



Correspondence Memorandum

Date: August 24, 2017
To: Group Insurance Board
From: Lisa Ellinger, Director
Office of Strategic Health Policy
Subject: 2018 Health Insurance Program Overview

This memo is for informational purposes only. No Board action is required.

Background

On May 8, 2017, Department of Employee Trust Funds staff delivered negotiated contracts to self-insure the state employee health insurance program to the legislature's Joint Committee on Finance (JCF). Given the uncertainty of the future JCF action on the contracts, at the May 24, 2017 Board meeting, the Board directed ETF staff to pursue fully insured alternatives to the self-insured structure. These alternatives included both the current program structure, and potentially regionalizing the program for 2018.

On June 15, 2017, the JCF rejected the self-insured contracts. ETF and the Board's consulting actuary, Segal Consulting (Segal), solicited fully insured bids from all participating health plans for both the current and regional structures. All bids were submitted by July 7, 2017.

After evaluating the bids and consulting with the Board Chair, it was determined that it was unlikely to achieve meaningful savings in 2018 by moving to a regional structure, and that ETF staff and Segal should proceed with negotiations for the current program structure for 2018. This decision was communicated to the Board July 17, 2017.

Minimizing program changes at this stage in the process was also intended to allow staff and payroll centers adequate time to prepare for the fall enrollment period from a systems and communication standpoint.

State and National Factors

Several influencing factors impacted health plan negotiations and ETF staff's approach to the 2018 renewal.

Reviewed and approved by Robert J. Conlin, Secretary

Electronically Signed 8/25/17

Board	Mtg Date	Item #
GIB	8.30.17	7A

Affordable Care Act (ACA)

The uncertainty at the national level about the future of the ACA likely impacted insurers' business decisions relating to the Wisconsin state employee program. In recent months, national insurers have withdrawn from state exchanges and markets across the country.

State Biennial Budget

In addition to rejecting the self-insuring contracts, JCF approved several provisions related to the state employee program, including significant required program savings (Attachment A). The state budget savings targets were comparable to those originally based on self-insuring the program. The fact that the state budget has largely been stalled for the past several weeks left ETF in the position of having a substantial savings target but without final statutory language on requirements for the biennium. Staff also had a strict timeline to adhere to, with recommendations needed for the August 30 Board meeting, and the fall enrollment period beginning October 2.

Group Insurance Board

In addition to the factors noted above, staff also aimed to be consistent with direction from the Board to maintain benefits for 2018.

Health Plan Negotiations

Given the factors noted above, ETF and Segal took an aggressive negotiation stance based on the budget-required savings, and aimed for minimal 2018 medical premium increases, and tight requirements for Tier 1 participation. As a result, the most efficient insurers opted to continue participation in the program and meet premium requirements for 2018, and the less competitive insurers terminated participation in the program. The competitive model remains in place, but with 10 participating insurers for 2018.

It should also be noted that the new data submission requirements for the Truven data warehouse were a significant concern and topic of negotiations for some of the departing health plans. This data will be crucial to future program management and health plan performance measurement. This clearly factored into the decision to terminate for some insurers.

In addition to the negotiated savings, a significant draw on reserves will also be required to meet the biennial savings targets. Additional detail on this topic will be presented under Agenda Items 7E and 7G.

Six Health Plans Leaving Program

The following health plans chose to not participate in the program for 2018:

- Anthem Blue Preferred Northeast (serves Northeast WI, 4,300 members)
- Arise Health Plan (serves Northeast WI, 1,700 members)
- Health Tradition Health Plan (serves Western WI, 4,600 members)

- Humana Eastern and Western, including Medicare Advantage (serves Eastern and Western WI, with Medicare Advantage providing nationwide access, 18,100 members)
- UnitedHealthcare of Wisconsin (serves Eastern WI, 14,000 members)
- WPS contract terminates December 31, 2017 (serves all of WI, nationwide and the MedicarePlus population; 10,600 members)

Attachment B and C are included to provide health plan comparisons, and highlight the fact that several of the lower-performing plans in terms of quality, grievances, and customer service issues have terminated participation for 2018.

As a reminder to the Board, terminating health plans are not allowed to re-enter the program for 3 years, as stipulated in the contract with the health plans.

