



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

2017 LOCAL RATE DEVELOPMENT

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

August 16, 2016



Segal Consulting

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Overview

➤ Net Fund Balance

- The estimated ratio of Net Fund Balance to annual claims is projected to be approximately 19% of claims and near the middle of the 15-25% corridor at 12/31/16.

➤ Projected increases assuming no additional premium buy-down:

Program	Increase over 2016
Pharmacy Overall	1.9%
IYC Access Health Plan	4.8% – 5.5%
State Maintenance Plan	3.2% – 3.7%
IYC Medicare Plus Plan	(8.2%)
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 9 counties in 2017, including 8 counties from 2016, removing Price and adding Rusk County.
- Note that SMP is small and required medical experience to be blended with IYC Access Health.

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Net Fund Balance

- Since 2007 there have been pharmacy buy-downs in every year except 2011 and 2016, including \$10.3 million over the past 4 years utilizing \$4.3 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	5.0	5.0
2014	0.0	3.1	3.1
2013	0.2	1.0	1.2
2012	0.0	1.0	1.0

- 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.

* Retiree premium contributions include sick leave funding from the State.

Net Fund Balance (current balance)


The fund balance at 6/30/2016 has dropped \$4.3 million in the last 12-months.

	06/30/2016	06/30/2015	06/30/2014	06/30/2013	06/30/2012	06/30/2011
MEDICAL (in millions)						
Cash Balance	0.7	1.0	1.8	1.8	2.3	3.1
Incurred But Not Reported (IBNR)	(0.2)	(0.2)	(0.2)	(0.2)	(0.3)	(0.2)
Net Fund Balance	0.5	0.8	1.6	1.6	2.0	2.9
DENTAL (in millions)						
Cash Balance	0.0					
Incurred But Not Reported (IBNR)	(0.0)					
Net Fund Balance	0.0					
PHARMACY (in millions)						
Cash Balance	7.8	11.9	18.4	14.1	14.1	17.6
Recalculated Cash Balance*	7.8	11.9	16.0	12.1	12.3	15.4
Accrued Drug Rebates	2.5	2.2	2.4	2.0	1.8	2.2
Accrued Medicare Part D Subsidy	0.8	0.7	0.9	1.7	0.7	N/A
Navitus Advance	0.0	0.3	0.6	0.9	1.4	1.4
ERRP Reimbursement	0.0	0.0	0.0	2.2	2.1	0.0
Projected Future Cash Balance	11.1	15.1	19.9	18.9	18.3	19.0
IBNR	(0.8)	(0.8)	(0.8)	(0.7)	(0.7)	(0.5)
Net Fund Balance	10.3	14.3	19.1	18.2	17.6	18.5
Total Local Fund Balance	10.8	15.1	20.7	19.8	19.6	21.4

* 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 \$3.8 million. In addition, there will be additional drug rebates and Medicare Part D subsidies of \$1.1 million, resulting in a gain of \$4.9 million. The projected 12/31/2016 cash balance is \$15.7 million.
- The projected 2017 claims expense, including dental claims and 20% of fully-insured premiums, is \$84.4 million. Therefore, the estimated ratio of Net Fund Balance to annual claims is approximately 19% of claims and near the middle of the 15% – 25% corridor.
- At the 25% minimum ratio, no funds are available for a buy-down. At the 15% minimum ratio (\$12.7 million Net Fund Balance), \$3.0 million (\$15.7 million less \$12.7 million) is available for buy-down.
- 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. The Non-Medicare HMO and Medicare HMO groups are credible and rated separately. The IYC Access Health, SMP and IYC Medicare Plus plans are not credible.
- 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 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 HMO prescription drug rates are projected to increase 1.9% over the 2016 rates, 3.0% Non-Medicare and -4.3% Medicare, without utilizing any of the Net Fund Balance.
- This increase consists of 2 components:
 1. Net pharmacy trend = 4.6%
 2. Favorable experience = -2.7%
- Note that 2016 rates did not have any buy-down included.
- Since the IYC Access Health, SMP and IYC Medicare Plus plans are not credible, we have used the prescription drug rate increase as calculated for the State IYC Access Health, SMP and IYC Medicare Plus plans respectively.

Prescription Drug Plans Rates

The overall recommended rate increase for the prescription drug plan using plan experience is 1.9%, calculated by weighting the rate changes shown below. This assumes no buy-down for 2017.

