



**State of Wisconsin Group Insurance Board
Department of Employee Trust Funds**

2017 STATE RATE DEVELOPMENT

**Self-Insured Medical, Dental
and Prescription Drug Plans**

August 16, 2016



Segal Consulting

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1. Overview

2. Net Fund Balance
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Overview


➤ Net Fund Balance

- The estimated ratio of Net Fund Balance to annual claims is projected to be approximately 29% of claims and above the 15% – 25% corridor at 12/31/16.

➤ Projected Increases assuming no additional premium buy-down:

Program	Increase over 2016
Pharmacy Overall	0.8%
IYC Access Health Plan	5.2%
State Maintenance Plan	4.1%
IYC Medicare Plus Plan	(7.8%)
Dental Plan	6.0%

- State Maintenance Plan (SMP) is the designated Tier 1 plan in every county where there is no other qualified Tier 1 plan. SMP will be offered in 8 counties in 2017, including counties from 2016 with the exception of Vilas county.
- Note that SMP is small and required medical experience to be blended with Standard PPO.

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Net Fund Balance

- Since 2007 there have been pharmacy buy-downs in every year except 2011 and 2016, including \$103.3 million over the past 5 years utilizing \$13.1 million available from ERRP reimbursements during this time.

Premium Year	Net Fund Buy-Down (in \$millions)		
	Medical	Rx	Total
2016	0.0	0.0	0.0
2015	0.0	20.0	20.0
2014	0.0	20.5	20.5
2013	0.0	32.8	32.8
2012	0.0	30.0	30.0

- At the August 2011 meeting, the Board accepted a policy of using a target Net Fund Balance of between 15% and 25% of annual medical and prescription drug claims.
- 20% of annual fully-insured premiums have been historically included in this calculation. Segal has not altered this logic.

Net Fund Balance (current balance)


The fund balance at 6/30/2016 has increased \$28.5 million in the last 12 months.

	6/30/2016	6/30/2015	6/30/2014	6/30/2013	6/30/2012	6/30/2011
MEDICAL (in millions)						
Cash Balance	83.7	76.9	70.3	62.3	57.4	57.3
Incurred But Not Reported (IBNR)	(4.2)	(4.0)	(4.9)	(4.2)	(5.3)	(5.7)
Net Fund Balance	79.5	72.9	65.4	58.1	52.1	51.6
DENTAL (in millions)						
Cash Balance	1.9					
Incurred But Not Reported (IBNR)	(0.8)					
Net Fund Balance	1.1					
PHARMACY (in millions)						
Cash Balance	18.4	3.2	42.0	40.7	66.7	77.5
Recalculated Cash Balance*	18.4	3.2	25.6	27.4	55.3	65.2
Accrued Drug Rebates	15.9	13.4	16.4	13.3	11.4	12.3
Accrued Medicare Part D Subsidy	12.5	7.3	8.4	10.9	7.9	5.1
Navitus Advance	0.0	2.1	4.2	6.3	10.5	11.9
ERRP Reimbursement	0.0	0.0	0.0	13.1	12.6	14.2
Projected Future Cash Balance	46.8	26.0	54.6	71.0	97.7	108.7
IBNR	(5.0)	(5.0)	(4.7)	(4.3)	(3.9)	(4.1)
Net Fund Balance	41.8	21.0	49.9	66.7	93.8	104.6
Total State Fund Balance	122.4	93.9	115.3	124.8	145.9	156.2

* Prior Cash Balance included accruals resulting in double counting.

Net Fund Balance (current balance)

- In order to calculate the available buy-down for 2017, Segal projected the Net Fund Balance to 12/31/2016 to estimate the ratio of Net Fund Balance to annual claims and determine where it will be in the 15% – 25% policy range.
- Q3/Q4 of 2016 is estimated to have a claims gain of \$29.8 million. In addition, there will be additional drug rebates and Medicare Part D subsidies of \$12.9 million, resulting in a gain of \$42.7 million. The projected 12/31/2016 cash balance is \$165.1 million.
- The projected 2017 claims expense, including dental claims and 20% of fully-insured premiums, is \$561.8 million. Therefore, the estimated ratio of Net Fund Balance to annual claims is approximately 29% of claims and outside of the 15-25% corridor.
- At the 25% ratio (\$104.4 million Net Fund Balance), \$24.7 million (\$165.1 million less \$140.4 million) is available for a buy-down. At 15% this increases to \$80.8 million.
- Given this is a year of good experience for the overall program, particularly with the low renewals on the medical side, we recommend not implementing a buy-down this year and maintaining the cash for future years. With the potential move to self-insurance in 2018, this will also provide a solid starting reserve.