2018 Health Plans

Pending Board approval, the health plans available in 2018 will be:

- Dean Health Insurance and Dean Health Insurance-Prevea360
- Group Health Cooperative of Eau Claire
- Group Health Cooperative of South Central Wisconsin
- HealthPartners Health Plan
- Medical Associates Health Plans
- MercyCare Health Plans
- Network Health
- Security Health Plan – Central and Valley
- Quartz – Community and UW Health (see additional information below)
- WEA Trust – East, Northwest Chippewa Valley and Mayo Clinic Health System (also IYC Access Plan, Medicare Plus and State Maintenance Plan)

Quartz

Gundersen Health Plan, Physicians Plus and Unity Health Insurance have partnered and will be offered under the name “Quartz”. Participants in these plans will be automatically enrolled in either Quartz-Community or Quartz-UW Health and can select a different plan during IYC open enrollment. Participants will receive information from both Quartz and ETF about these changes.

WEA Trust: IYC Access Plan, Medicare Plus, and the State Maintenance Plan

WEA Trust will replace WPS as the new administrator of the IYC Access Plan, Medicare Plus and the State Maintenance Plan for 2018. These programs will be offered on a fully insured basis for the first time in program history. Participants in these plans will be automatically transitioned to WEA Trust if they do not select a different plan during IYC open enrollment.

When the JCF rejected the self-insured nationwide contract (with Anthem), ETF determined that pursuing a fully insured alternative was the only practical option to

negotiate a nationwide and Medicare supplement replacement to the current WPS offering. This course of action was communicated to the Board August 7, 2017.

With the national carriers terminating from the program for 2018, ETF had limited options to provide nationwide coverage and Medicare supplement offering for 2018. WEA Trust was the only continuing vendor that could offer the array of programs and coverage currently administered by WPS. Additional information on the Medicare option is covered later in this memo.

Member Impact

Approximately 53,000 members will be required to change health plans for 2018.

NOTE: this figure does not include the members who will be migrated to the new Quartz offering.

Historical experience indicates that members often do not mind changing health plans, but feel more strongly about maintaining their provider/patient relationships. Segal analyzed the in-state network offerings to estimate the member disruption caused by the health plan changes. The tables below highlight the findings from the disruption analysis. Most members (99%) will be able to keep their current doctors.

As noted in Tables 1 and 2, a small number of facilities (15) and providers (13) that had significant member utilization in 2016 will no longer be in-network.

Table 1 - Facility Disruption

Facilities no longer in-network	400
Facilities with 2016 claims <\$1k	200
Facilities with 2016 claims <\$10k	330
Facilities with 2016 claims >\$100k	15
Facilities with only 1 patient disrupted	300
Average patients disrupted per facility	3

Table 2 - Provider Disruption

Providers no longer in-network	1000
Providers with 2016 claims >\$100k	7
Providers with >25 patients disrupted	13
Average patients disrupted per provider	2

Table 3 - Member Disruption

Total members disrupted	4500
Total member physician disruption	2500

Table 3 estimates the number of members who will experience some sort of change for 2018. This could include access to current services in a number of categories, such as hospital/clinic, physician or nurse practitioner, lab, physical therapy, optometry, etc. As

highlighted in the table, approximately 2500 members – or 1% of ETF’s population – will be required to change physicians in 2018.

Another indication of health plan access is the number of counties that require the State Maintenance Plan (SMP) offering – where there is no Tier 1 plan available. Only one county (Florence) will have SMP placement in 2018, compared to eight SMP counties in 2017.

ETF also worked with remaining health plans to identify key gaps in the state employee network and some plans were able to make affordable expansions to networks to minimize disruption.

WEA also analyzed the WPS claims experience to identify out-of-network facilities in the nationwide plan. Of the 50 most heavily utilized facilities in 2016, only one facility is not included in the WEA 2018 network.

Medicare Options

ETF members currently have three Medicare options, as described in Board memos from [February](#) and [May](#) 2017. A brief description of each plan option follows below.

IYC Health Plan – Medicare

This offering is available through all participating health plans and currently enrolls approximately 63% of ETF Medicare-eligible members. It is designed to replicate the Uniform Benefits package members have pre-Medicare enrollment. This offering will continue to be available in 2018.

IYC Medicare Plus

The IYC Medicare Plus plan currently enrolls approximately 29% of the ETF Medicare-eligible members and is the most affordable Medicare option because it provides a slimmer benefit package than the other options. It is a Medicare supplement plan that has been administered by WPS as a self-insured health plan. It is an important option, particularly for those Medicare annuitants that live outside of Wisconsin because of its national network.