	2016	2017	
	Single Rates	Single Rates	Rate Change
Non-Medicare			
HMO Regular	\$103.19	\$106.24	3.0%
Medicare			
HMO Medicare	\$256.08	\$244.98	-4.3%

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IYC Access Health Plan

- The IYC Access Health Plan offerings include 4 different benefit plan designs: Traditional, IYC Local Health Plan, Deductible and HDHP.
- IYC Access Health Plan membership has dropped 25% since last year's rating. The experience is not credible with approximately 18 members.
- Administrative expenses and network access fees were provided by WPS. The blended administrative expenses, including ETF loads, increased from \$39.67 to \$45.80 PCPM in 2017.
- The reinsurance arrangement will remain in place with a \$350,000 specific deductible and fees will increase from \$190.90 to \$226.59 PCPM in 2017.
- Plans are rated within 4 areas:
 - Dane;
 - Milwaukee;
 - Waukesha; and
 - Other Counties.

IYC Access Health Plan

- Last year Segal reviewed the current rates and found the rate relativities between the plans to be skewed. Segal recalculated rate relativities for each plan, IYC Local Health Plan , Deductible and HDHP, compared to the Traditional plan.
- Given that the experience is not credible, for 2017 we recommend a 8.6% increase over the 2016 medical rates for the Traditional plan, consistent with the State plans. The overall medical and prescription drug rates are projected to increase between 5.0% to 5.5% depending on the area (Dane, Milwaukee, Waukesha, Others)
- Medical pricing for the other 3 offerings are calculated based on the recalculated rate relativities shown below:
 - Coinsurance: .94
 - Deductible: .92
 - HDHP: .81

IYC Access Health Plan Rates


The recommended rates for the IYC Access Health Traditional plan represent a 5.0% to 5.5% increase from 2016, depending on the area.

Area	Counties	Area Factor	2016 Rates	2017 Rates
Single Rates – Traditional				
1	Dane	96%	\$1,130.00	\$1,186.38
2	Milwaukee	115%	\$1,319.70	\$1,392.42
3	Waukesha	105%	\$1,219.30	\$1,283.36
4	Other Counties	105%	\$1,219.30	\$1,283.36
Family Rates – Traditional				
1	Dane	96%	\$2,818.80	\$2,958.58
2	Milwaukee	115%	\$3,293.00	\$3,473.60
3	Waukesha	105%	\$3,042.00	\$3,201.00
4	Other Counties	105%	\$3,042.00	\$3,201.00

IYC Access Health Plan Rates

The recommended rates for each of the IYC Access Health options and resulting rate changes are shown for Waukesha and “Other” counties below. The rate change by plan option is similar for each of the 4 regions.

	2016 Rates	2017 Rates	% Change
IYC Access Health Traditional			
Single	\$1,219.30	\$1,283.36	5.3%
Family	\$3,042.00	\$3,201.00	5.2%
IYC Local Health Plan			
Single	\$1,168.80	\$1,228.52	5.1%
Family	\$2,915.80	\$3,063.92	5.1%
IYC Access Health Deductible			
Single	\$1,152.00	\$1,210.26	5.1%
Family	\$2,873.80	\$3,018.32	5.0%
IYC Access Health HDHP			
Single	\$994.70	\$1,045.58	5.1%
Family	\$2,481.70	\$2,607.92	5.1%

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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 9 counties in 2017, including 8 counties from 2016 minus Price County and plus Rusk County.
- The SMP offerings also include 4 different benefit plan designs: Traditional, Coinsurance, Deductible and HDHP.
- SMP membership has dropped 42% since last year's rating. The experience is not credible with approximately 63 members.
- Although the experience is not credible, plan paid claims trend is running at -16.3% for the 12-month period ending June 2016.
- Administrative expenses and network access fees were provided by WPS. The blended administrative expenses, including ETF loads, will increase from \$39.67 to \$45.80 PCPM in 2017.
- The reinsurance arrangement will remain in place with a \$350,000 specific deductible and fees will increase from \$190.90 to \$226.59 PCPM in 2017.
- Given that the experience is not credible, for 2017 we recommend a 3.2% to 3.7% increase over the 2016 rates for the Traditional plan depending on area (Dane, Milwaukee, Waukesha, Others) by blending the medical experience with the IYC Access Health.
- Pricing for the other SMP plan options are based on rate relativities as described for the Standard Plan.