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Prescription Drug Plan

- Rating groups are consistent with prior years: HMO Regular, HMO Grads, HMO Medicare, IYC Access Health Plan (including Grads), SMP and IYC Medicare Plus
- 41 months of claims data (January 2013 – May 2016) was received from Navitus and used in our analysis. The baseline data utilized the most recent 12 months of claims, June 2015 through May 2016.
- Claims were adjusted -1.5% for the 2016 residual benefit design changes.
- Navitus expects claims trend to be 6% – 8% for the projection period. Using Segal's trend survey expected trend of 11.2%, we weighted the two trends to produce a 2017 trend assumption of 9.1% used in our claims projection.
- We received and utilized administrative expenses, expected rebates and Medicare Part D subsidies provided by Navitus for the rate development. The resulting net trend is 4.6%.

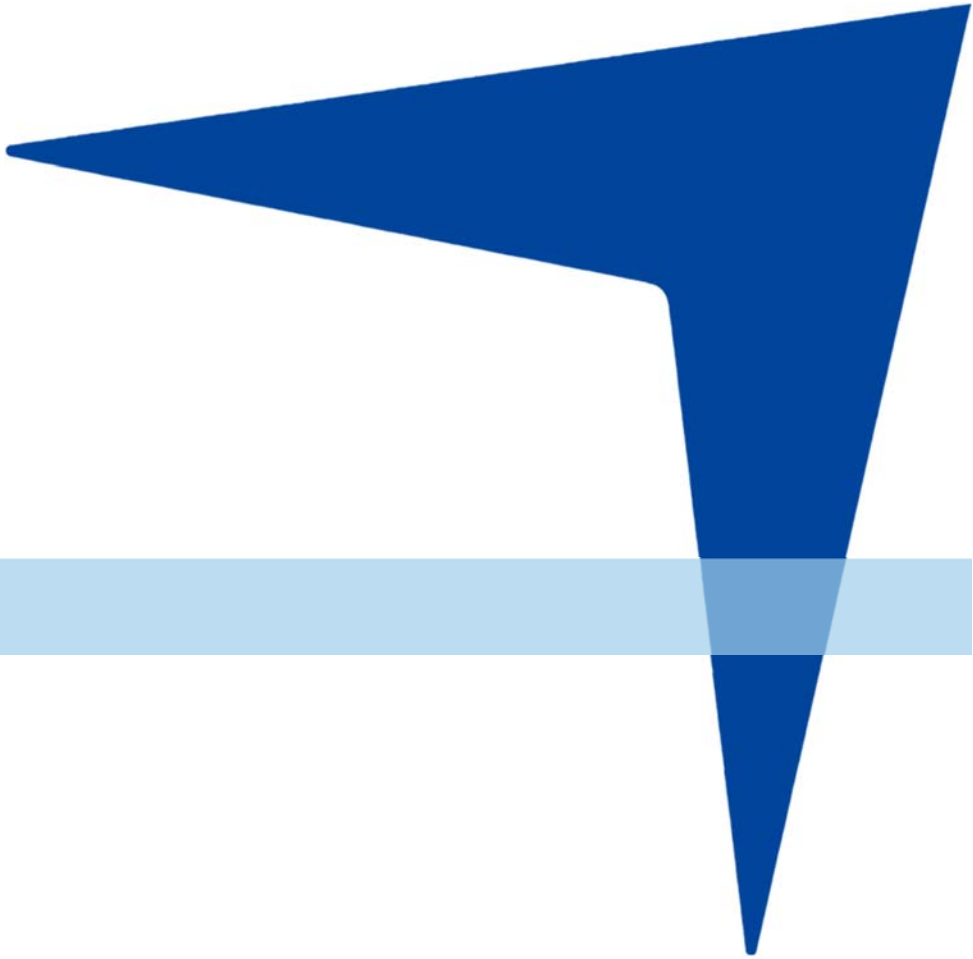
Prescription Drug Plan

- For 2017, the prescription drug rates are projected to increase 0.8% over the 2016 rates, varying by group category, without utilizing any of the Net Fund Balance.
- This increase consists of 2 components:
 1. Net pharmacy trend = 4.6%
 2. Favorable experience = -3.8%
- Note that 2016 rates did not have any buy-down included.