The contract with WPS expires December 31, 2017. All contract extensions with WPS have been exhausted. After the JCF rejected the self-insured contract for this plan, ETF worked with WEA to contract for the Medicare Plus plan administration, as noted previously in this memo.

Members enrolled in IYC Medicare Plus who do not select another plan during IYC open enrollment will be automatically enrolled in the WEA Trust Medicare Plus plan to ensure they do not lose coverage.

IYC Medicare Advantage

The IYC Medicare Advantage Plan currently enrolls approximately eight percent of the ETF Medicare-eligible subscribers. Member premium cost is approximately the mid-point between the packages described above. This plan is currently administered by Humana and offers members the same Uniform Benefits as Medicare-eligible members in other IYC health plans. The key difference between this plan and IYC Health Plan – Medicare is nationwide access (which is also available through the Medicare Plus plan).

This plan will no longer be available in 2018 due to Humana's departure from the program. However, ETF is developing a Request for Proposal (RFP) to solicit proposals from vendors to offer a group Medicare Advantage plan to Medicare members starting in 2019. The goal of the RFP is to provide Medicare members more high-quality choices at more affordable monthly premiums.

While members enrolled in the Medicare Advantage plan will have to switch plans, they will have a number of other options. All the other IYC Health Plans have the same benefit designs and are available throughout the state. In addition, these members will have access to the IYC Medicare Plus plan through WEA, which has a national provider network, and lower monthly premium.

ETF will engage in a rigorous communication plan to ensure members currently enrolled in Humana's Medicare Advantage plan understand their options and the steps they should take to enroll in another plan.

Communication Plan

ETF has an extensive communications plan underway for the 2018 health plan changes. The plan targets communications to various audiences, including staff, active members, retirees, employers (state and local), health plans, the media, the Legislature, and other stakeholders. Attachment D highlights Q&A posted to the ETF website, and Attachment E is an employer communication that outlines upcoming communications and training opportunities. 2018 participating health plans will also provide information in their annual subscriber letter that goes to members in September. Terminating health plans sent a mailing to members in mid-August, and will send a second mailing in September.

For retirees, ETF's communication channels will include the health plans, advocacy groups, direct mail and the website. Planned communications related to the Medicare Plus and Medicare Advantage changes include:

- WPS and Humana will be sending two mailings to subscribers informing them that they will need to select a new health plan and information they need to know about transitioning care;
- Program changes will be explained in the WRS News newsletter ETF mails in September and again in November;

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- For out-of-state Medicare Advantage members, ETF will send a targeted mailing to inform members about their options;
- ETF staff is reaching out to meet with retiree advocacy groups to explain the 2018 program changes; and
- ETF will be developing e-Learning videos and factsheets that will be available on the Department's website to explain the changes.

Staff will be available at the Board meeting to answer questions.

Attachment A: JCF Motion

Attachment B: Health Plan Report Card

Attachment C: Health Plan Grievances

Attachment D: Q&A for Health Plan Changes

Attachment E: Important 2018 Health Plan Changes

BUDGET MANAGEMENT AND COMPENSATION RESERVES

State Employee Group Health Program
[LFB Paper #161, Substitute Alternative]

Motion:

Move to adopt the following budget modifications:

1. Alternatives B2, C2, and C3, which would: (a) delete provisions in the bill that specify per pupil aid and an indexing calculation for choice, charter, and open enrollment programs would depend on the decision to self-insure; (b) maintain the current group health program structure; (c) delete the self-insurance lapse from compensation reserves and delete reductions to the University of Wisconsin System associated with self-insurance (\$60 million GPR over the biennium); (d) estimate negotiation savings of \$22,736,300 GPR over the biennium; (e) reestimate Affordable Care Act health insurer fee savings of \$17,991,400 GPR over the biennium (approximately \$4 million GPR less than initially estimated); (f) specify that the Department of Employee Trust Funds must utilize \$68.8 million in state group health program reserves over the 2017-19 biennium (estimated at \$25,813,000 GPR) to reduce state group health program costs; and (g) direct the Group Insurance Board (GIB) to review its policy relating to reserves for fully-insured health plans;

