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# State of Wisconsin

## Self-Insured State Medical and Prescription Drug Plans

### 2013 Rate Development

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Deloitte Consulting LLP

August 28, 2012



Audit • Tax • Consulting • Financial Advisory.

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# Overview

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Overall, premium rates will be increasing slightly for 2013. Prescription drug experience is running as expected and a \$32.8 million Net Fund Balance buy down will be used to achieve a small rate increase. Medical experience is running as expected, also requiring a small rate increase.

- **Net Fund Balance**
  - The Net Fund Balance is based on investment outlook and anticipated experience in the aggregate. The Net Fund Balance continues to feel the impact of recent market fluctuations and allocation of the 2008 investment losses (which continues to be amortized)
- **Prescription Drugs**
  - The overall prescription drug experience was as expected. A \$32.8 million reduction from the Net Fund Balance will be used to achieve an overall rate increase of 2.5%
- **Standard Preferred Provider Plan (PPO)**
  - The Standard PPO medical experience was as expected and overall projected a 4.9% increase (including prescription drugs). We are recommending a 4.9% increase with no explicit Net Fund Balance contribution
- **State Maintenance Plan (SMP)**
  - SMP has been placed in all counties where another qualified Tier 1 option does not exist. In 2013, SMP will be needed in 8 counties (no change from 2012)
  - Given the size of the population, which is not credible, and changes to the SMP network, we are recommending an overall rate increase equal to the Standard plan increase of 4.9%
- **Medicare Plus Plan**
  - The Medicare Plus Plan experience was better than expected. The Medicare Plus plan projected a 1.9% overall increase. We are recommending 1.9% increase with no explicit Net Fund Balance contribution



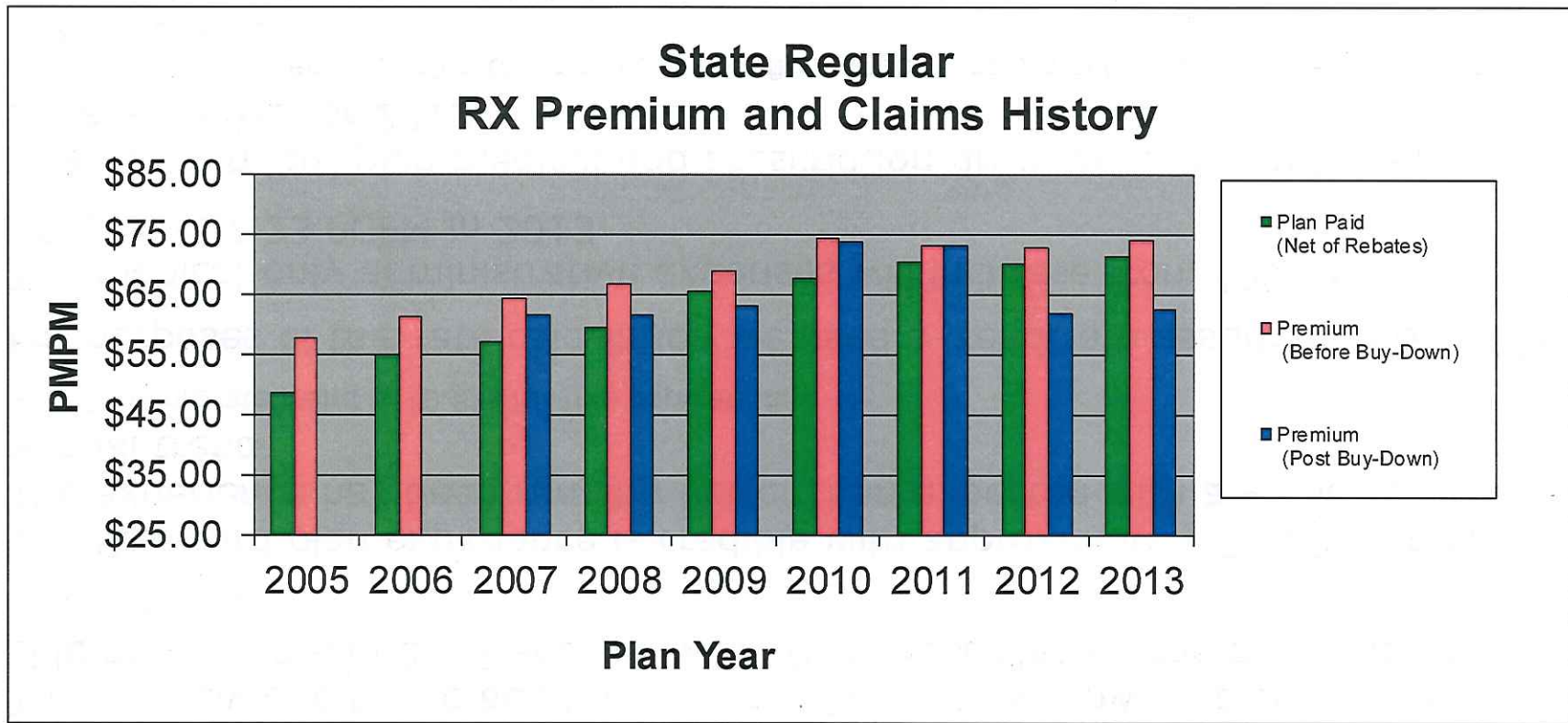
# Prescription Drug Plan

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- We considered the experience of the following groups separately as the rates were developed:
  - HMO Regular, HMO Grads, HMO Medicare, Standard PPO (includes Grads), SMP, Medicare Plus
- The pricing of the drug benefit is based on the State's experience from July 1, 2011 through June 30, 2012. This projection is based on the claims data, administrative fees, drug rebates estimates and Medicare drug subsidy estimates supplied by Navitus
- A 2012-2013 average trend rate assumption of 3.35% is used in our projection
  - Last year, to develop the 2012 rates, we utilized a 3.30% trend based on historical program experience and Navitus projected future trends
- For 2013, the prescription drug rates are projected to increase 22.8% without utilizing any of the Net Fund Balance
  - For 2012, a \$30.0 million reduction from the Net Fund Balance was used to achieve a 22.1% decrease from the 2011 rates
  - Utilizing fund balance is a temporary one-year premium reduction and the large Net Fund Balance buy down in 2012 is driving the large rate increase needed for 2013
- A \$32.8 million reduction from the Net Fund Balance will be used to achieve an overall rate increase of 2.5% compared to the 2012 rates
  - Implementing a phased in buy down approach of \$32.8 million in 2013 and a smaller amount in 2014 will help mitigate the expected premium rate increases while bringing the Net Fund Balance to the target level
- From the inception of Medicare Part D in January 1, 2006 through December 31, 2011 the Department has utilized the CMS sponsored Retiree Drug Subsidy (RDS) to support prescription drug coverage for their retirees. Beginning January 1, 2012, the Department entered into an Employer Group Waiver Plan (EGWP) arrangement with Navitus. The projected EGWP subsidy has been reflected for the Medicare groups



# Prescription Drug Plan



**Notes:**

2012 Plan Paid PMPM based on actual experience through 6/30/12 and projected experience for the rest of the year  
 2013 Plan Paid PMPM based on projected experience and Net Fund Balance buy down of \$32.8 million.

