### Program Options 102 Local Employers

**Employer Services Bureau** 



### **Learning Objectives**

#### Define Health Insurance Terms

#### Explain Program Option Differences

Determine How to Change Program Options

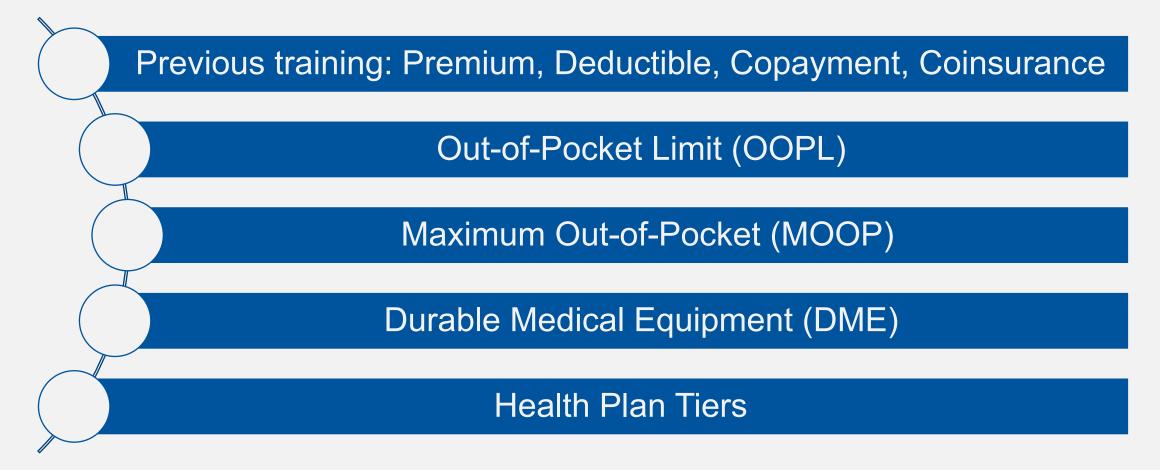
#### Identify Resources



# Define Health Insurance Terms



### **Health Insurance Terms**





### **Out-of-Pocket-Limit (OOPL)**

Annual limit paid through deductible, copayment, & co-insurance\*

- Does NOT include premiums
- Exceptions (example: DME)

May or may not include prescriptions

Depends upon program option

OOPL amount varies by program option





### Maximum Out-of-Pocket (MOOP)

Federally enforced limit for out-of-pocket expenses

#### $MOOP \neq OOPL$

MOOP provides safety net for expenses beyond OOPL

• Example: Adult hearing aids

#### MOOP = much higher that ETF OOPLs

- MOOP = \$9,450 individual & \$18,900 family
- Difference depends upon program option

MOOP impacts very few members





### **Durable Medical Equipment (DME)**

Equipment and supplies for extended use

Examples: wheelchairs, crutches, etc.

#### DME costs may differ from other medical services

Require deductibles, copays, & coinsurance

Varies with Program Option



### **Health Plan Tiers**

ETF's method for ranking health plans based on costs and quality of care

#### Three tiers

- Tier 1 plans Lower cost premiums
- Tier 2 plans Moderate cost
- Tier 3 plans Higher cost

#### Employer premium contributions = Average Qualified Tier 1 Plans in Employer's County

- Employer pays 50-88% for FTE 50% or greater
- Employer pays 25-88% for FTE 49% or less

Tiers unaffected by program option





# Explain Program Option Differences

### **Program Option Differences**

| Program<br>Option | PO2/12<br>"Traditional"   | PO4/14<br>"Deductible"   | PO6/16 "Local"   | PO7/17 "HDHP"  |
|-------------------|---|--|--|--|
| Premiums          | \$\$\$  | \$\$   | \$\$   | \$   |
| Deductible        | None  | \$500 Individual<br>\$1,000 Family   | \$250 Individual<br>\$500 Family   | \$1,600 Individual<br>\$3,200 Family   |
| Co-Payment        | None  | None   | \$15 Primary Care<br>\$25 Specialty Care   | \$15 Primary Care<br>\$25 Specialty Care   |
| Co-Insurance      | None<br>(except 20% for DME,<br>adult hearing aids, and<br>adult cochlear implants) | None after deductible<br>(except 20% for DME,<br>adult hearing aids, and<br>adult cochlear implants) | 10% after deductible   | 10% after deductible   |
| OOPL              | None<br>(except \$500/person for<br>DME & adult cochlear<br>implants)               | After deductible, None<br>(except \$500/person for<br>DME & adult cochlear<br>implants)              | \$1,250 Individual<br>\$2,500 Family<br>(does <u>not</u> include<br>prescription drug<br>copays) | \$2,500 Individual<br>\$5,000 Family<br>( <u>Does</u> include<br>prescription drug copays) |



# Determine How to Change Program Options



### **How to Change Program Options**

Employer completes form

• Existing Employer Option Resolution Wisconsin Public Employers' Group Health Insurance Program (ET-1152)

Submit to ETF

- No later than October 1
- Coverage effective next January 1



## **Identify Resources**



### **Program Option Resources**

"Local Employer Health Insurance Standards, Guidelines, and Administration Manual" (ET-1144)

"How to Join the Wisconsin Public Employers' Group Health Insurance Program" (ET-1139)

#### PO premium rate tables

etf.wi.gov  $\rightarrow$  "Employers" drop-down  $\rightarrow$  Click "Insurance Programs" Scroll down & click "Group Health Insurance" card Scroll down & click "88% tables and full premium rates by program option"

#### Contact ETF

877-533-5020 option 2 Email: <u>ETFSMBESSNewEmployer@etf.wi.gov</u>

# Thank you