Prescription Drug Plans Rates

- The overall recommended rate increase for the prescription drug plan using plan experience is 0.8%, calculated by weighting the rate changes for the plans shown below. This assumes no buy-down for 2017.

	2016	2017	
	Single Rates	Single Rates	Rate Change
Non-Medicare			
HMO Regular	\$111.94	\$113.75	1.6%
HMO Grads	\$38.57	\$43.95	14.0%
IYC Access Health Plan	\$198.86	\$169.57	-14.7%
SMP	\$100.74	\$71.01	-29.5%
Medicare			
HMO Medicare	\$201.09	\$212.13	5.5%
IYC Medicare Plus	\$211.98	\$174.39	-17.7%

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IYC Access Health Plan

- IYC Access Health Plan membership has dropped 3% since last year's rating. The experience is credible with approximately 1,540 members.
- The baseline data utilized the most recent 12 months of claims, July 2015 through June 2016, with calculated completion factors. Additional summary data including prior period experience was also provided by WPS.
- Plan paid claims trend was 4.1% for the 12 month period ending June 2016 and WPS corporate trend is 9.38%. Segal's trend survey reports expected trend of 7.6%. We utilized this medical trend, which is consistent with a blend of experience and expected trends.
- Claims were adjusted -0.75% for the residual 2016 benefit design changes.
- We received and utilized administrative expenses and network access fees provided by WPS for the rate development. The blended administrative expenses, including ETF loads, increased from \$39.67 PCPM to \$45.80 PCPM in 2017.
- For 2017, the overall medical and prescription drug rates are projected to increase 5.2% over the 2016 rates.
- A High Deductible Health Plan (HDHP) is offered to active members, excluding graduate assistants. Similar to the HMO plans, the IYC Access HDHP rate is calculated at 0.84 times the claims cost plus admin. The resulting IYC Access HDHP rates are projected to increase 5.2% over the 2016 rates.