# Standard Preferred Provider Plan (PPO)

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- The Standard plan continues to see enrollment drop and has seen an approximate 14% reduction in the number of members since last year's rating. This is likely due to the addition of the WEA Trust Northwest plan on the west side of the State in 2012 and the WEA Trust East plan on the east side of the State in 2011
- The Standard plan experience is credible with approximately 2,250 members. The experience has been running better than expected with a 4.0% observed annual trend
  - WPS corporate trend is 10.8% for this population
- For purposes of this rate calculation we used a trend rate assumption of 7.0%
- The medical-only administrative expenses will increase from \$26.28 PCPM in 2012 to \$27.23 PCPM in 2013
- Overall Standard plan medical and prescription drug rates are projected to increase 4.9% for 2013
  - Medical-only rates (including the impact of benefit changes) are projected to increase approximately 4.0% for 2013
  - Prescription drug rates are projected to increase approximately 12.1% for 2013
- We recommend a 4.9% projected increase with no explicit Net Fund Balance contribution for 2013

# Standard Preferred Provider Plan Rates

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The recommended rate increase for 2013 is 4.9% after utilizing Net Fund Balance buy down

	<u>2013 Rates</u>	<u>2012 Rates</u>
<b>Standard PPO</b>		
<b>Single</b>	\$ 1,204.30	\$ 1,147.60
<b>Family</b>	3,007.10	2,865.60
<b>Standard PPO Grads</b>		
<b>Single</b>	\$ 906.70	\$ 864.00
<b>Family</b>	2,263.00	2,156.50



# State Maintenance Plan (SMP)

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- In 2004, SMP became the designated Tier 1 plan in every county where there was no other qualified Tier 1 plan
- SMP will be offered in 8 counties in 2013 (no change from 2012)
  - 8 in 2012, 9 in 2011, 8 in 2010, 10 in 2009, 9 in 2008, and 12 in 2007
  - SMP currently has 87 contracts and 184 members
- Although the experience is not credible, the SMP experience has been running higher than expected
- SMP has seen a 16% reduction in the number of members since last year's rating. We employed a 7.0% trend assumption in setting the 2013 rates, similar to Standard plan
- Given that the SMP experience is not credible and there have been changes to the SMP network we recommend a 4.9% projected increase with no explicit Net Fund Balance contribution for 2013, similar to Standard plan

# State Maintenance Plan Rates

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The overall recommended rate increase for 2013 is 4.9%

	<u>2013 Rates</u>	<u>2012 Rates</u>
<b>SMP</b>		
<b>Single</b>	\$ 745.30	\$ 710.20
<b>Family</b>	1,859.10	1,771.60
<b>SMP Grads</b>		
<b>Single</b>	\$ 563.40	\$ 536.90
<b>Family</b>	1,404.50	1,338.40

SMP will be offered in the following counties next year:

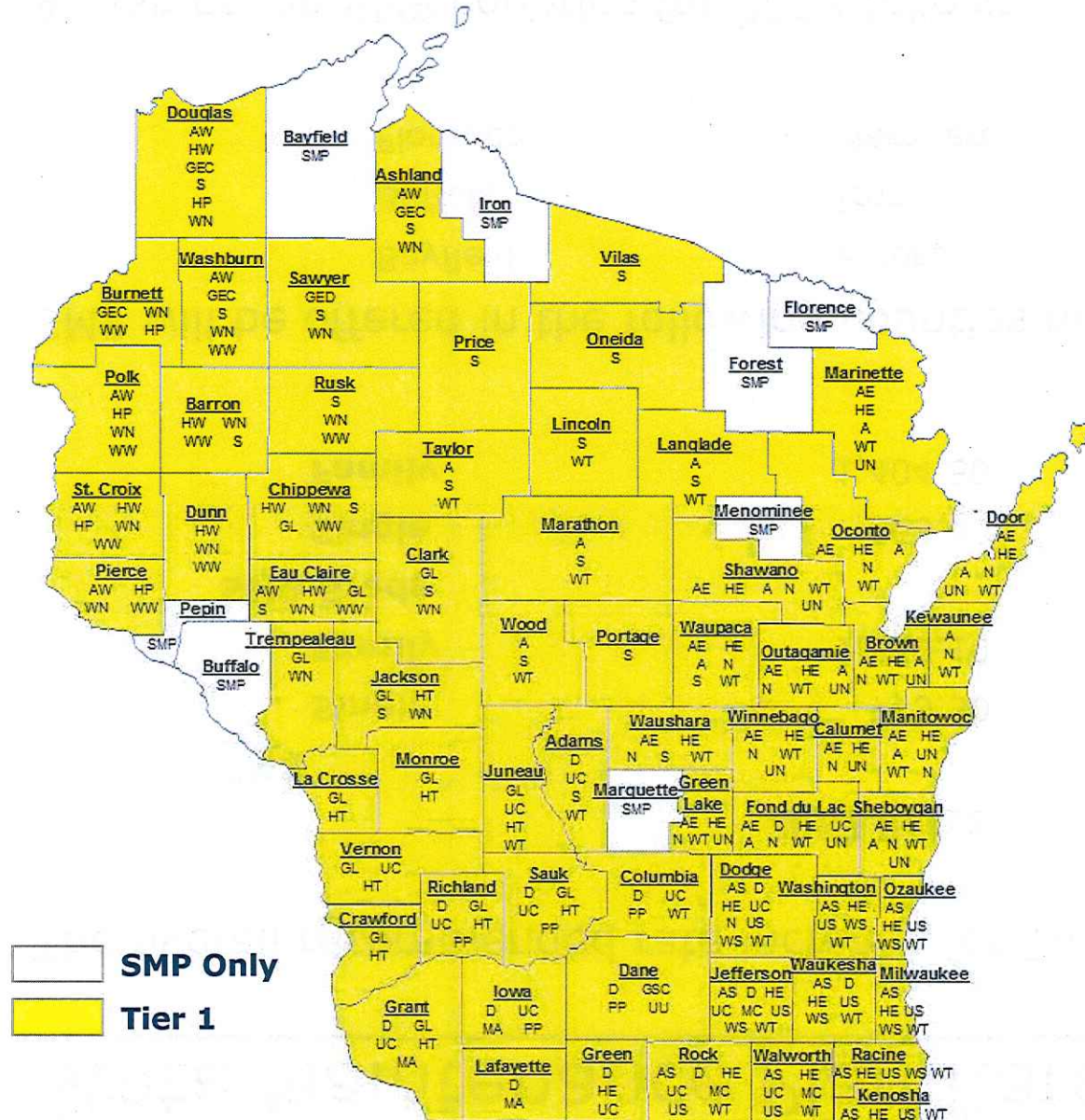
Bayfield	Forest	Menominee
Buffalo	Iron	Pepin
Florence	Marquette	

A map of the SMP counties for 2013 follows



# State Map

## 2013 Qualified Health Plan Tiers



Health Plan Name Legend	
Anthem BCBS – Northeast	AE
Anthem BCBS – Northwest <sup>(1)</sup>	AW
Anthem BCBS – Southeast	AS
Arise Health Plan	A
Dean Health Plan	D
GHC of Eau Claire	GEC
GHC of South Central	GSC
Gundersen Lutheran	GL
HealthPartners	HP
Health Tradition	HT
Humana – Eastern	HE
Humana – Western	HW
Medical Associates	MA
MercyCare Health Plan	MC
Network Health Plan	N
Physicians Plus	PP
Security Health Plan	S
State Maintenance Plan	SMP
UnitedHealthcare – Northeast	UN
UnitedHealthcare – Southeast	US
Unity – Community	UC
Unity – UW Health	UU
WEA Trust – East	WT
WEA Trust – Northwest	WN
WPS Metro Choice – Northwest	WW
WPS Metro Choice – Southeast <sup>(1)</sup>	WS