2. Specify that the GIB attempt to ensure that savings of \$63.9 million GPR over the 2017-19 biennium be achieved through a combination of negotiation savings (estimated at \$22.7 million GPR); reserves draw-down (estimated at \$25.8 million GPR); and approximately \$15.4 million GPR from: increased usage of health plan tiers authorized in statute; potential additional reserves reductions if the GIB review of its fully-insured reserve policy results in a lower benchmark for determining reserves; plan design changes, with an emphasis on consumer-driven health care, that do not exceed a 10% increase to total employee costs for Tier 1 plans in each of calendar year 2018 and 2019 including premiums, copays, deductibles, coinsurance, and out-of-pocket maximums; or other means (subject to the 10% employee cost increase limitation specified);

3. Further reduce funding shown in Table 9 of Paper #161 for compensation reserves by \$2,868,300 GPR in 2017-18 and \$5,736,500 GPR in 2018-19 and for the UW System by \$2,281,200 GPR in 2017-18 and \$4,562,400 GPR in 2018-19 (totaling \$15,448,400 GPR over the biennium for compensation reserves and the UW System);

4. Specify that the GIB submit a plan by March 1, 2018, to the Committee for approval under a 21-working day passive review process (as specified under Alternative F3) that includes the following: (a) the amount of state program reserves as of December 31, 2017; (b) the amount of state program reserves that will be used over calendar year 2018 to reduce state program costs; (c) a projection of 2018 year-end state program reserves by the Board's consulting actuary; and (d) the Board's planned utilization of state program reserves in calendar year 2019;

5. Alternative E1, to establish five health plan tiers in statute (rather than three);

6. Alternatives F1, F2, and F3, to increase legislative input and oversight authority through Senate confirmation of certain GIB members, the addition of four GIB members appointed by legislative leadership of each party in both houses, and Joint Committee on Finance 21-day passive review approval of changes to the state group health insurance program;

7. Specify that, with respect to Alternative F3, the GIB, in consultation with the Department of Administration's Division of Personnel Management, must annually, by April 1, submit to the Joint Committee on Finance any proposed changes to the state group health insurance program for the following program year, and must also submit any proposed changes that would be made to the same program year which are proposed after the Committee's review of initial changes and which would have a financial impact or would affect covered benefits, subject to the same 21 working day passive review process specified under Alternative F3 (this would apply to any proposed modifications to 2018 program changes that were approved by the GIB in May, 2017);

8. Request that the Joint Legislative Audit Committee direct the Legislative Audit Bureau to conduct an audit of the state's group health insurance programs, including a review of the GIB's compliance with its reserves policy, a review of the appropriateness of its policy regarding fully-insured program reserves, and the circumstances that have created ongoing, frequent accumulation and use of reserves.

Note:

The amounts of GPR funding that would be provided or modified under the motion are indicated below.

Motion Funding	State Compensation Reserves (GPR)			UW System (GPR)			State Total Biennium
	2017-18	2018-19	Biennium	2017-18	2018-19	Biennium	
Health Insurance							
Prior Period and Inflation	\$11,545,300	\$28,027,900	\$39,573,200	\$9,205,700	\$22,348,100	\$31,553,800	\$71,127,000
Affordable Care Act Fee	-3,340,400	-6,680,900	-10,021,300	-2,656,700	-5,313,400	-7,970,100	-17,991,400
Negotiation Savings	-4,221,300	-8,442,500	-12,663,800	-3,357,500	-6,715,000	-10,072,500	-22,736,300
Reserves Draw-Down to 15%	-4,792,500	-9,584,900	-14,377,400	-3,811,900	-7,623,700	-11,435,600	-25,813,000
Additional Savings Required	<u>-2,868,300</u>	<u>-5,736,500</u>	<u>-8,604,800</u>	<u>-2,281,200</u>	<u>-4,562,400</u>	<u>-6,843,600</u>	<u>-15,448,400</u>
GPR Funding	-3,677,200	-2,416,900	-6,094,100	-2,901,600	-1,866,400	-4,768,000	-\$10,862,100
Self-Insurance Lapse (None)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net GPR	<u>-3,677,200</u>	<u>-2,416,900</u>	<u>-6,094,100</u>	<u>-2,901,600</u>	<u>-1,866,400</u>	<u>-4,768,000</u>	<u>-\$10,862,100</u>
Bill Funding							
GPR	\$7,462,600	\$19,862,600	\$27,325,200	-\$3,894,300	-\$3,851,900	-\$7,746,200	\$19,579,000
GPR-Lapse	<u>10,147,000</u>	<u>20,294,100</u>	<u>30,441,100</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>30,441,100</u>
Net GPR	<u>-\$2,684,400</u>	<u>-\$431,500</u>	<u>-\$3,115,900</u>	<u>-\$3,894,300</u>	<u>-\$3,851,900</u>	<u>-\$7,746,200</u>	<u>-\$10,862,100</u>
Change to Bill							
GPR	-\$11,139,800	-\$22,279,500	-\$33,419,300	\$992,700	\$1,985,500	\$2,978,200	-\$30,441,100
GPR-Lapse	<u>-10,147,000</u>	<u>-20,294,100</u>	<u>-30,441,100</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>-30,441,100</u>
Net GPR	<u>-\$992,800</u>	<u>-\$1,985,400</u>	<u>-\$2,978,200</u>	<u>\$992,700</u>	<u>\$1,985,500</u>	<u>\$2,978,200</u>	<u>\$0</u>