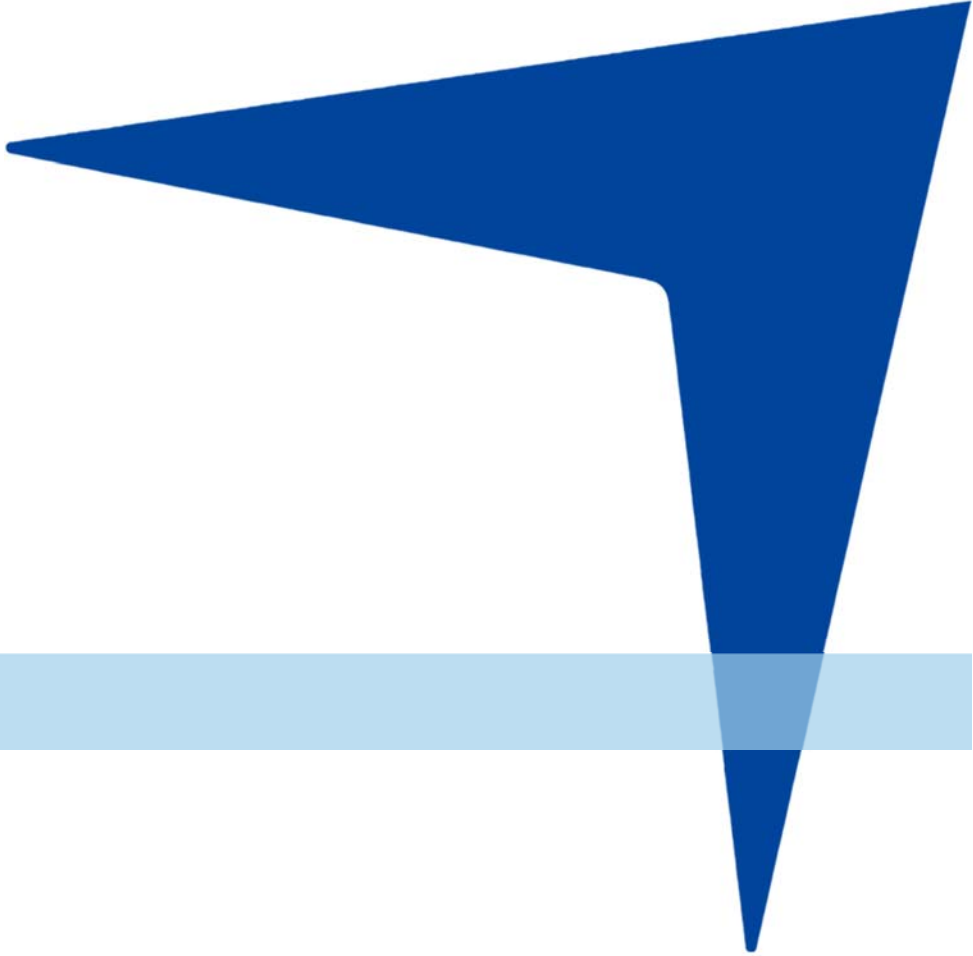
IYC Access Health Plan Rates

The recommended rates for 2017 represent a 5.2% increase from 2016 for the IYC Access Health Plan and the IYC Access HDHP. While the IYC Access Health Plan's Grad plan increase is 5.8%.

	2016 Rates	2017 Rates	% Change
IYC Access Health Plan			
Single	\$1,305.20	\$1,372.58	5.2%
Family	\$3,257.70	\$3,425.32	5.1%

IYC Access Health Plan Grads			
Single	\$982.60	\$1,039.54	5.8%
Family	\$2,450.80	\$2,592.26	5.8%

IYC Access High Deductible Health Plan (Non-Grads)			
Single	\$1,100.50	\$1,157.68	5.2%
Family	\$2,745.90	\$2,888.06	5.2%

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State Maintenance Plan (SMP)

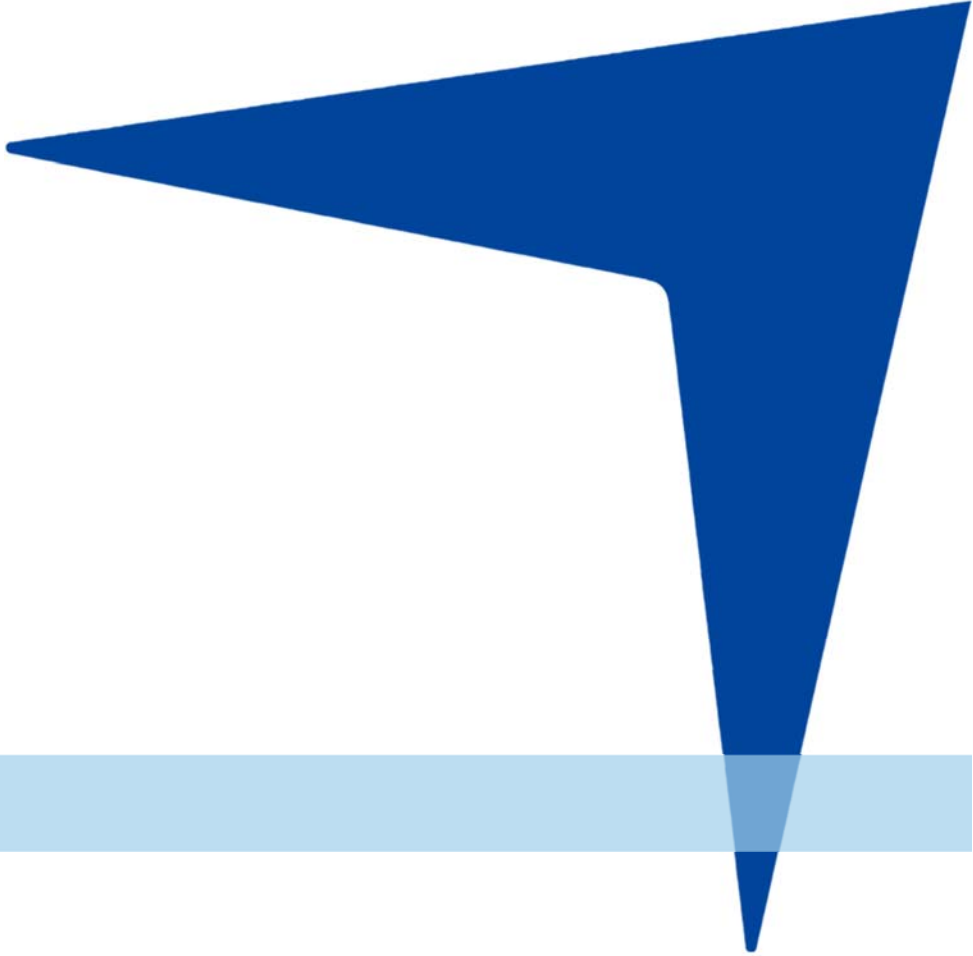
- SMP is the designated Tier 1 plan in every county where there is no other qualified Tier 1 plan.
- SMP will be offered in 8 counties in 2017, including counties from 2016 with the exception of Vilas county.
- SMP membership has decreased 4% since last year's rating. The experience is not credible with approximately 82 members.
- Although the experience is not credible, plan paid claims trend is running at 10.5% for the 12-month period ending June 2016.
- Given that the SMP experience is not credible, for 2017 we recommend an overall medical and prescription drug rate 4.1% increase over the 2016 rates by blending the medical experience with the IYC Access Health Plan.
- A High Deductible Health Plan (HDHP) is offered to active members, excluding graduate assistants. Similar to the HMO plans, the HDHP rate is calculated at 0.84 times the claims cost plus admin. The resulting HDHP rates are projected to increase 4.1% over the 2016 rates.