(1) 2013 Tier 3 Plans



# Medicare Plus Plan

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- On May 22, 2012 the Board approved changes to modify the Medicare Plus plan in order to simplify administration and modernize the plan. The plan modifications resulted in a slight decrease in benefits that was considered in the rating
- The Medicare Plus Plan experience has been running better than expected with an 0.4% observed annual trend
  - WPS corporate trend is 5.7% for this population
- We used a 5.0% medical trend assumption for setting this year's rate
- Overall Medicare Plus plan medical and prescription drug rates are projected to increase 1.9% for 2013
  - The medical rates are projected to decrease by approximately 1.4% for 2013
  - The prescription drug rates are projected to increase by approximately 7.7% for 2013
    - The projected EGWP drug subsidy, factored into this rating, assumes a subsidy of approximately \$87 PMPM for 2013

# Medicare Plus Plan Rates

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The overall recommended rate increase for 2013 is 1.9%

	<u>2013 Rates</u>	<u>2012 Rates</u>
<b>Single</b>	\$ 288.60	\$ 283.20
<b>Family (2- Eligible)</b>	573.90	563.50

# Net Fund Balance

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- Overall, estimated fund balances increased for the medical plan and decreased for the pharmacy plan during the last year
  - Fund balances include accrued but not received drug rebates and Medicare Retiree Drug Subsidy
  - Early Retiree Reinsurance Program (ERRP) reimbursement of \$12.6 million was received. There are specific rules regarding the use of these funds
- Based on prevailing regulatory capital requirements applicable to the insurance industry, as well as leading practices for self-insured employers, maintaining a Net Fund Balance of 15% to 25% of the annual claims of the Medical and Prescription Drug plans is recommended.
  - At the August 2011 meeting, the Board accepted the use of this benchmark policy
- The current Net Fund Balance ratio to annual claims for the state program is estimated to be approximately 21% (in the target range) for the Medical program and approximately 50% (above the target range) for the Prescription Drug program before any buy down actions this year

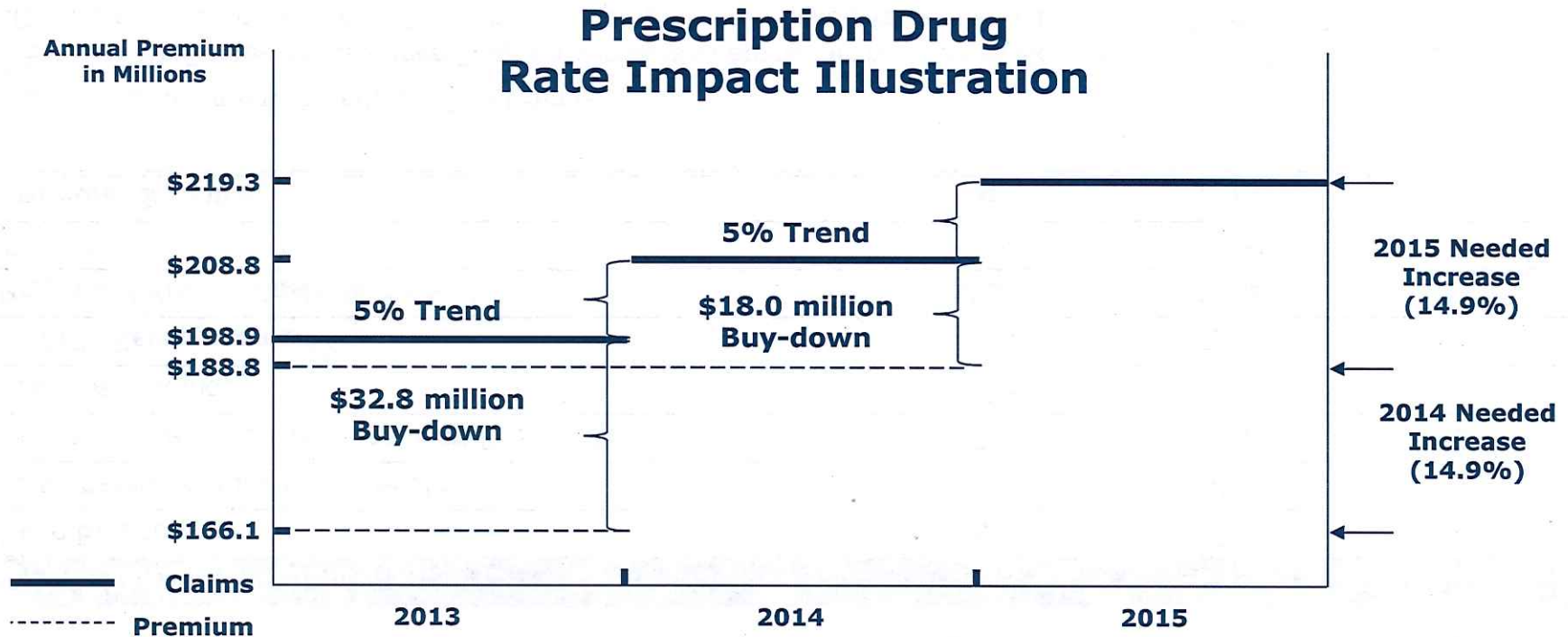


# Net Fund Balance (continued)

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- We discussed several strategies for the Net Fund Balance buy down for 2013 and chose to recommend a scenario that would:
  - Not apply any buy downs for the Medical plans which are in the targeted range
  - Apply a \$32.8 million buy down to the Prescription Drug plan, which will reduce the Prescription Drug Net Fund Balance ratio to approximately 30% and the combined Medical and Prescription Drug ratio to approximately 27%
  - In order to provide rate stability, it is recommended that the buy downs needed to bring the Net Fund Balance ratio for the Prescription Drug program into the target range be phased in over a two year period
  - This scenario is consistent with the buy down approach that was applied last year
- A \$32.8 million reduction from the Net Fund Balance will be used to reduce the prescription drug rates from a 22.8% to a 2.5% increase compared to the 2012 rates
  - Utilizing fund balance is a temporary one-year premium reduction
- We expect the Net Fund Balance will continue to be sufficient to allow an additional smaller buy down in 2014 to help mitigate the expected increase in premium rates
- Following this buy-down strategy, the fund balance is expected to be sufficient to protect against unfavorable claim cost and investment experience in 2013

# Net Fund Balance



## Observations

- Estimated 5% trend rate for illustration purposes
- Utilizing fund balance is a temporary one-year premium reduction
- Implementing a phased in buy down approach of \$32.8 million in year 1 and a smaller amount in year 2 will help mitigate the expected premium rate increases while bringing the Net Fund Balance to the target level



# Net Fund Balance

	6/30/2012	6/30/2011	6/30/2010
<b>MEDICAL (in millions)</b>			
Cash Balance <sup>(1)</sup>	57.4	57.3	55.4
Incurred But Not Report Claim Liability (IBNR)	(5.3)	(5.7)	(6.7)
<b>Net Fund Balance</b>	<b>52.1</b>	<b>51.6</b>	<b>48.7</b>

	6/30/2012	6/30/2011	6/30/2010
<b>PHARMACY (in millions)</b>			
Cash Balance	66.7	77.5	65.4
Estimated Accrued Drug Rebates	11.4	12.3	12.3
Estimated Accrued Medicare Part D Subsidy	7.9	5.1	5.2
Navitus Advance	10.5	11.9	11.9
ERRP Reimbursement <sup>(2)</sup>	12.6	14.2	0.0
<b>Projected Future Cash Balance<sup>(1)</sup></b>	<b>109.1</b>	<b>121.0</b>	<b>94.8</b>
IBNR <sup>(3)</sup>	(3.9)	(4.1)	(4.0)
<b>Net Fund Balance</b>	<b>105.2</b>	<b>116.8</b>	<b>90.8</b>

<sup>(1)</sup> Source: Department of Employee Trust Funds

<sup>(2)</sup> ERRP: Early Retiree Reinsurance Program reimbursement cannot be used as General Revenue. For Fiscal Year 2011 the ERRP reimbursements for both State and Local programs were included in the State Net Fund Balance. For Fiscal Year 2012 the ERRP reimbursements were allocated between the State & Local programs.