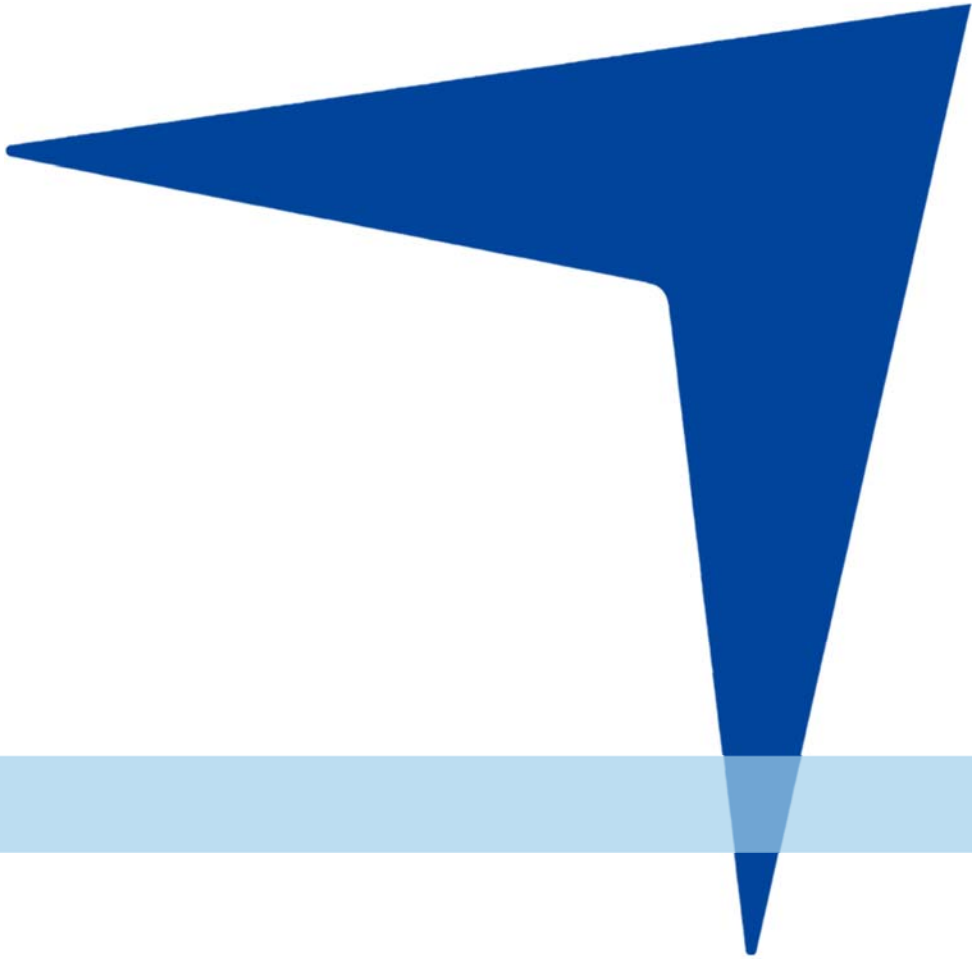
State Maintenance Plan (SMP) Rates

The recommended rates for each of the SMP options and resulting rate changes are shown below.

	2016 Rates	2017 Rates	% Change
SMP Traditional			
Single	\$810.80	\$838.78	3.5%
Family	\$2,020.10	\$2,088.68	3.4%
SMP IYC Local Health Plan			
Single	\$777.30	\$802.38	3.2%
Family	\$1,936.40	\$1,997.78	3.2%
SMP Deductible			
Single	\$766.20	\$790.34	3.2%
Family	\$1,908.60	\$1,967.58	3.1%
SMP HDHP			
Single	\$682.10	\$707.66	3.7%
Family	\$1,698.40	\$1,760.94	3.7%

➤ SMP will be offered in the following counties this year:

- Bayfield Buffalo Florence Forest Iron Menominee Penin Vilas and Rusk

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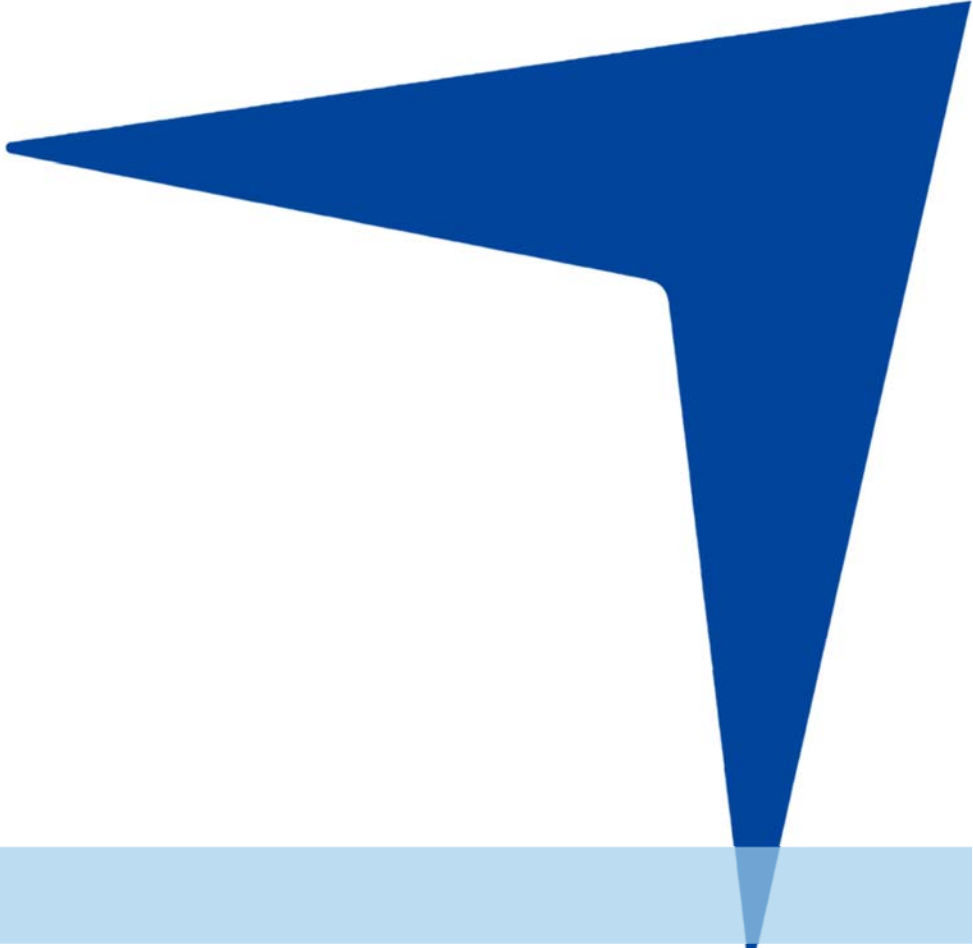
IYC Medicare Plus Plan

- IYC Medicare Plus Plan experience for medical increased by 6.0% since last year's rating while membership decreased 7%. The experience is not considered credible, however, with approximately 215 members.
- Plan paid claims trend is running at 6.0% 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 the Segal medical trend for this projection.
- Given that the experience is not credible, we are blending it with the State Medicare plan. As a result, in 2017 we recommend a 8.2% decrease to the 2016 overall medical and prescription drug 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.

IYC Medicare Plus Plan Rates

- The recommended rates for 2017 represent an overall decrease of 8.2% from 2016.


	2016 Rates	2017 Rates	% Change
IYC Medicare Plus			
Single	\$454.50	\$417.10	-8.2%
Family	\$904.50	\$829.02	-8.3%

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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.
- We used Segal's trend survey expected trend of 4.1% for this population in our claims projection
- We blended our rate development using the limited experience available with 2016 rates trended forward to 2017. The blended rates are a 5.9% (single) and 6.0% (family) increase over 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 Traditional Rates

