

# STATE OF WISCONSIN Department of Employee Trust Funds

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## CORRESPONDENCE MEMORANDUM

DATE:

August 6, 2012

TO:

Group Insurance Board

FROM:

Arlene Larson, Manager of Federal Health Programs & Policy

SUBJECT:

Plan Changes to the Optional Dental Benefits as of January 1, 2013

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

This memo is provided to inform the Group Insurance Board (Board) that three health plans have proposed changes to dental coverage and one is presenting clarifications. This memo describes these items. Note that all alternate health plans will offer dental coverage to State employees and annuitants. For locals, nine health plans will continue to offer dental coverage.

Several health plans have asked to increase dental benefits for competitive purposes. However, continuing last year's bid limitations due to cost issues, we instructed plans to limit changes to those that are cost neutral. Deloitte Consulting has reviewed the proposed changes and determined that they are cost neutral.

#### **BENEFIT CHANGES**

- Anthem Blue is adding a deductible on basic services of \$50 individual/\$150 family, with 50% coverage afterwards for amalgam and composite fillings, subject to a new \$500 individual annual maximum plan payment. For orthodontia, Anthem Blue is allowing 50% coverage up to a lower, \$500 lifetime maximum. The current maximum is \$1,250. The benefits are compared in two columns in Exhibit 1.
- Security Health Plan (Security) is adding a deductible of \$25 individual/\$50 family that will apply to all services, including preventive. Security is also adding 50% coverage for certain basic services such as fillings, anesthesia, periodontia, and extraction of teeth. However, this plan will exclude oral surgery and root canal therapy. An annual \$1,500 maximum for preventive and basic services will apply. The lifetime maximum for orthodontia is increasing to \$1,500 from \$1,200. Exhibit 2 consists of an updated benefit outline from Security with additions highlighted and deletions struck out.

Reviewed and approved by Lisa Ellinger, Administrator
Division of Insurance Services

Signature

8/13/12

Date

| Board | Mtg /Date | Item # |
|-------|-----------|--------|
| GIB   | 8.28.12   | 3B1    |

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 Network Health Plan is increasing the member age limit for sealants to 18 from 13. To offset the cost of this service, this plan is decreasing the allowable frequency of x-rays for bitewings to once a year and for full mouth x-rays to once every five years. The plan currently allows this coverage at two bitewings per year and a full mouth x-ray once every three years.

## **BENEFIT CLARIFICATIONS**

 Unity-UW Health is clarifying that extractions for the purpose of orthodontia apply to the orthodontia benefit. In addition, services covered under the medical benefits are excluded from the dental coverage offered through its third party administrator, Momentum Insurance Plans.

I will be available at the Board meeting to answer any questions you may have.

Attachments: Exhibit 1: Anthem Blue

Exhibit 2: Security Health Plan



 $Health \cdot Dental \cdot Vision \cdot Life \cdot Disability$ 

## Exhibit 1

## State of Wisconsin - Dental Benefits Included with Uniform Benefits Plan

| Benefits                 | Current Coverage                        | Enhanced Network Coverage *              |
|--------------------------|---|--|
| Preventive/ Diagnostic   |   |  |
| Services                 | 100% coverage (Network)                 | 100% coverage (Network & Non-network)    |
| Deductible               | None                                    | \$50 single / \$150 family               |
|                          |   | ,  |
|                          | 20% discount on amalgam fillings        | 50% after deductible on amalgam and      |
| Restorative Services     | (Network)                               | composite fillings (Network & Non-       |
|                          |   |  |
| Endodontic / Periodontal | No coverage                             | No coverage                              |
| Oral Surgery (simple     |   |  |
| extractions)             | No coverage                             | No coverage                              |
|                          | T                                       | It-se                                    |
| Annual Maximum           | None                                    | \$500 annual maximum                     |
|                          |   | 50% not subject to deductible (Network & |
| Orthodontics             | 20% discount at participating providers | Non-network)                             |
|                          | Т                                       | 1  |
| Orthodontic Maximum      | \$1,250 lifetime maximum                | \$500 lifetime maximum                   |

<sup>\*</sup> Enhanced Network has coverage from network and non-network providers

7/6/2012 slr



### Exhibit 2

#### State of Wisconsin Employees and Retirees

Dental Benefits Schedule Effective 1/1/2013 through 12/31/2013

| \$25 Single<br>\$50 Family None<br>Services Subject to a \$1500 calendar year |
|---|
|   |
| Services Subject to a \$1500 calendar year                                    |
| Services Subject to a \$1500 calendar year                                    |
| Services Subject to a \$1500 calendar year                                    |
| Contribute Carp Contribute of Contribution of Carp                            |
| maximum   |
| 100% after deductible   |
| 50% after deductible  |
| 50%, lifetime maximum benefit of \$1,5200                                     |
|   |

## This dental plan allows members to use any dental provider within the U.S. for services

| Class 1 Preventive and Basic Benefits   |      |
|---|------|
| Preventive Services:  |      |
| - Oral exams, two per calendar year   | 100% |
| - Cleanings, two per calendar year  | 100% |
| - X-rays, full mouth, one every three calendar years  | 100% |
| - X-rays, panoramic, one every three calendar years   | 100% |
| - X-rays, bitewing, two per calendar year   | 100% |
| - Fluoride application, one per calendar year for dependent children under age 19             | 100% |
| - Space maintainers for dependent children under age 19, limited to non-orthodontic treatment | 100% |

| Basic Services- Covered up to the benefit maximum per calendar year  |     |
|--|-----|
| -Fillings  | 50% |
| -Anesthesia  | 50% |
| -Extraction of Teeth   | 50% |
| -Periodontic Treatments  | 50% |
| -Occlusal Adjustments  | 50% |
| -Bruxism Appliances  | 50% |
| All other services not listed above are not covered under this plan. |     |

#### Class 2 Services- Child Orthodontia Care- Covers children under age 19

Orthodontic services include:

- Orthodontic work-up, including examinations, X-rays, surgery, extractions and treatment plan.
- Active treatment, including fixed or removable appliances and adjustments of the appliances. Charges will be considered, subject to other plan conditions, as follows:
- 25 percent of the allowable charges will be considered as being incurred on the date the initial appliance is In place.
- The remainder of the total allowable charges will be divided by the number of months specified within the treatment plan and the resulting portion will be considered incurred on a monthly basis until the plan maximum is paid, treatment is completed or eligibility ends.

If a member is in a course of orthodontic treatment and changes to another state employer, but keeps Security Health Plan insurance, dental benefit accumulations will carry over and be applied to the existing plan.

Security Health Plan reserves the right to make final benefit determination. For more information, visit <a href="https://www.securityhealth.org/state">www.securityhealth.org/state</a> or contact Security Health Plan's Customer Service Department at 1-800-472-2363.