<sup>(3)</sup> 2012 RX IBNR is estimated at one week of claims



# Appendix I

## Final Rates

# Standard and SMP Rate Comparison

State Active								
2012 Rates								
	REGULAR				GRADUATE ASSISTANTS			
	Standard Plan		SMP		Standard Plan		SMP	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$1,007.62	\$2,519.84	\$637.72	\$1,594.61	\$755.54	\$1,889.56	\$477.61	\$1,194.37
Rx Claim Cost	\$117.60	\$294.01	\$52.74	\$131.85	\$86.08	\$215.19	\$39.55	\$98.89
Expenses	\$22.38	\$51.75	\$19.74	\$45.14	\$22.38	\$51.75	\$19.74	\$45.14
<b>TOTAL</b>	<b>\$1,147.60</b>	<b>\$2,865.60</b>	<b>\$710.20</b>	<b>\$1,771.60</b>	<b>\$864.00</b>	<b>\$2,156.50</b>	<b>\$536.90</b>	<b>\$1,338.40</b>

State Active								
2013 Rates								
	REGULAR				GRADUATE ASSISTANTS			
	Standard Plan		SMP		Standard Plan		SMP <sup>(1)</sup>	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$1,048.34	\$2,622.01	\$659.20	\$1,648.64	\$782.40	\$1,957.05	\$493.68	\$1,234.99
Rx Claim Cost	\$133.31	\$333.26	\$65.52	\$163.80	\$97.98	\$244.95	\$49.14	\$122.85
Expenses <sup>(2)</sup>	\$22.65	\$51.83	\$20.58	\$46.66	\$26.32	\$61.00	\$20.58	\$46.66
<b>TOTAL <sup>(3)</sup></b>	<b>\$1,204.30</b>	<b>\$3,007.10</b>	<b>\$745.30</b>	<b>\$1,859.10</b>	<b>\$906.70</b>	<b>\$2,263.00</b>	<b>\$563.40</b>	<b>\$1,404.50</b>
<b>Change</b>	<b>4.9%</b>		<b>4.9%</b>		<b>4.9%</b>		<b>4.9%</b>	

(1) SMP Graduate Assistants is based on 75% of SMP

(2) Expenses include a per contract per month fee for the following:

- A) ETF administrative fee of \$3.20
- B) Medical Expense of \$24.03
- C) Navitus Expense fee of \$8.00
- D) Expenses are allocated between Single and Family contracts

(3) Total rates must be rounded to the nearest ten cents

# Medicare Plus Rate Comparison

Medicare Plus				
2012 Rates				
	Single	Family	Family + 1 (Non-Medicare eligible in)	
			Standard Plan	SMP
Medical Claim Cost	\$165.40	\$330.70	\$1,173.08	\$802.75
Rx Claim Cost	\$96.47	\$192.94	\$214.07	\$149.21
Expenses	\$21.33	\$39.86	\$51.75	\$45.14
<b>TOTAL</b>	<b>\$283.20</b>	<b>\$563.50</b>	<b>\$1,438.90</b>	<b>\$997.10</b>

Medicare Plus				
2013 Rates				
	Single	Family	Family + 1 (Non-Medicare eligible in)	
			Standard Plan	SMP
Medical Claim Cost	\$162.01	\$323.92	\$1,210.40	\$821.76
Rx Claim Cost	\$105.06	\$210.12	\$238.37	\$170.58
Expenses <sup>(1)</sup>	\$21.53	\$39.86	\$51.83	\$46.66
<b>TOTAL <sup>(2)</sup></b>	<b>\$288.60</b>	<b>\$573.90</b>	<b>\$1,500.60</b>	<b>\$1,039.00</b>
<b>Change</b>	<b>1.9%</b>		<b>4.3%</b>	<b>4.2%</b>

(1) Expenses include a per contract per month fee for the following:

- A) ETF administrative fee of \$3.20
- B) Medical Expense of \$16.78
- C) Navitus Expense fee of \$8.00
- D) Expenses are allocated between Single and Family contracts

(2) Total rates must be rounded to the nearest ten cents



# Appendix II

## Plan Descriptions

# Standard Preferred Provider Plan Design

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- Medical Benefit
  - In-Network
    - Deductible: \$200 Single, \$400 Family
    - 90/10% Coinsurance
    - Out-of-Pocket Limit (OOPL): \$800 Single, \$1600 Family
  - Out-of-Network
    - Deductible: \$500 Single, \$1000 Family
    - 70/30% Coinsurance
    - OOPL: \$2000 Single, \$4000 Family
- Drug Benefit (non-specialty)
  - \$5 Level 1 Copay
  - \$15 Level 2 Copay
  - \$35 Level 3 Copay (does not count towards OOPL)
  - OOPL: \$1000 Single, \$2000 Family
- Specialty Medications
  - \$50 Level 4 Copay
  - OOPL: \$1000 Single, \$2000 Family
    - Copays for Non-Formulary Specialty Drugs do not count towards OOPL
    - A reduced Level 4 copay of \$15 is available for Formulary Specialty Drugs obtained at the preferred Participating Pharmacy for Specialty Medications (Diplomat Specialty Pharmacy)

NOTE: Medical, Drug Benefit, and Specialty Medication Out-of-Pocket Limits accumulate separately

# State Maintenance Plan Design

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## UNIFORM BENEFITS

- Medical Benefit
  - 90/10% Coinsurance
    - DME and hearing aids remain at 80/20% coinsurance
  - OOP: \$500 Single, \$1000 Family
  - ER Copay \$75, 90% coinsurance thereafter to OOP
- Drug Benefit (non-specialty)
  - \$5 Level 1 Copay
  - \$15 Level 2 Copay
  - \$35 Level 3 Copay (does not count towards OOP)
  - OOP: \$410 Single, \$820 Family
- Specialty Medications
  - \$50 Level 4 Copay
  - OOP: \$1000 Single, \$2000 Family
    - Copays for Non-Formulary Specialty Drugs do not count towards OOP
    - A reduced Level 4 copay of \$15 is available for Formulary Specialty Drugs obtained at the preferred Participating Pharmacy for Specialty Medications (Diplomat Specialty Pharmacy)

NOTE: Medical, Drug Benefit, and Specialty Medication Out-of-Pocket Limits accumulate separately



# Medicare Plus Plan Design

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- Medical Benefit
  - 100% to Usual, Customary and Reasonable (UCR) after Medicare
- Uniform Benefit Drug Coverage (non-specialty)
  - \$5 Level 1 Copay
  - \$15 Level 2 Copay
  - \$35 Level 3 Copay (does not count towards OOPL)
  - OOPL: \$410 Single, \$820 Family
- Specialty Medications
  - \$50 Level 4 Copay
  - OOPL: \$1000 Single, \$2000 Family
    - Copays for Non-Formulary Specialty Drugs do not count towards OOPL
    - A reduced Level 4 copay of \$15 is available for Formulary Specialty Drugs obtained at the preferred Participating Pharmacy for Specialty Medications (Diplomat Specialty Pharmacy)

NOTE: Medical, Drug Benefit, and Specialty Medication Out-of-Pocket Limits accumulate separately

# Appendix III

## Key Metrics

# Key Metrics

<b>Prescription Drug Plans</b>				
	<b>Members</b>	<b>Trend</b>	<b>2013 Claims PMPM <sup>(1)</sup></b>	<b>2013 PCPM Expenses</b>
HMO Regular and Grads	177,646	3.35%	\$ 67.53	\$ 8.00
HMO Medicare	9,425	3.35%	118.51	8.00
Standard PPO and Grads	2,295	3.35%	139.51	8.00
SMP and Grads	381	3.35%	68.82	8.00
Medicare Plus	4,534	3.35%	135.40	8.00

<b>Self-Funded Medical Plans</b>			
	<b>Trend</b>	<b>2013 Claims PMPM <sup>(1)</sup></b>	<b>2013 PCPM Expenses</b>
Standard PPO and Grads	7.0%	861.84	24.03
SMP	7.0%	549.78	24.03
Medicare Plus	5.0%	161.96	16.78

(1) These numbers are illustrative only and net of fund balance buy-down.