IYC Access Health Traditional								
2016 Rates								
	Dane		Milwaukee		Waukesha		Other	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$752.63	\$1,881.61	\$942.33	\$2,355.81	\$841.93	\$2,104.81	\$841.93	\$2,104.81
Rx Claim Cost	\$233.88	\$584.71	\$233.88	\$584.71	\$233.88	\$584.71	\$233.88	\$584.71
Expenses*	\$143.49	\$352.48	\$143.49	\$352.48	\$143.49	\$352.48	\$143.49	\$352.48
TOTAL	\$1,130.00	\$2,818.80	\$1,319.70	\$3,293.00	\$1,219.30	\$3,042.00	\$1,219.30	\$3,042.00
2017 Rates								
	Dane		Milwaukee		Waukesha		Other	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$817.42	\$2,043.58	\$1,023.46	\$2,558.60	\$914.40	\$2,286.00	\$914.40	\$2,286.00
Rx Claim Cost	\$199.44	\$498.58	\$199.44	\$498.58	\$199.44	\$498.58	\$199.44	\$498.58
Expenses*	\$169.52	\$416.42	\$169.52	\$416.42	\$169.52	\$416.42	\$169.52	\$416.42
TOTAL	\$1,186.38	\$2,958.58	\$1,392.42	\$3,473.60	\$1,283.36	\$3,201.00	\$1,283.36	\$3,201.00
Change	5.0%	5.0%	5.5%	5.5%	5.3%	5.2%	5.3%	5.2%

- 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 Specific and Aggregate Reinsurance Fee of \$226.59
 - WPS Medical Expense Fee of \$29.64

IYC Local Health Plan Rates

IYC Local Health Plan								
2016 Rates								
	Dane		Milwaukee		Waukesha		Other	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$707.43	\$1,768.61	\$885.83	\$2,214.61	\$791.43	\$1,978.61	\$791.43	\$1,978.61
Rx Claim Cost	\$233.88	\$584.71	\$233.88	\$584.71	\$233.88	\$584.71	\$233.88	\$584.71
Expenses*	\$143.49	\$352.48	\$143.49	\$352.48	\$143.49	\$352.48	\$143.49	\$352.48
TOTAL	\$1,084.80	\$2,705.80	\$1,263.20	\$3,151.80	\$1,168.80	\$2,915.80	\$1,168.80	\$2,915.80
2017 Rates								
	Dane		Milwaukee		Waukesha		Other	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$768.32	\$1,920.84	\$962.08	\$2,405.24	\$859.56	\$2,148.92	\$859.56	\$2,148.92
Rx Claim Cost	\$199.44	\$498.58	\$199.44	\$498.58	\$199.44	\$498.58	\$199.44	\$498.58
Expenses*	\$169.52	\$416.42	\$169.52	\$416.42	\$169.52	\$416.42	\$169.52	\$416.42
TOTAL	\$1,137.28	\$2,835.84	\$1,331.04	\$3,320.24	\$1,228.52	\$3,063.92	\$1,228.52	\$3,063.92
Change	4.8%	4.8%	5.4%	5.3%	5.1%	5.1%	5.1%	5.1%

- 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 Specific and Aggregate Reinsurance Fee of \$226.59
 - WPS Medical Expense Fee of \$29.64

IYC Access Health Deductible Rates

IYC Access Health Deductible								
2016 Rates								
	Dane		Milwaukee		Waukesha		Other	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$692.43	\$1,731.11	\$866.93	\$2,167.31	\$774.63	\$1,936.61	\$774.63	\$1,936.61
Rx Claim Cost	\$233.88	\$584.71	\$233.88	\$584.71	\$233.88	\$584.71	\$233.88	\$584.71
Expenses*	\$143.49	\$352.48	\$143.49	\$352.48	\$143.49	\$352.48	\$143.49	\$352.48
TOTAL	\$1,069.80	\$2,668.30	\$1,244.30	\$3,104.50	\$1,152.00	\$2,873.80	\$1,152.00	\$2,873.80
2017 Rates								
	Dane		Milwaukee		Waukesha		Other	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$752.04	\$1,880.12	\$941.56	\$2,353.86	\$841.30	\$2,103.32	\$841.30	\$2,103.32
Rx Claim Cost	\$199.44	\$498.58	\$199.44	\$498.58	\$199.44	\$498.58	\$199.44	\$498.58
Expenses*	\$169.52	\$416.42	\$169.52	\$416.42	\$169.52	\$416.42	\$169.52	\$416.42
TOTAL	\$1,121.00	\$2,795.12	\$1,310.52	\$3,268.86	\$1,210.26	\$3,018.32	\$1,210.26	\$3,018.32
Change	4.8%	4.8%	5.3%	5.3%	5.1%	5.0%	5.1%	5.0%

- 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 Specific and Aggregate Reinsurance Fee of \$226.59
 - WPS Medical Expense Fee of \$29.64