[Change to Base: -\$10,862,100 GPR]

[Change to Bill: \$0 Net GPR (-\$30,441,100 GPR and -\$30,441,100 GPR-Lapse)]

M# 361

NYGREN	⓪	N	A
KOOYENGA	⓪	N	A
FELZKOWSKI	⓪	N	A
BORN	⓪	N	A
LOUDENBECK	⓪	N	A
ROHRKASTE	⓪	N	A
HINTZ	⓪	N	A
SHANKLAND	⓪	N	A

DARLING	⓪	N	A
OLSEN	⓪	N	A
HARSDORFF	⓪	N	A
VUKMIR	⓪	N	A
TIFFANY	⓪	N	A
MARKLEIN	⓪	N	A
TAYLOR	⓪	N	A
ERPENBACH	⓪	N	A

AYE 16 NO 0 ABS _____

Attachment B

2016 HEALTH PLAN REPORT CARD

Overall Performance Rating

[Back to all report cards](#)

The "Overall Performance Ratings" in the table below give you a broad picture of how well the health plans are doing.

Because this rating is meant to give a view of "Overall Performance", it is made up of several quality measures:

- Quality
- Care Coordination
- Overuse

Examples of the 9 measures that make up the Overall Performance Rating include:

- Controlling high blood pressure
- Preventing readmissions to a hospital
- Avoiding overuse of antibiotics

Overall Performance Rating	
Health Plan	Star Rating
Anthem Blue	★★★★☆
Arise Health Plan	★★★☆☆
Dean Health Insurance (all plans) ¹	★★★★★
GHC of Eau Claire	★★★★☆
GHC of South Central Wisconsin	★★★★☆
Gundersen Health Plan	★★★★☆
Health Tradition Health Plan	★★★★☆
HealthPartners Health Plan	★★★★★
Humana (all plans) ²	★★★☆☆
Medical Associates Health Plans	★★★☆☆
MercyCare Health Plans	★★★★☆
Network Health (all plans) ³	★★★☆☆
Physicians Plus	★★★★☆
Security Health Plan (all plans) ⁴	★★★★☆
UnitedHealthcare of Wisconsin	★★★☆☆
Unity Health Insurance (all plans) ⁵	★★★★☆
WEA Trust (all plans) ⁶	★★★★☆

TABLE KEY

Sort columns by clicking on the header.

★★★★★ *Highest rating*

★★★★☆

★★★☆☆

★★★☆☆

★★☆☆☆

★☆☆☆☆

★☆☆☆☆ *lowest rating*

RESOURCES

[List of measures that make up ratings and the health plans' results in each.](#)

[Review our methods used for developing these ratings.](#)

[Other Quality Resource links for ratings.](#)

[Health Plan Features and links to plan description pages.](#)

notes:

¹.Participating Dean plans include Dean Health Insurance and Dean Prevea360

².Participating Humana plans include Eastern and Western

³.Participating Network Health plans include Northeast and Southeast

⁴.Participating Security Health plans include Central and Valley

⁵.Participating Unity Health Insurance plans include Community and UW Health

⁶.Participating WEA Trust plans include East, Northwest Chippewa Valley and Northwest Mayo Clinic Health System

Note: WPS does not submit results for the measures used to create the ratings above.