# Key Metrics

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	<b>Rx Rate Change</b>	<b>Rx Single Rate</b>
HMO Active	0.4%	\$74.30
HMO Grads	-2.6%	\$27.40
HMO Medicare	9.2%	\$100.60
Standard Plan	12.1%	\$141.30
SMP	20.1%	\$73.50
Medicare Plus	7.7%	\$113.10

# Contributors

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# Overview

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Overall experience for the self-insured plans was worse than expected. Prescription drug and medical experience is running worse than expected. The prescription drug increase can be mitigated by a \$1.0 million Net Fund Balance buy down and the medical increase can be mitigated by a \$189,000 Net Fund Balance buy down

- Net Fund Balance
  - The Net Fund Balance decreased slightly from last year as a result of unfavorable experience and Net Fund Balance buy downs from 2012
- Prescription Drugs
  - In 2013 the HMO program rates are projected to increase approximately 7.8% without utilizing any Net Fund Balance. We are recommending utilizing \$805,000 of Net Fund Balance, to achieve an overall rate increase of 4.9% over the 2012 rates
  - In 2013 the Medicare program rates are projected to increase approximately 19.0% without utilizing any Net Fund Balance. We are recommending utilizing \$195,000 of the Net Fund Balance, to achieve an overall rate increase of 14.2% over the 2012 rates
    - Effective January 2012, the Department began participating in a self-insured Employer Group Waiver Plan (EGWP) for Medicare retirees administrated by Navitus
- Local Standard & Local State Maintenance Plan (SMP)
  - The enrollment in the Local SMP has increased in 2012
  - As Local Standard and SMP Plans enrollments are small (and not credible on a combined basis), they are rated together for medical premium development
  - Due to the small enrollment, the reinsurance agreement with the self-funded administrator, WPS, will continue to include specific and aggregate stop loss
  - Because the experience is not credible we recommend utilizing \$189,000 of the Net Fund Balance to establish the 2013 rate increase at 4.9%, the same level as the State Standard Plan
- Local Medicare
  - We are recommending an overall medical and prescription drug rate decrease of 0.5% from the 2012 rates



# Prescription Drug Plan

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- The prescription drug program has four components. The largest components are the self-insured active HMO and Medicare HMO prescription drug plans. The other two components are a small self-insured Standard and SMP group and the Medicare program
- A blended trend rate of 3.35% was employed for developing the 2013 non-Medicare prescription drug rate
- For 2013, the active HMO prescription drug rates are projected to increase 7.8% without utilizing any Net Fund Balance, due in part to the buy down that occurred in 2012
  - For the active HMOs, we are recommending utilizing \$805,000 of the Net Fund Balance to arrive at a 4.9% increase for 2013
- The average projected rate increase for the Medicare prescription drug plan in 2013 is 19.0% without utilizing any Net Fund Balance, due in part to the buy down that occurred in 2012
  - For Medicare, we are recommending utilizing \$195,000 of the Net Fund Balance to arrive at a 14.2% increase for 2013
- The Local Standard and SMP Plans continue to have limited enrollment (40 and 170 members respectively). Since this experience is not credible, we have used the prescription drug rate increase as calculated for the State Standard Preferred Provider Plan (before any reserve fund buy down)
- From the inception of Medicare Part D in January 1, 2006 through December 31, 2011 the Department utilized a fully insured PDP purchased from Dean Health Insurance to support prescription drug coverage for their retirees. Beginning January 1, 2012, the Department started utilizing an Employee Group Waiver Plan (EGWP) arrangement with Navitus

# Prescription Drug Plan Rates

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The recommended rate increase for the Non-Medicare HMO and Standard prescription drug plans is 4.9% after utilizing Net Fund Balance buy down. The increase for the Medicare prescription drug plan is 14.2% after utilizing Net Fund Balance buy down.

	<u>2013</u> <u>Single Rates</u>	<u>2012</u> <u>Single Rates</u>
<b>Non-Medicare</b>		
<b>HMO</b>	\$ 81.60	\$ 77.80
<b>Standard</b>	154.20	147.00
<b>Medicare</b>		
<b>Total</b>	\$ 176.70	\$ 154.70



# Standard Preferred Provider Plan (PPO)

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- On May 22, 2012 the Board approved changes to modify the Standard plans in order to simplify administration and modernize the plans. The modifications to the plans resulted in a cost neutral benefit change
  - Beginning January 1, 2013 the Standard PPO offerings will be modified to include the following plans: Standard PPO that is offered with Full-Pay Uniform Benefits (PPO Full-Pay), Standard PPO that is offered with Coinsurance Uniform Benefits (PPO Coinsurance), and Standard PPO that is offered with Deductible Uniform Benefits (PPO Deductible). See Appendix II for modified plan descriptions
- Due to the small enrollment, the reinsurance agreement will continue to include specific and aggregate stop loss
- The Standard PPO plan experience (while not credible with 27 contracts) has been running worse than expected with a 30.5% observed annual trend
  - WPS corporate trend is 10.8% for this population
- For purposes of this rate calculation we used a trend rate assumption of 7.0%
- Overall Standard PPO medical and prescription drug plan rates are projected to increase 10.8% before any Net Fund Balance buy down
- Because the experience is not credible we recommend utilizing \$24,000 of the Net Fund Balance to established the 2013 rate increase at 4.9%, the same level as the State Standard Plan



# Standard Preferred Provider Plan by Area

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We recommend maintaining current area factors and targeting an overall increase of 4.9% for single rates in 2013

<u>Area</u>	<u>Region</u>	<u>Area Factor</u>	<u>2013 Rates</u>	<u>2012 Rates</u>
1	Dane	96.0%	\$ 1,042.40	\$ 993.30
2	Milwaukee	115.0%	1,216.60	1,159.30
3	Waukesha	105.0%	1,124.90	1,071.90
4	Balance of State	105.0%	1,124.90	1,071.90

# Standard Preferred Provider Plan Rates

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On May 22, 2012 the Board approved the modification of the Standard plans. Beginning January 1, 2013 the Standard PPO offerings will include Standard PPO Full-Pay, Standard PPO Coinsurance, and Standard PPO Deductible

The overall recommended medical and prescription drug rate increase for 2013 is 4.9%

	<b><u>2013</u></b> <b><u>Area 1 (Dane)</u></b> <b><u>Single Rates</u></b>	<b><u>2012</u></b> <b><u>Area 1 (Dane)</u></b> <b><u>Single Rates</u></b>
<b>Standard PPO Full-Pay</b>	\$ 1,042.40	\$ 993.30
<b>Standard PPO Coinsurance</b>	935.20	891.20
<b>Standard PPO Deductible</b>	880.90	839.40