IYC Access Health HDHP Rates

IYC Access Health High Deductible Health Plan (HDHP)								
2016 Rates								
	Dane		Milwaukee		Waukesha		Other	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$609.61	\$1,524.03	\$763.31	\$1,908.23	\$682.02	\$1,705.03	\$682.02	\$1,705.03
Rx Claim Cost	\$196.46	\$491.15	\$196.46	\$491.15	\$196.46	\$491.15	\$196.46	\$491.15
Expenses*	\$116.22	\$285.51	\$116.22	\$285.51	\$116.22	\$285.51	\$116.22	\$285.51
TOTAL	\$922.30	\$2,300.70	\$1,076.00	\$2,684.90	\$994.70	\$2,481.70	\$994.70	\$2,481.70
2017 Rates								
	Dane		Milwaukee		Waukesha		Other	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$662.08	\$1,655.22	\$829.02	\$2,072.50	\$740.72	\$1,851.80	\$740.72	\$1,851.80
Rx Claim Cost	\$167.54	\$418.82	\$167.54	\$418.82	\$167.54	\$418.82	\$167.54	\$418.82
Expenses*	\$137.32	\$337.30	\$137.32	\$337.30	\$137.32	\$337.30	\$137.32	\$337.30
TOTAL	\$966.94	\$2,411.34	\$1,133.88	\$2,828.62	\$1,045.58	\$2,607.92	\$1,045.58	\$2,607.92
Change	4.8%	4.8%	5.4%	5.4%	5.1%	5.1%	5.1%	5.1%

- 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 Specific and Aggregate Reinsurance Fee of \$226.59
 - WPS Medical Expense Fee of \$29.64

State Maintenance Plan Rates


SMP								
2016 Rates								
	Traditional		IYC Local Health Plan		Deductible		HDHP	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$557.80	\$1,394.46	\$524.30	\$1,310.76	\$513.20	\$1,282.96	\$451.83	\$1,129.59
Rx Claim Cost	\$142.07	\$355.19	\$142.07	\$355.19	\$142.07	\$355.19	\$119.34	\$298.36
Expenses*	\$110.93	\$270.45	\$110.93	\$270.45	\$110.93	\$270.45	\$110.93	\$270.45
TOTAL	\$810.80	\$2,020.10	\$777.30	\$1,936.40	\$766.20	\$1,908.60	\$682.10	\$1,698.40
2017 Rates								
	Traditional		IYC Local Health Plan		Deductible		HDHP	
	Single	Family	Single	Family	Single	Family	Single	Family
Medical Claim Cost	\$605.82	\$1,514.50	\$569.42	\$1,423.60	\$557.38	\$1,393.40	\$490.72	\$1,226.82
Rx Claim Cost	\$100.14	\$250.36	\$100.14	\$250.36	\$100.14	\$250.36	\$84.12	\$210.30
Expenses*	\$132.82	\$323.82	\$132.82	\$323.82	\$132.82	\$323.82	\$132.82	\$323.82
TOTAL	\$838.78	\$2,088.68	\$802.38	\$1,997.78	\$790.34	\$1,967.58	\$707.66	\$1,760.94
Change	3.5%	3.4%	3.2%	3.2%	3.2%	3.1%	3.7%	3.7%

- 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 Specific and Aggregate Reinsurance Fee of \$226.59
 - WPS Medical Expense Fee of \$29.64

IYC Medicare Plus Rates

IYC Medicare Plus						
2016 Rates						
	Single	Family	Family + 1			
			Non-Medicare eligible in:			
			Dane	Milwaukee	Waukesha	Other
Medical Claim Cost	\$174.37	\$348.33	\$927.00	\$1,116.70	\$1,016.30	\$1,016.30
Rx Claim Cost	\$250.80	\$501.60	\$484.68	\$484.68	\$484.68	\$484.68
Expenses*	\$29.33	\$54.57	\$172.82	\$172.82	\$172.82	\$172.82
TOTAL	\$454.50	\$904.50	\$1,584.50	\$1,774.20	\$1,673.80	\$1,673.80
2017 Rates						
	Single	Family	Family + 1			
			Non-Medicare eligible in:			
			Dane	Milwaukee	Waukesha	Other
Medical Claim Cost	\$176.64	\$352.86	\$994.06	\$1,200.10	\$1,091.04	\$1,091.04
Rx Claim Cost	\$206.32	\$412.64	\$405.76	\$405.76	\$405.76	\$405.76
Expenses*	\$34.14	\$63.52	\$203.66	\$203.66	\$203.66	\$203.66
TOTAL	\$417.10	\$829.02	\$1,603.48	\$1,809.52	\$1,700.46	\$1,700.46
Change	-8.2%	-8.3%	1.2%	2.0%	1.6%	1.6%