State Maintenance Plan Rates

- The recommended rates for 2017 represent a 4.1% increase from 2016 for SMP and HDHP plan, while the SMP Grads are to increase 4.2%.

	2016 Rates	2017 Rates	% Change
SMP			
Single	\$807.80	\$840.72	4.1%
Family	\$2,014.20	\$2,095.56	4.0%
SMP Grads			
Single	\$610.60	\$636.14	4.2%
Family	\$1,521.20	\$1,584.12	4.1%
High Deductible Health Plan (Non-Grads)			
Single	\$682.00	\$710.22	4.1%
Family	\$1,699.70	\$1,769.36	4.1%

- SMP will be offered in the following counties this year:
 - Bayfield, Buffalo, Florence, Forest, Iron, Marquette, Menominee, and Pepin.

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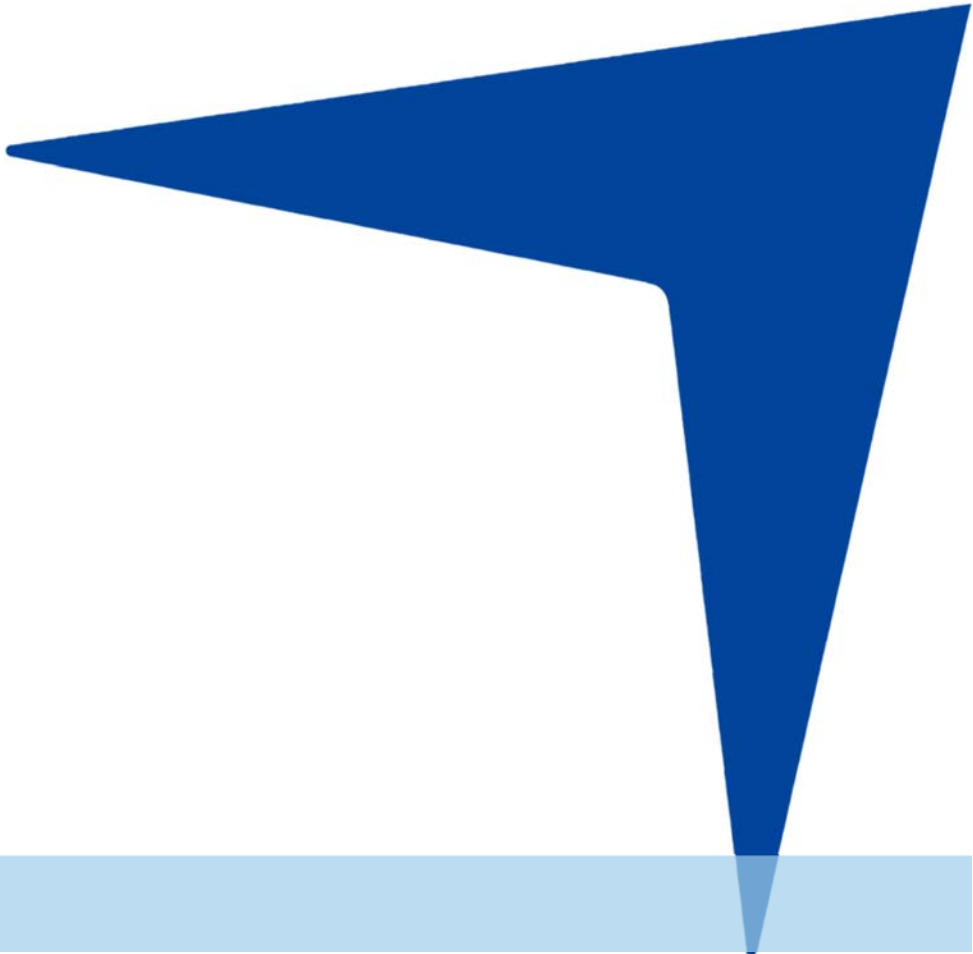
IYC Medicare Plus Plan