# State Maintenance Plan (SMP)

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- On May 22, 2012 the Board approved changes to modify the SMP plan in order to simplify administration and modernize the plan. The plan modifications resulted in a slight increase in benefits consistent with uniform benefits. The benefit change was reflected in the rating by increasing SMP rate ratio with the Standard PPO plan from 65% to 66%
  - Beginning January 1, 2013 the SMP plan offerings will be modified to include SMP Full-Pay Uniform Benefits (Full-Pay), SMP Coinsurance Uniform Benefits (Coinsurance), SMP Deductible Uniform Benefits (Deductible). See Appendix II for modified plan descriptions
- Due to low enrollment, the SMP experience is pooled with the Standard PPO's experience in order to have a more credible group
- Due to the small enrollment, the reinsurance agreement will continue to include specific and aggregate stop loss
- While the experience is not credible (with only 170 members), the SMP experience has been running higher than expected with a 33.1% observed annual trend
  - WPS corporate trend is 10.7% for this population
- We employed a 7.0% trend assumption in setting the 2013 rates, similar to Standard PPO plan
- Because the experience is not credible we recommend utilizing \$165,000 of the Net Fund Balance to established the 2013 rate increase at 4.9%, the same level as the State Standard Plan



# State Maintenance Plan Rates

---

On May 22, 2012 the Board approved the modification of the SMP plans. Beginning January 1, 2013 the SMP offerings will include SMP Full-Pay Uniform Benefits, SMP Coinsurance Uniform Benefits and SMP Deductible Uniform Benefits

The overall recommended medical and prescription drug rate increase for 2013 is 4.9%

	<b><u>2013</u></b> <b><u>Single Rates</u></b>	<b><u>2012</u></b> <b><u>Single Rates</u></b>
<b>SMP Full-Pay Uniform Benefits</b>	\$ 748.10	\$ 712.90
<b>SMP Coinsurance Uniform Benefits</b>	710.70	Not Offered
<b>SMP Deductible Uniform Benefits</b>	684.10	651.90

# Medicare Plus Plan

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- On May 22, 2012 the Board approved changes to modify the Medicare plan in order to simplify administration and modernize the plan. The plan modifications resulted in a slight decrease in benefits that was considered in the rating
  - Beginning January 1, 2013 the Medicare Plus plan (currently offered to the State Medicare population) will replace the Medicare Standard Plan, Medicare Standard PPP, Medicare Deductible Standard Plan and Medicare Deductible PPP plans. See Appendix II for plan design description
- The Medicare Plus Plan experience has been running better than expected with a -2.2% observed annual trend
  - WPS corporate trend is 5.4% for this population
- We used a 5.0% medical trend assumption for setting this year's rate
- Prescription drug rates are projected to increase approximately 14.2% after utilizing the recommended Net Fund Balance buy down for 2013
- The rate impact is summarized on the following slide

# Medicare Plus Plan Rates

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On May 22, 2012 the Board approved the modification of the Medicare plans. Beginning January 1, 2013 the Medicare Plus plan will replace the Medicare Standard Plan, Medicare Standard PPP, Medicare Deductible Standard Plan and Medicare Deductible PPP

The overall recommended rate change from the 2012 Medicare Basic single rate to the 2013 Medicare Plus single rate in Area 1 (Dane) is a 0.5% decrease including benefit changes

	<u>2013</u> <u>Area 1 (Dane)</u> <u>Single Rates</u>	<u>2012</u> <u>Area 1 (Dane)</u> <u>Single Rates</u>
<b><u>Medicare</u></b>		
<b>Standard Plan</b>	Not Offered	\$ 363.50
<b>Standard PPP</b>	Not Offered	351.50
<b>Deductible Standard Plan</b>	Not Offered	344.40
<b>Deductible PPP</b>	Not Offered	331.80
<b>Medicare Plus</b>	\$ 361.80	Not Offered



# Net Fund Balance

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- Overall, estimated Net Fund Balance began to decrease for the medical and prescription drug plan during the last year
  - Net Fund Balance includes accrued-but-not-received drug rebates in the amount of \$1.8 million
- Based on prevailing regulatory capital requirements applicable to the insurance industry, as well as leading practices for self-insured employers, maintaining a Net Fund Balance of 15% to 25% of the annual claims of the Medical and Prescription Drug plans is recommended.
  - At the August 2011 meeting, the Board accepted the use of this benchmark policy
- The current Net Fund Balance ratio to annual claims for the local program is estimated to be approximately 27% for the combined Medical and Prescription Drug plans
  - Due to the smaller size of the Local programs compared to the State, the Net Fund Balance ratio is generally assessed on a combined basis rather than separately for the Medical and Prescription Drug plans.
- We discussed several strategies for the Net Fund Balance buy down for 2013 and chose to recommend a scenario that would reduce the combined ratio to approximately 26%, which is in line with the reduction of the State ratio to 27%
  - In order to provide rate stability, it is recommended that the buy downs needed to bring the Net Fund Balance ratio into the target range be phased in over a two year period
  - This scenario is consistent with the buy down approach that was applied last year
- We are recommending a 2013 medical buy-down of \$189,000 and prescription drug buy-down of \$1.0 million utilizing the Net Fund Balance
- Following this buy-down, the fund balance is expected to be sufficient to protect against unfavorable claim cost and investment experience in 2013, and also provide continued rate stability for 2014 and later

# Net Fund Balance

	6/30/2012	6/30/2011	6/30/2010
<b>MEDICAL (in millions)</b>			
Cash Balance <sup>(1)</sup>	1.9	3.1	3.3
Incurred But Not Report Claim Liability (IBNR)	(0.3)	(0.2)	(0.3)
<b>Net Fund Balance</b>	<b>1.7</b>	<b>2.9</b>	<b>3.0</b>

	6/30/2012	6/30/2011	6/30/2010
<b>PHARMACY (in millions)</b>			
Cash Balance	14.1	17.6	13.1
Estimated Accrued Drug Rebates	1.8	2.2	1.8
Navitus Advance	2.1	1.4	1.4
ERRP Reimbursement <sup>(3)</sup>	2.1	0.0	0.0
<b>Projected Future Cash Balance<sup>(1)</sup></b>	<b>20.1</b>	<b>21.2</b>	<b>16.3</b>
IBNR <sup>(2)</sup>	(0.7)	(0.5)	(0.5)
<b>Net Fund Balance</b>	<b>19.4</b>	<b>20.7</b>	<b>15.8</b>

<sup>(1)</sup> Source: Department of Employee Trust Funds

<sup>(2)</sup> 2012 RX IBNR is estimated at one week of claims

<sup>(3)</sup> ERRP: Early Retiree Reinsurance Program reimbursement cannot be used as General Revenue. For Fiscal Year 2011 the ERRP reimbursements for both State and Local programs were included in the State Net Fund Balance. For Fiscal Year 2012 the ERRP reimbursements were allocated between the State & Local programs.



# Appendix I

## Final Rates



# Standard PPO Full-Pay Rate Comparison

Local Standard Basic								
2012 Rates								
	Dane		Milwaukee		Waukesha		Balance of State	
	Single	Family	Single	Family	Single	Family	Single	Family
Claim Cost	\$772.32	\$1,931.16	\$938.32	\$2,346.16	\$850.92	\$2,127.56	\$850.92	\$2,127.56
Rx Claim Cost	\$138.51	\$346.27	\$138.51	\$346.27	\$138.51	\$346.27	\$138.51	\$346.27
Expenses	\$82.47	\$201.97	\$82.47	\$201.97	\$82.47	\$201.97	\$82.47	\$201.97
<b>TOTAL</b>	<b>\$993.30</b>	<b>\$2,479.40</b>	<b>\$1,159.30</b>	<b>\$2,894.40</b>	<b>\$1,071.90</b>	<b>\$2,675.80</b>	<b>\$1,071.90</b>	<b>\$2,675.80</b>