- 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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1. Overview
 2. Net Fund Balance
 3. Prescription Drug Plan
 4. IYC Access Health Plan
 5. State Maintenance Plan
 6. IYC Medicare Plus Plan
 7. Dental Plan
 8. Appendix
 - **Final Rates**
 - **Plan Descriptions**

IYC Access Health Plan Designs

Medical Benefit		
IYC Access Health that is offered with Traditional Uniform Benefits	<ul style="list-style-type: none"> • In-Network <ul style="list-style-type: none"> – Deductible: \$100 Single, \$200 Family – 100% coinsurance after deductible satisfied 	<ul style="list-style-type: none"> • Out-of-Network <ul style="list-style-type: none"> – Deductible: \$500 Single, \$1,000 Family – Coinsurance: 80%/20% – Out-of-Pocket Limit (OOPL): \$2,000 Single, \$4,000 Family
IYC Local Health Plan that is offered with Coinsurance Uniform Benefits	<ul style="list-style-type: none"> • In-Network <ul style="list-style-type: none"> – Deductible: \$250 Single, \$500 Family – Coinsurance: 90%/10% – OOPL: \$1,000 Single, \$2,000 Family – Office Visit Copay - \$15 PCP, \$25 Specialist, \$75 Emergency Room 	<ul style="list-style-type: none"> • Out-of-Network <ul style="list-style-type: none"> – Deductible: \$500 Single, \$1,000 Family – Coinsurance: 70%/30% – Out-of-Pocket Limit (OOPL): \$2,000 Single, \$4,000 Family
IYC Access Health that is offered with Deductible Uniform Benefits	<ul style="list-style-type: none"> • In-Network <ul style="list-style-type: none"> – Deductible: \$500 Single, \$1,000 Family – Coinsurance: 80%/20% – OOPL: \$2,000 Single, \$4,000 Family 	<ul style="list-style-type: none"> • Out-of-Network <ul style="list-style-type: none"> – Deductible: \$1,000 Single, \$2,000 Family – Coinsurance: 70%/30% – Out-of-Pocket Limit (OOPL): \$4,000 Single, \$8,000 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: \$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>	

IYC Access Health Plan

High Deductible Health 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) <ul style="list-style-type: none"> – Office Visit Copay: \$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 Designs

Medical Benefit	
SMP Traditional Uniform Benefits In-Network	<ul style="list-style-type: none"> • Deductible: \$0 • Coinsurance: 100% (Except for DME and hearing aids at 80/20%) • ER Copay \$60
SMP IYC Local Health Plan Uniform Benefits (Matches State design) In-Network	<ul style="list-style-type: none"> • Deductible: \$250 Single, \$500 Family • 90/10% Coinsurance • DME and hearing aids remain at 80/20% coinsurance • OOPL: \$1,250 Single, \$2,500 family • OV Copays: \$15 PCP/\$25 SPC and \$15 PT/OT/ST • Urgent Care Copay: \$25 • ER Copay \$75, 90%/10% coinsurance thereafter to OOPL
SMP Deductible Uniform Benefits In-Network	<ul style="list-style-type: none"> • Deductible: \$500 Single, \$1,000 Family • Coinsurance: 100% after deductible satisfied (Except for DME and hearing aids at 80%/20%) • ER Copay \$60
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)• 90%/10% Coinsurance<ul style="list-style-type: none">– DME and hearing aids remain at 80%/20% coinsurance• OOPPL: \$2,500 Single, \$5,000 family<ul style="list-style-type: none">– Combined medical and pharmacy, includes deductible• Office Visit Copay: \$15 PCP, \$25 Specialist• ER Copay \$75, 90%/10% coinsurance thereafter to OOPPL
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) Coinsurance

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) <p>NOTE: Medical, Drug Benefit, and Specialty Medication Out-of-Pocket Limits accumulate separately</p>

Questions & Discussion

Thank you!