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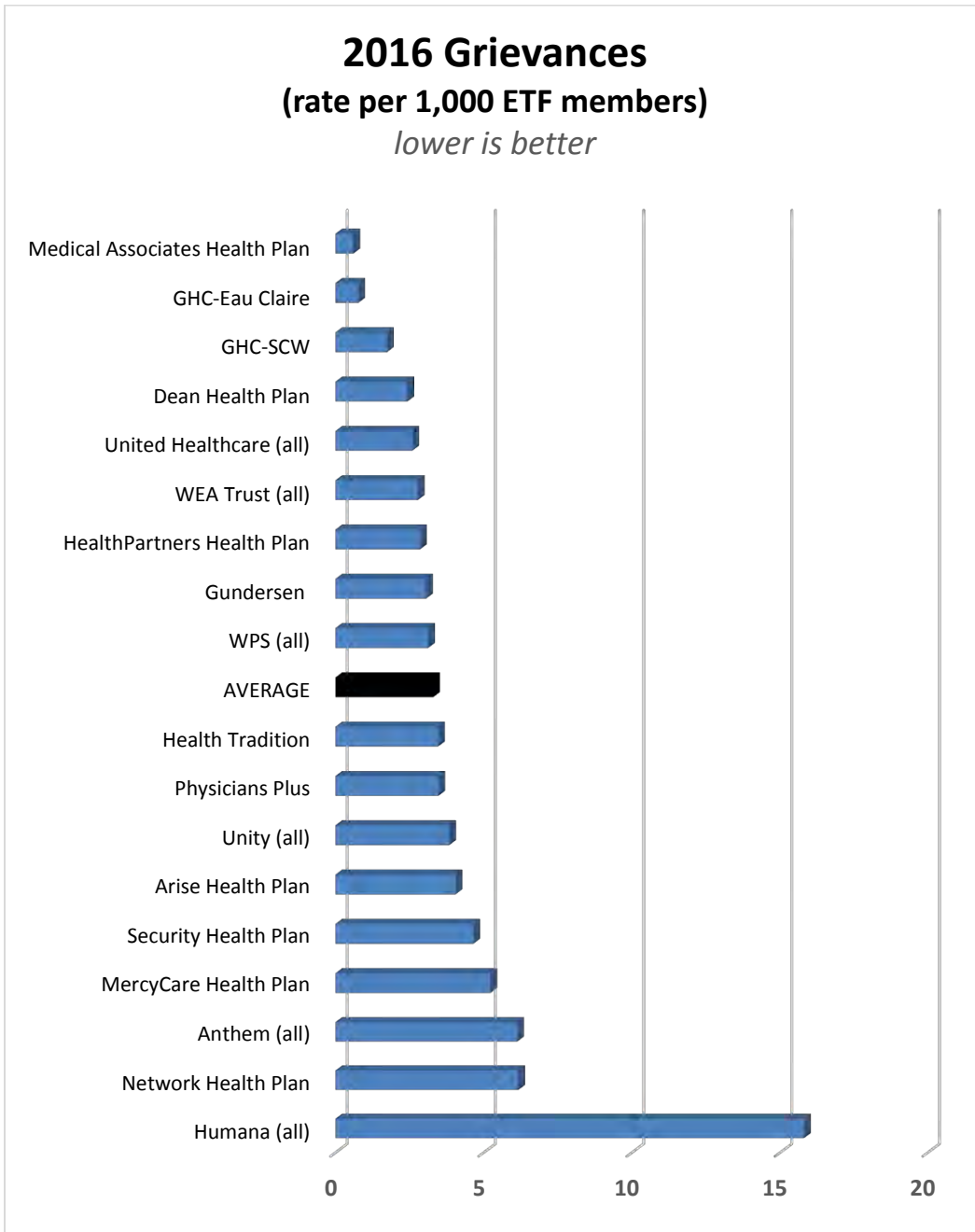
Disclaimer:

Every effort has been made to ensure that this information is accurate, but may be subject to change. Please note revision dates located at the bottom of each page. In the event of conflicting information, federal law, state statute, state health contracts and/or policies and provisions established by the State of Wisconsin Group Insurance Board shall be followed.

This page was last modified on: 9/19/2016 5:36:53 PM

<http://etf.wi.gov/members/IYC2017/et-2107rc1.asp>

Attachment C






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Employers

August 21, 2017

Important 2018 Health Plan Changes

Health plans will begin sending communications to members this week indicating that they will not be participating in the State and Local Group Health Insurance Program in 2018.

