders

- Health Insurance Application ET-2301
  - How to complete presentation coming soon
  - Complete Employer Section
- September 18, 2013 Bulletin
  - Open enrollment application deadline – November 1
  - Employer keying deadline – November 30
  - Late It’s Your Choice applications
  - Rescinding It’s Your Choice Requests
Summary of 2014 Administrative Changes

• Independent Review is available when a health plan denies coverage for treatment based on:
  ➢ Not medically necessary
  ➢ Experimental
  ➢ Pre-existing condition exclusion
  ➢ Clinical expertise of out-of-network services not medically necessary

• Independent Review is NOT available when a health plan denies coverage for treatment based on:
  ➢ Specific contract exclusion
  ➢ Premium paid on time

• Effective 1/1/2014, disputes eligible for Independent Review will not be subject to administrative review by ETF or Group Insurance Board

• Independent Review decisions are final and binding

Wellness Benefits

What are the Wellness Benefits?
• Health Risk Assessment
  — Online, Contact Health Plan for alternative
• Biometric Screening
  — Annual Physical (Signed Paper Form), On-site Event
• Uniform Incentive $150 per Adult Member
• Additional Benefits Vary by Health Plan
  — Fitness Club Discounts
  — Weight Loss Programs
  — Community Supported Agriculture
  — Health Coaching

How do members access benefits?
• www.wellwisconsin.wi.gov
• Contact your Health Plan

Important Contacts:
Benefit Questions: ETF, Emily Loman 608-266-1423
On-site Health Assessments: DOA, Hannah Zillmer 608-264-6389
What is a Shared Decision Making (SDM) program?

How do I participate in a SDM program?

- Shared Decision Making (SDM) is a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.

- SDM honors both the provider’s expert knowledge and the patient’s right to be fully informed of all treatment options and the potential harms and benefits. The process provides patients with the support they need to make the best individualized care decisions, while allowing providers to feel confident in the care they prescribe. SDM helps patients and providers make complex care decisions that require an understanding of the patient’s needs, desires and lifestyle.

Shared Decision Making

- Providers use written tools referred to as Patient Decision Aids (PDA) to communicate important information to their patients about their condition and treatment options. PDAs are designed to give patients the skills and confidence for participating in decision making with their provider. PDAs are meant to supplement rather than to replace counseling with your practitioner. PDAs can be valuable in a variety of instances, such as, explaining that different options can have major differences in outcomes or complications or the tradeoffs between short term and long term outcomes.

This year, SDM is available to participants who are considering surgery for Low Back Pain (LBP). Participants are required to complete the SDM program for LBP before they can obtain a prior authorization for LBP surgical consult.
Important Program & Contract Changes
New & Terminated Plans

- Dean Health Insurance - Prevea360:
  - Offered in NE WI - Brown, Kewaunee, Manitowoc, Oconto, Outagamie, Sheboygan & Menominee
- WEA Trust PPO-South Central:
  - Offered in Dane
- No longer available: Anthem Blue-Northwest
  - All subscribers must choose a different plan

Important Program & Contract Changes
Significant Network Changes

- WEA Trust PPO-Northwest: Offering 2 distinct networks - Mayo or Chippewa Valley
  - Subscribers must select one
  - WEA will contact existing subscribers to assist their selection
- UnitedHealthcare of Wisconsin combining NE and SE into one plan, carrier code 94
  - No applications necessary
Important Program & Contract Changes
PPACA Marketplaces and Fees

• Marketplaces: New in October, separate from our program
  – Annuitants who pay health insurance premiums through annuity deduction or directly to the health plan most likely interested
  – For more info visit HealthCare.gov, see FAQ 8 in the Decision Guide and the Marketplace notice in the Reference Guide

• Fees: PCORI, Reinsurance and Health Insurer Provider fees will be paid by the health plan or ETF
  – Employers do not have to act on these

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Important Program & Contract Changes
State Premium Contributions

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Important Program & Contract Changes
Uniform Dental Benefits

• All Alternate Plans (not Standard Plan or SMP) offering Uniform Dental Benefits to State Employees for 2014

• Benefit Overview
  – No Deductible; $1,000 Annual Benefit Maximum per person
  – 100% Coverage for Diagnostic, Preventative, Restorative Services
    • Example: Routine Evaluations, X-rays
  – 80% Coverage for Periodontal Maintenance and Adjunctive Services
    • Example: Local Anesthesia
  – 50% Coverage for Orthodontia (children only)
    • $1500 lifetime max per child

Optional Plans Update

STATE agencies only

Plans with Enrollment Opportunities for 2014:

• Anthem DentalBlue
• EPIC Benefits+
• VSP- Vision Service Plan
• Aflac
• Hartford Accidental Death and Dismemberment (AD&D) can enroll during IYC or all year
Anthem DentalBlue

- Open Enrollment for participating State Agencies
- **Orthodontic Benefit changing:**
  - 50% of covered charges up to $1000 lifetime
  - Adults AND children
- Still has $1250 annual dental maximum started in 2013

EPIC Benefits+

- **Increased annual dental maximum** from $1000 to **$1500** per covered person
- **New enrollee** tiers for annual max:
  - $750 in 2014,
  - $1000 in 2015,
  - $1500 thereafter
- Tiers waived for members from our following health insurance plans:
  - Gundersen, Health Tradition, Humana, WEA Trust
Vision Service Plan (VSP)

• Online enrollment during IYC
• Benefit changes include:
  – Contact lens benefit = $130 (same as glasses)
  – KidsCare allows dependent children (up to 26):
    • New frames yearly
    • Lenses more often if prescription worsens
    • Two eye exams per year

VSP premiums

• Premiums increasing for Active and Annuitant Plans
• Slightly higher increase for households with children, because of KidsCare
• Expect premiums to stay level 2014 through 2017
• See brochure and website
Aflac Accident Advantage Plus

• New for 2014
• Available in several state agencies
• Open enrollment *online* during IYC
  – Expect to have open enrollment again for 2015
• Enrollment via Aflac offices balance of year

Brief Aflac Overview

• Accidental injury indemnity plan: pays member or dependent directly
• Pays fixed amount for set list of injuries or treatment, for example:

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• Premiums are post-tax, so benefits not taxed
• Very important for employee to read brochure carefully before choosing
ETF website links to Optional Plans

http://etf.wi.gov/members/benefits_other_insurance.htm

- Contact information
- Links to plan brochures and certificates
- Some forms available through links
- NEW chart showing employers/plans

10 Minute Break
Questions & Answer Period

Introduction of Panel

Jeff Bogardus - PBM Navitus
Emily Loman - Alternate Plans/Wellness
Arlene Larson - Federal Policy
Roni Harper - Optional Plans
Shayna Gobel - Standard Plan/Uniform Dental
Tara Pray - Life Insurance/ERA

Thank You

Online attendees:
Please complete the short survey
(click on the “show polls” button in the viewer)

Have a great day!