- IYC Medicare Plus Plan membership has dropped 2% since last year's rating. The experience is credible with approximately 8,472 members.
- The baseline data utilized the most recent 12 months of claims, July 2015 through June 2016, with calculated completion factors. Additional summary data including prior period experience was also provided by WPS.
- Plan paid claims trend was 0.1% for the 12-month period ending June 2016 and WPS corporate trend is 4.8%. Segal's trend survey reports expected trend of 4.3%. We utilized this medical trend, which is consistent with a blend of experience and expected trends.
- For 2017, the overall medical and prescription drug rates are projected to decrease 7.8% over the 2016 rates, without utilizing any of the Net Fund Balance.
 - Medical rates are projected to increase by 1.3% for 2017.
 - Prescription drug rates are projected to decrease by 17.7% for 2017.
 - The overall rates for 2017 decreased 7.8% over 2016.

IYC Medicare Plus Plan Rates

- The recommended rates for 2017 represent an overall decrease of 7.8% from 2016.

	2016 Rates	2017 Rates	% Change
IYC Medicare Plus			
Single	\$400.40	\$369.18	-7.8%
Family	\$795.80	\$732.72	-7.9%


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Dental Plan Rates

- The self-insured dental plan was procured last year and Delta Dental was awarded the contract.
- Claims data (January 2016 – June 2016) was received from Delta Dental and used in our analysis. Preliminary experience is slightly higher (2%) than expected.
- Segal's trend survey reports expected trend of 4.1% for this population and plan.
- We blended our rate development using the limited experience available with 2016 rates trended forward to 2017. The blended rates are 5.9% (single) and 6.0% (family) more than last year's rates.

	2016 Rates	2017 Rates	
	Self-Insured Rates	Self-Insured Rates	Rate Change
Single	\$26.28	\$27.84	5.9%
Family	\$65.70	\$69.62	6.0%

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IYC Access Health Plan and SMP Rates

State Active								
2016 Rates								
	Regular				Graduate Assistants			
	IYC Access Health Plan		SMP		IYC Access Health Plan		SMP	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$1,080.69	\$2,701.75	\$685.34	\$1,713.30	\$813.44	\$2,033.56	\$513.32	\$1,283.26
Rx Claim Cost	\$198.86	\$497.16	\$100.74	\$251.86	\$136.12	\$340.29	\$75.56	\$188.90
Expenses	\$25.65	\$58.79	\$21.72	\$49.04	\$33.04	\$76.95	\$21.72	\$49.04
TOTAL	\$1,305.20	\$3,257.70	\$807.80	\$2,014.20	\$982.60	\$2,450.80	\$610.60	\$1,521.20
2017 Rates								
	Regular				Graduate Assistants			
	IYC Access Health Plan		SMP		IYC Access Health Plan		SMP	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$1,173.72	\$2,934.30	\$744.34	\$1,860.78	\$883.46	\$2,208.60	\$557.52	\$1,393.72
Rx Claim Cost	\$169.58	\$423.94	\$71.02	\$177.52	\$117.98	\$294.92	\$53.26	\$133.14
Expenses	\$29.28	\$67.08	\$25.36	\$57.26	\$38.10	\$88.74	\$25.36	\$57.26
TOTAL	\$1,372.58	\$3,425.32	\$840.72	\$2,095.56	\$1,039.54	\$2,592.26	\$636.14	\$1,584.12
Change	5.2%	5.1%	4.1%	4.1%	5.8%	5.8%	4.2%	4.1%

- SMP Graduate Assistants medical rate is based on 75% of SMP.
- Expenses include the following Per Contract Per Month (PCPM) fees:
 - ETF Administrative Fee of \$5.33
 - Wellness Contract Administrative Fee of \$9.00
 - Data Warehouse Contract Administration Fee of \$1.83
 - WPS Medical Expense Fee of \$29.64