ETF is providing these preliminary [Questions and Answers](#) to assist you in addressing employee questions and preparing communications. ETF will update this Q&A after the Group Insurance Board meeting on August 30 and provide additional program information for the It's Your Choice open enrollment period, October 2-27, on our website.

Six Health Plans Leaving Program and Member Impact
The following health plans have elected not to participate in the program in 2018:

- Anthem Blue Preferred Northeast (serves Northeast Wisconsin; 1,600 subscribers; 4,300 members)
- Arise Health Plan (serves Northeast Wisconsin; 740 subscribers; 1,700 members)
- Health Tradition Health Plan (serves Western Wisconsin; 1,760 subscribers; 4,600 members)
- Humana Eastern and Western, including Medicare Advantage (serves Eastern and Western Wisconsin, with Medicare Advantage providing nationwide access; 6,810 subscribers; 18,100 members)
- UnitedHealthcare of Wisconsin (serves Eastern Wisconsin; 5,980 subscribers; 14,000 members)
- WPS contract terminates December 31, 2017 (serves all of Wisconsin; 7,470 subscribers; 10,600 members)

Approximately 24,360 subscribers are enrolled in the above plans. Other than those currently enrolled in a WPS plan, members will be required to change plans during the open enrollment period. (See additional information about WPS.)

Most members will be able to keep their current doctors. The 2018 It's Your Choice section on our website will include a new interactive map to make it easier for members to find which plans are available in each county and the doctors they cover; similar information will be included in the decision guides.

2018 Health Plans

Pending approval by the Group Insurance Board, the health plans available in 2018 will be:

It's Your Choice Health Plan and High Deductible Health Plans:

- Dean Health Insurance and Dean Health Insurance-Prevea360
- Group Health Cooperative of Eau Claire
- Group Health Cooperative of South Central Wisconsin
- HealthPartners Health Plan
- Medical Associates Health Plans
- MercyCare Health Plans
- Network Health
- Security Health Plan – Central and Valley
- Quartz – Community and UW Health (formerly Gundersen, Physicians Plus and Unity)
- WEA Trust – East, Northwest Chippewa Valley and Mayo Clinic Health System

The It's Your Choice Access Plan, Access High Deductible Health Plan, Medicare Plus and State Maintenance Plan:

- WEA Trust

Network Health

Network Health will combine its currently separate offerings, Network Health Northeast and Network Health Southeast, into one plan and coverage area. Participants will be auto-enrolled in the new combined plan, Network Health, unless they select a different plan during open enrollment.

Quartz

Gundersen Health Plan, Physicians Plus and Unity Health

Insurance will be offered under the name "Quartz". Participants of these plans will be auto-enrolled in either Quartz-Community or Quartz-UW Health and can select a different plan during open enrollment.

WPS

WEA Trust will replace WPS as the new administrator of the IYC Access Plan, Medicare Plus and the State Maintenance Plan for 2018. Participants will be auto-enrolled in the same plan with WEA Trust, unless they select a different plan during open enrollment.

Upcoming Employer Communications and Training

Timing	Topic	Format
By September 1	Notice of Group Insurance Board decisions	Employer What's New delivered via ETF E-mail Updates
Targeted for the week of September 11	2018 Health Plan Changes	Employer Webinar
Targeted for the week of September 18	2018 It's Your Choice Open Enrollment Bulletin	Employer Bulletin delivered via ETF E-mail Updates
Targeted for the week of September 25	2018 It's Your Choice Decision Guides delivered to employers 2018 It's Your Choice web pages live	Printed guides, PDF files of guides and web resources at etf.wi.gov/IYC2018
September 28	2018 It's Your Choice Open Enrollment Employer Kick-Off Event	In-person event with remote viewing capabilities

Upcoming Member Communications

Week of August 21	Enrollees of terminating health plans receive notifications they will need to select a new plan during open enrollment	Letter mailed to homes from terminating health plan Notice posted to terminating health plans' websites
By September 1	Notice of Group Insurance Board decisions	What's New delivered via ETF E-mail Updates
Week of September 4	General Update on It's Your Choice 2018	September editions of WRS News/WRS News Online via ETF e-mail Updates
By September 23	All current health insurance participants receive notice from their health plan about important 2018 changes	Letter mailed to homes from health plans
Targeted for the week of September 25	2018 It's Your Choice Decision Guides available through employers 2018 It's Your Choice web pages live	Printed guides, PDF files of guides and web resources at etf.wi.gov/IYC2018
By October 2	Employees receive email from their	Employer email

	employer about open enrollment with links to the 2018 Decision Guide and web pages	
Week before open enrollment begins and each week of open enrollment	ETF sends It's Your Choice Health and Wellness e-alert with varying topics related to open enrollment and 2018 changes	Delivered via ETF E-mail Updates



1. When is the open enrollment period?

The It's Your Choice 2018 open enrollment period for the State and Local Group Health Insurance Program is October 2-27.