Local Standard PPO Full-Pay								
2013 Rates								
	Dane		Milwaukee		Waukesha		Balance of State	
	Single	Family	Single	Family	Single	Family	Single	Family
Claim Cost	\$787.51	\$1,968.48	\$961.71	\$2,403.78	\$870.01	\$2,174.48	\$870.01	\$2,174.48
Rx Claim Cost	\$156.93	\$392.33	\$156.93	\$392.33	\$156.93	\$392.33	\$156.93	\$392.33
Expenses <sup>(1)</sup>	\$97.96	\$240.09	\$97.96	\$240.09	\$97.96	\$240.09	\$97.96	\$240.09
<b>TOTAL <sup>(2)</sup></b>	<b>\$1,042.40</b>	<b>\$2,600.90</b>	<b>\$1,216.60</b>	<b>\$3,036.20</b>	<b>\$1,124.90</b>	<b>\$2,806.90</b>	<b>\$1,124.90</b>	<b>\$2,806.90</b>
<b>Change</b>	<b>4.9%</b>		<b>4.9%</b>		<b>4.9%</b>		<b>4.9%</b>	

(1) Expenses include a per contract per month fee for the following:

- A) ETF Administrative Fee of \$3.20
- B) WPS Expense Fee of \$139.60, includes specific and aggregate stop loss
- C) Navitus Expense fee of \$7.80
- D) Expenses are allocated between Single and Family contracts

(2) Total rates must be rounded to the nearest ten cents

# Standard PPO Coinsurance Rate Comparison

Local Standard PPP								
2012 Rates								
	Dane		Milwaukee		Waukesha		Balance of State	
	Single	Family	Single	Family	Single	Family	Single	Family
Claim Cost	\$670.22	\$1,675.96	\$816.02	\$2,040.46	\$738.52	\$1,846.66	\$738.52	\$1,846.66
Rx Claim Cost	\$138.51	\$346.27	\$138.51	\$346.27	\$138.51	\$346.27	\$138.51	\$346.27
Expenses	\$82.47	\$201.97	\$82.47	\$201.97	\$82.47	\$201.97	\$82.47	\$201.97
<b>TOTAL</b>	<b>\$891.20</b>	<b>\$2,224.20</b>	<b>\$1,037.00</b>	<b>\$2,588.70</b>	<b>\$959.50</b>	<b>\$2,394.90</b>	<b>\$959.50</b>	<b>\$2,394.90</b>

Local Standard PPO Coinsurance								
2013 Rates								
	Dane		Milwaukee		Waukesha		Balance of State	
	Single	Family	Single	Family	Single	Family	Single	Family
Claim Cost	\$680.31	\$1,700.78	\$833.31	\$2,083.08	\$752.01	\$1,879.88	\$752.01	\$1,879.88
Rx Claim Cost	\$156.93	\$392.33	\$156.93	\$392.33	\$156.93	\$392.33	\$156.93	\$392.33
Expenses <sup>(1)</sup>	\$97.96	\$240.09	\$97.96	\$240.09	\$97.96	\$240.09	\$97.96	\$240.09
<b>TOTAL <sup>(2)</sup></b>	<b>\$935.20</b>	<b>\$2,333.20</b>	<b>\$1,088.20</b>	<b>\$2,715.50</b>	<b>\$1,006.90</b>	<b>\$2,512.30</b>	<b>\$1,006.90</b>	<b>\$2,512.30</b>
<b>Change</b>	<b>4.9%</b>		<b>4.9%</b>		<b>4.9%</b>		<b>4.9%</b>	

(1) Expenses include a per contract per month fee for the following:

- A) ETF Administrative Fee of \$3.20
- B) WPS Expense Fee of \$139.60, includes specific and aggregate stop loss
- C) Navitus Expense fee of \$7.80
- D) Expenses are allocated between Single and Family contracts

(2) Total rates must be rounded to the nearest ten cents



# Standard PPO Deductible Rate Comparison

Local Standard PPP High Deductible								
2012 Rates								
	Dane		Milwaukee		Waukesha		Balance of State	
	Single	Family	Single	Family	Single	Family	Single	Family
Claim Cost	\$618.42	\$1,546.26	\$752.32	\$1,881.16	\$681.82	\$1,704.76	\$681.82	\$1,704.76
Rx Claim Cost	\$138.51	\$346.27	\$138.51	\$346.27	\$138.51	\$346.27	\$138.51	\$346.27
Expenses	\$82.47	\$201.97	\$82.47	\$201.97	\$82.47	\$201.97	\$82.47	\$201.97
<b>TOTAL</b>	<b>\$839.40</b>	<b>\$2,094.50</b>	<b>\$973.30</b>	<b>\$2,429.40</b>	<b>\$902.80</b>	<b>\$2,253.00</b>	<b>\$902.80</b>	<b>\$2,253.00</b>

Local Standard PPO High Deductible								
2013 Rates								
	Dane		Milwaukee		Waukesha		Balance of State	
	Single	Family	Single	Family	Single	Family	Single	Family
Claim Cost	\$626.01	\$1,564.68	\$766.51	\$1,915.98	\$692.51	\$1,730.98	\$692.51	\$1,730.98
Rx Claim Cost	\$156.93	\$392.33	\$156.93	\$392.33	\$156.93	\$392.33	\$156.93	\$392.33
Expenses <sup>(1)</sup>	\$97.96	\$240.09	\$97.96	\$240.09	\$97.96	\$240.09	\$97.96	\$240.09
<b>TOTAL <sup>(2)</sup></b>	<b>\$880.90</b>	<b>\$2,197.10</b>	<b>\$1,021.40</b>	<b>\$2,548.40</b>	<b>\$947.40</b>	<b>\$2,363.40</b>	<b>\$947.40</b>	<b>\$2,363.40</b>
<b>Change</b>	<b>4.9%</b>		<b>4.9%</b>		<b>4.9%</b>		<b>4.9%</b>	

(1) Expenses include a per contract per month fee for the following:

- A) ETF Administrative Fee of \$3.20
- B) WPS Expense Fee of \$139.60, includes specific and aggregate stop loss
- C) Navitus Expense fee of \$7.80
- D) Expenses are allocated between Single and Family contracts

(2) Total rates must be rounded to the nearest ten cents



# State Maintenance Plans Rate Comparison

	Local SMP		Local SMP Coinsurance		Local SMP High Deductible	
2012 Rates						
	Single	Family	Single	Family	Single	Family
Claim Cost	\$559.93	\$1,400.38	N/A	N/A	\$498.93	\$1,247.78
Rx Claim Cost	\$90.03	\$225.07	N/A	N/A	\$90.03	\$225.07
Expenses	\$62.94	\$153.15	N/A	N/A	\$62.94	\$153.15
<b>TOTAL</b>	<b>\$712.90</b>	<b>\$1,778.60</b>	<b>N/A</b>	<b>N/A</b>	<b>\$651.90</b>	<b>\$1,626.00</b>

	Local SMP Full-Pay		Local SMP Coinsurance <sup>(1)</sup>		Local SMP High Deductible	
2013 Rates						
	Single	Family	Single	Family	Single	Family
Claim Cost	\$572.31	\$1,431.12	\$534.91	\$1,337.72	\$508.31	\$1,271.02
Rx Claim Cost	\$103.57	\$258.94	\$103.57	\$258.94	\$103.57	\$258.94
Expenses <sup>(2)</sup>	\$72.22	\$175.74	\$72.22	\$175.74	\$72.22	\$175.74
<b>TOTAL <sup>(3)</sup></b>	<b>\$748.10</b>	<b>\$1,865.80</b>	<b>\$710.70</b>	<b>\$1,772.40</b>	<b>\$684.10</b>	<b>\$1,705.70</b>
<b>Change</b>	<b>4.9%</b>		<b>N/A</b>		<b>4.9%</b>	

(1) Local SMP Coinsurance is based on 95% of Local SMP

(2) Expenses include a per contract per month fee for the following:

- A) ETF Administrative Fee of \$3.20
- B) WPS Expense Fee of \$139.60, includes specific and aggregate stop loss
- C) Navitus Expense fee of \$7.80
- D) Expenses are allocated between Single and Family contracts

(3) Total rates must be rounded to the nearest ten cents

# Medicare Plus Rate Comparison

Local Medicare Basic						
2012 Rates						
	Single	Family	Family + 1 (Non-Medicare Eligible in)			
			Dane	Milwaukee	Waukesha	Balance of State
Claim Cost	\$196.30	\$392.59	\$968.62	\$1,134.62	\$1,047.22	\$1,047.22
Rx Claim Cost	\$146.20	\$292.40	\$284.71	\$284.71	\$284.71	\$284.71
Expenses	\$21.00	\$39.21	\$103.47	\$103.47	\$103.47	\$103.47
<b>TOTAL</b>	<b>\$363.50</b>	<b>\$724.20</b>	<b>\$1,356.80</b>	<b>\$1,522.80</b>	<b>\$1,435.40</b>	<b>\$1,435.40</b>

Local Medicare Plus						
2013 Rates						
	Single	Family	Family + 1 (Non-Medicare Eligible in)			
			Dane	Milwaukee	Waukesha	Balance of State
Claim Cost	\$171.67	\$343.54	\$959.18	\$1,133.38	\$1,041.58	\$1,041.58
Rx Claim Cost	\$168.95	\$337.90	\$325.88	\$325.88	\$325.88	\$325.88
Expenses <sup>(1)</sup>	\$21.18	\$39.16	\$119.14	\$119.14	\$119.14	\$119.14
<b>TOTAL <sup>(2)</sup></b>	<b>\$361.80</b>	<b>\$720.60</b>	<b>\$1,404.20</b>	<b>\$1,578.40</b>	<b>\$1,486.60</b>	<b>\$1,486.60</b>
<b>Change</b>	<b>-0.5%</b>		<b>3.5%</b>	<b>3.7%</b>	<b>3.6%</b>	<b>3.6%</b>

(1) Expenses include a per contract per month fee for the following:

- A) ETF administrative fee of \$3.20
- B) WPS Expense Fee of \$16.78
- C) Expenses are allocated between Single and Family contracts

(2) Total rates must be rounded to the nearest ten cents

# Appendix II

## Plan Descriptions



# Standard Preferred Provider Plan Designs

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Medical Benefit:

## **Standard PPO that is offered with Full-Pay Uniform Benefits**

### In-Network

- Deductible: \$100 Single, \$200 Family
- 100% coinsurance after deductible satisfied

### Out-of-Network

- Deductible: \$500 Single, \$1000 Family
- Coinsurance: 80/20%
- Out-of-Pocket Limit (OOPL):  
\$2000 Single, \$4000 Family

## **Standard PPO that is offered with Coinsurance Uniform Benefits**

### In-Network

- Deductible: \$250 Single, \$500 Family
- Coinsurance: 90/10%
- OOPL: \$1000 Single, \$2000 Family

### Out-of-Network

- Deductible: \$500 Single, \$1000 Family
- Coinsurance: 70/30%
- OOPL: \$2000 Single, \$4000 Family

## **Standard PPO that is offered with Deductible Uniform Benefits**

### In-Network

- Deductible: \$500 Single, \$1000 Family
- Coinsurance: 80/20%
- OOPL: \$2000 Single, \$4000 Family

### Out-of-Network

- Deductible:  
\$1000 Single, \$2000 Family
- Coinsurance: 70/30%
- OOPL: \$4000 Single, \$8000 Family

# Standard Preferred Provider Plan Designs

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## Drug Benefit (non-specialty):

- \$5 Level 1 Copay
- \$15 Level 2 Copay
- \$35 Level 3 Copay (does not count towards OOPL)
- OOPL: \$1000 Single, \$2000 Family

## Specialty Medications:

- \$50 Level 4 Copay
- OOPL: \$1000 Single, \$2000 Family
  - Copays for Non-Formulary Specialty Drugs do not count towards OOPL
  - A reduced Level 4 copay of \$15 is available for Formulary Specialty Drugs obtained at the preferred Participating Pharmacy for Specialty Medications (Diplomat Specialty Pharmacy)

NOTE: Medical, Drug Benefit, and Specialty Medication Out-of-Pocket Limits accumulate separately

# State Maintenance Plan Designs

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## Medical Benefit:

### **SMP (Traditional) Full-Pay Uniform Benefits**

- Deductible: \$0
- Coinsurance: 100%  
(except for DME and hearing aids at 80/20%)
- ER Copay \$60

### **SMP Coinsurance Uniform Benefits (Matches State design)**

- Coinsurance: 90/10%  
(DME and hearing aids remain at 80/20%)
- OOPL: \$500 Single, \$1000 Family
- ER Copay \$75, 90% coinsurance thereafter to OOPL

### **SMP Deductible Uniform Benefits**

- Deductible: \$500 Single, \$1000 Family
- Coinsurance: 100% after deductible satisfied  
(except for DME and hearing aids at 80/20%)
- ER Copay \$60



# State Maintenance Plan Designs

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## Drug Benefit (non-specialty):

- \$5 Level 1 Copay
- \$15 Level 2 Copay
- \$35 Level 3 Copay (does not count towards OOPL)
- OOPL: \$410 Single, \$820 Family

## Specialty Medications:

- \$50 Level 4 Copay
- OOPL: \$1000 Single, \$2000 Family
  - Copays for Non-Formulary Specialty Drugs do not count towards OOPL
  - A reduced Level 4 copay of \$15 is available for Formulary Specialty Drugs obtained at the preferred Participating Pharmacy for Specialty Medications (Diplomat Specialty Pharmacy)

NOTE: Medical, Drug Benefit, and Specialty Medication Out-of-Pocket Limits accumulate separately

# Medicare Plus Plan Design

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## Medical Benefit:

- 100% on Usual, Customary and Reasonable after Medicare

## Drug Benefit (non-specialty):

- \$5 Level 1 Copay
- \$15 Level 2 Copay
- \$35 Level 3 Copay (does not count towards OOP)
- OOP: \$410 Single, \$820 Family

## Specialty Medications:

- \$50 Level 4 Copay
- OOP: \$1000 Single, \$2000 Family
  - Copays for Non-Formulary Specialty Drugs do not count towards OOP
  - A reduced Level 4 copay of \$15 is available for Formulary Specialty Drugs obtained at the preferred Participating Pharmacy for Specialty Medications (Diplomat Specialty Pharmacy)

NOTE: Medical, Drug Benefit, and Specialty Medication Out-of-Pocket Limits accumulate separately

# Appendix III

## Key Metrics



# Key Metrics

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<b>Prescription Drug Plans</b>				
	<b>Members</b>	<b>Trend</b>	<b>2013 Claims PMPM <sup>(1)</sup></b>	<b>2013 PCPM Expenses</b>
HMO	36,586	3.35%	\$ 65.34	\$ 7.80
Standard	40	3.35%	173.14	7.80

<b>Self-Funded Medical Plans</b>				
	<b>Members</b>	<b>Trend</b>	<b>2013 Claims PMPM <sup>(1)</sup></b>	<b>2013 PCPM Expenses</b>
Standard	40	7.0%	710.01	139.60
SMP	170	7.0%	468.60	139.60
Medicare	257	5.0%	171.66	16.78

(1) These numbers are illustrative only and net of fund balance buy-down.

# Key Metrics

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	<b>Rx Rate Change</b>	<b>Rx Single Rate</b>
HMO Active	4.9%	\$81.60
HMO Medicare	14.2%	\$176.70

# Contributors

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# Deloitte.

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