IYC Access HDHP and SMP HDHP Rates


State Active				
2016 Rates				
	HDHP			
	IYC Access HDHP		SMP HDHP	
	Single	Family	Single	Family
Medical Claim Cost	\$907.80	\$2,269.50	\$575.65	\$1,439.10
Rx Claim Cost	\$167.05	\$417.61	\$84.63	\$211.56
Expenses	\$25.65	\$58.79	\$21.72	\$49.04
TOTAL	\$1,100.50	\$2,745.90	\$682.00	\$1,699.70
2017 Rates				
	HDHP			
	IYC Access HDHP		SMP HDHP	
	Single	Family	Single	Family
Medical Claim Cost	\$985.94	\$2,464.86	\$625.20	\$1,562.98
Rx Claim Cost	\$142.46	\$356.12	\$59.66	\$149.12
Expenses	\$29.28	\$67.08	\$25.36	\$57.26
TOTAL	\$1,157.68	\$2,888.06	\$710.22	\$1,769.36
Change	5.2%	5.2%	4.1%	4.1%

- Expenses include the following Per Contract Per Month (PCPM) fees:
- ETF Administrative Fee of \$5.33
 - Wellness Contract Administrative Fee of \$9.00
 - Data Warehouse Contract Administration Fee of \$1.83
 - WPS Medical Expense Fee of \$29.64

IYC Medicare Plus Rates

IYC Medicare Plus				
2016 Rates				
	Single	Family	Family + 1	
			Non-Medicare eligible in:	
			Standard	SMP
Medical Claim Cost	\$163.93	\$326.19	\$1,244.61	\$849.26
Rx Claim Cost	\$211.98	\$423.97	\$410.85	\$312.73
Expenses	\$24.49	\$45.64	\$55.14	\$46.61
TOTAL	\$400.40	\$795.80	\$1,710.60	\$1,208.60
2017 Rates				
	Single	Family	Family + 1	
			Non-Medicare eligible in:	
			Standard	SMP
Medical Claim Cost	\$166.06	\$330.44	\$1,339.78	\$910.40
Rx Claim Cost	\$174.40	\$348.78	\$343.96	\$245.42
Expenses	\$28.72	\$53.50	\$64.64	\$54.64
TOTAL	\$369.18	\$732.72	\$1,748.40	\$1,210.46
Change	-7.8%	-7.9%	2.2%	0.2%

- Expenses include the following Per Contract Per Month (PCPM) fees:
- ETF Administrative Fee of \$5.33
 - Wellness Contract Administrative Fee of \$9.00
 - Data Warehouse Contract Administration Fee of \$1.83
 - WPS Medical Expense Fee of \$21.18

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IYC Access Health Plan Design

Medical Benefit	<ul style="list-style-type: none">• In-Network<ul style="list-style-type: none">– Deductible: \$250 Single, \$500 Family– 90/10% Coinsurance– Office Visit Copay - \$15 PCP, \$25 Specialist, \$75 Emergency Room– Out-of-Pocket Limit (OOPL): \$1,000 Single, \$2,000 Family
Drug Benefit (non-specialty)	<ul style="list-style-type: none">• \$5 Level 1 Copay• 20% (\$50 max) Level 2 Coinsurance• 40% (\$150 max) Level 3 Coinsurance (Does not count towards OOPL)• OOPL: \$1,000 Single, \$2,000 Family
Specialty Medications	<ul style="list-style-type: none">• 40% (\$200 max) Level 4 Coinsurance• OOPL: \$1,200 Single, \$2,400 Family<ul style="list-style-type: none">– Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL– A reduced Level 4 copay of \$50 is available for Preferred Specialty Drugs obtained at the preferred Participating Pharmacy for Specialty Medications (Diplomat Specialty Pharmacy) <p>NOTE: Medical, Drug Benefit, and Specialty Medication Out-of-Pocket Limits accumulate separately</p>