During this time, you can make changes for next year, including switching health plans, coverage levels, or adding/deleting dependents, for an effective date of January 1, 2018.

2. Why won't my health plan be available?

Each year ETF and the Group Insurance Board conducts a renewal process with health plans. The Board sets the requirements for the program and health plans decide whether they will participate.

After the Joint Committee on Finance rejected switching the group health insurance program to a self-insured model, ETF worked hard during contract negotiations with health plans to keep premium costs down and not pass on additional costs to members and employers. Consequently, some health plans chose not to participate next year.

Pending Board approval on August 30, the health plans available in 2018 will be:

- Dean Health Insurance and Dean Health Insurance-Prevea360
- Group Health Cooperative of Eau Claire
- Group Health Cooperative of South Central Wisconsin
- HealthPartners Health Plan
- Medical Associates Health Plans
- MercyCare Health Plans
- Network Health
- Security Health Plan – Central and Valley
- Quartz – Community and UW Health (formerly Gundersen, Physicians Plus and Unity)
- WEA Trust – East, Northwest Chippewa Valley and Mayo Clinic Health System (also IYC Access Plan, Medicare Plus and State Maintenance Plan)

3. Will I have to find a new doctor?

Most members will be able to keep their current doctors. ETF is working with health plans to encourage provider contracting efforts to fill any gaps in services.

4. Will my costs go up?

ETF and the Group Insurance Board strive to keep cost increases to a minimum. The Board will set 2018 premium rates at its meeting on August 30.

5. Why is Medicare Advantage going away?

Humana was the only Medicare Advantage plan available in our program and they elected not to participate in 2018. ETF is currently working on procuring a group Medicare Advantage vendor to begin providing services in 2019.

6. What is happening with the It's Your Choice Access Plan / Medicare Plus / State Maintenance Plan?

ETF is close to finalizing a contract with WEA Trust to replace WPS as the new administrator of these plans. Recommendations will be presented to the Group Insurance Board on August 30.

Participants will be auto-enrolled in the same plan with WEA Trust, unless they select a different plan during open enrollment.

The best way to receive timely, important information is to subscribe to *ETF E-mail Updates*. Go to the ETF website homepage and look for the red envelope.

7. What is happening with Gundersen Health Plan / Physicians Plus / Unity Health Insurance?

Gundersen, Physicians Plus and Unity have partnered and will be offered under the name "Quartz". Participants of these plans will be auto-enrolled in either Quartz-Community or Quartz-UW Health and can select a different plan during open enrollment.

Participants will receive information from both Quartz and ETF about these changes.

The best way to receive timely, important information is to subscribe to *ETF E-mail Updates*. Go to the ETF website homepage and look for the red envelope.

8. What is happening with Network Health Northeast / Network Health Southeast?

Network Health will combine its currently separate offerings, Network Health Northeast and Network Health Southeast, into one plan and coverage area. Participants will be auto-enrolled in the new combined plan, Network Health, unless they select a different plan during open enrollment.

The best way to receive timely, important information is to subscribe to *ETF E-mail Updates*. Go to the ETF website homepage and look for the red envelope.

9. When will more information be available?

All the information you need to select a plan will be available in the It's Your Choice open enrollment materials, available at the end of September. ETF is also working hard to provide early access to the 2018 interactive plan map – a web tool to help you find which health plans will be available where you receive care and which providers they cover.

The best way to receive timely, important information is to subscribe to *ETF E-mail Updates*. Go to the ETF website homepage and look for the red envelope.

10. What will I need to do during It's Your Choice open enrollment?

This year's It's Your Choice open enrollment materials will provide a checklist to ensure you know exactly what actions to take during open enrollment. There will also be an eLearning module to take you through the steps.

You will receive your open enrollment materials from your employer if you are an active employee, or directly from ETF if you are retired or a continuant. Watch for them at the end of September.