IYC Access HDHP Plan Design

	Preferred Provider	Non-Preferred Provider
Medical Benefit	<ul style="list-style-type: none"> • Deductible: \$1,700 Single, \$3,400 Family (must be met first for medical and pharmacy) • Office Visit Copay <ul style="list-style-type: none"> – \$15 PCP, \$25 Specialist • 90%/10% Coinsurance • OOP: \$3,500 Single, \$6,550 Family <ul style="list-style-type: none"> – Combined medical and pharmacy, includes deductible • ER Copay \$75 <ul style="list-style-type: none"> – Applies to OOP 	<ul style="list-style-type: none"> • Deductible: \$2,000 Single, \$4,000 Family (must be met first for medical and pharmacy) • 70%/30% Coinsurance • OOP: \$3,800 Single, \$7,600 Family <ul style="list-style-type: none"> – Combined medical and pharmacy, includes deductible • ER Copay \$75 <ul style="list-style-type: none"> – Applies to OOP
Drug Benefit (non-specialty)	<ul style="list-style-type: none"> • \$5 Level 1 Copay • 20% (\$50 max) Level 2 Coinsurance • 40% (\$150 max) Level 3 Coinsurance 	<ul style="list-style-type: none"> • \$5 Level 1 Copay • 20% (\$50 max) Level 2 Coinsurance • 40% (\$150 max) Level 3 Coinsurance
Specialty Medications	<ul style="list-style-type: none"> • Preferred Pharmacy: \$50 Copay • Non-Preferred Pharmacy: 40% (\$200 Max) Coinsurance 	<ul style="list-style-type: none"> • Preferred Pharmacy: \$50 Copay • Non-Preferred Pharmacy: 40% (\$200 Max) Coinsurance

State Maintenance Plan Design

Uniform Benefits

Medical Benefit	<ul style="list-style-type: none"> • Deductible: \$250 Single, \$500 Family • 90/10% Coinsurance <ul style="list-style-type: none"> – DME and hearing aids remain at 80/20% coinsurance • OOPL: \$1,000 Single, \$2,000 family • OV Copays: \$15 PCP/\$25 SPC and \$15 PT/OT/ST • Urgent Care: \$25 • ER Copay \$75, 90%/10% coinsurance thereafter to OOPL
Drug Benefit (non-specialty)	<ul style="list-style-type: none"> • \$5 Level 1 Copay • 20% (\$50 max) Level 2 Coinsurance • 40% (\$150 max) Level 3 Coinsurance (Does not count towards OOPL) • OOPL: \$600 Single, \$1,200 Family
Specialty Medications	<ul style="list-style-type: none"> • 40% (\$200 max) Level 4 Coinsurance • OOPL: \$1,200 Single, \$2,400 Family <ul style="list-style-type: none"> – Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL – A reduced Level 4 copay of \$50 is available for Preferred Specialty Drugs obtained at the preferred Participating Pharmacy for Specialty Medications (Diplomat Specialty Pharmacy) <p>NOTE: Medical, Drug Benefit, and Specialty Medication Out-of-Pocket Limits accumulate separately</p>

State Maintenance Plan

High Deductible Health Plan Design

Medical Benefit	<ul style="list-style-type: none">• Deductible: \$1,500 Single, \$3,000 Family (must be met first)• Office Visit Copay<ul style="list-style-type: none">– \$15 PCP, \$25 Specialist• 90%/10% Coinsurance<ul style="list-style-type: none">– DME and hearing aids remain at 80%/20% coinsurance• OOPL: \$2,500 Single, \$5,000 family<ul style="list-style-type: none">– Combined medical and pharmacy, includes deductible• ER Copay \$75, 90%/10% coinsurance thereafter to OOPL
Drug Benefit (non-specialty)	<ul style="list-style-type: none">• \$5 Level 1 Copay• 20% (\$50 max) Level 2 Coinsurance• 40% (\$150 max) Level 3 Coinsurance
Specialty Medications	<ul style="list-style-type: none">• Preferred Pharmacy: \$50 Copay• Non-Preferred Pharmacy: 40% (\$200 Max)

IYC Medicare Plus Plan Design

Medical Benefit	<ul style="list-style-type: none">• 100% Coinsurance on Usual, Customary and Reasonable after Medicare
Drug Benefit (non-specialty)	<ul style="list-style-type: none">• \$5 Level 1 Copay• 20% (\$50 max) Level 2 Coinsurance• 40% (\$150 max) Level 3 Coinsurance (Does not count towards OOPL)• OOPL: \$600 Single, \$1,200 Family
Specialty Medications	<ul style="list-style-type: none">• 40% (\$200 max) Level 4 Coinsurance• OOPL: \$1,200 Single, \$2,400 Family<ul style="list-style-type: none">– Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL– A reduced Level 4 copay of \$50 is available for Preferred Specialty Drugs obtained at the preferred Participating Pharmacy for Specialty Medications (Diplomat Specialty Pharmacy)

Questions & Discussion

Thank you!

