

# Optional Insurance Program

## Group Insurance Board

Shayna Schomber, Optional & Self-Insured Health Plans Manager

Office of Strategic Health Policy



# Current Plans

## Dental

### EPIC

- EPIC Benefits+  
*Includes additional benefits, like basic AD&D and optional vision coverage*
- Dental WI PPO
- Dental WI Select

### Anthem

- DentaCare HMO
- Preferred PPO
- Supplemental

## AD&D

- Zurich

## Vision

- VSP

## Long Term Care (LTC)

- Mutual of Omaha (HealthChoice)

# Annual Update

## 2016 Loss Ratios

<b>EPIC Benefits+</b>	77% overall
<b>Dental Wisconsin</b>	72% overall
<b>Anthem DentalBlue</b>	76% overall
<b>VSP</b>	68% overall

## 2016 - 2017 Vendor & Plan Changes

- Transition from The Hartford to Zurich for AD&D
- Contracted with Mutual of Omaha for Long-Term Care (LTC)
- Unable to reach timely agreement with TransAmerica for LTC

# 2018 Proposals

## Recommend Minimal Changes for 2018

- Largely related to necessary re-alignment of Optional Insurance Program
- Provide recommendations for Alignment Initiative at November 2017 Group Insurance Board meeting

# Existing Plan Proposals

Under Review	Benefit Changes	No Changes
Dental Wisconsin EPIC Benefits+	Vision Service Plan (VSP)	Anthem DentalBlue Plans Zurich AD&D

# Benefit Changes

## VSP

- Increase Contact Lens and Frames Allowance from \$130 to \$150
- Add full coverage for UV coating
- Decrease contact lens copay from \$60 to \$40
- Add Primary EyeCare Supplement Coverage
  - Additional benefits at \$20 copay/service

# New Plan Proposals

## Pet Insurance – Nationwide Mutual

**Recommendation:** Do Not Approve

- Considered Property & Casualty (P&C) insurance
- Refused to provide data on incurred loss ratios
- Did not agree to 75% minimum loss ratio requirement

## Accident, Critical Illness, Hospital Indemnity – Securian Life Insurance

**Recommendation:** Do Not Approve for 2018, Consider for 2019

- Alignment Initiative

# New Plan Proposals

## Long Term Care (LTC) Insurance – SeniorCare, National Guardian Life

### **Recommendation:** Do Not Approve

- Unable to provide adequate employer references to meet requirements
- Difficult contract negotiations with SeniorCare's previously proposed LTC plan



# Current Program Structure

## Dental

### EPIC

- EPIC Benefits+
- Dental WI PPO
- Dental WI Select

### Anthem

- DentaCare HMO
- Preferred PPO
- Supplemental

## AD&D

- Zurich
- EPIC Benefits+

## Vision

- VSP
- EPIC Benefits+

## Long Term Care (LTC)

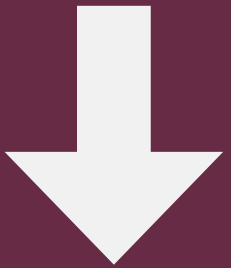
- Mutual of Omaha (HealthChoice)

## 2017 Dental Plan Comparisons - State Employees

This outline is only an overview of dental benefits, limitations, and exclusions, and does not guarantee payment for services.

	State Uniform Dental	EPIC Benefits +		EPIC Dental WI PPO		EPIC Dental WI Select	Anthem Dentacare HMO	Anthem Preferred PPO		Anthem Supplement
Open Enrollment for Actives 2017	Yes	Yes		Yes		Yes	Yes	Yes		Yes
Provider Network	Delta Dental PPO and Delta Dental Premier provider networks	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.		Delta Dental PPO Providers	Any Dentist. Benefits are paid at a higher level if a network PPO dentist is used.	Any Dentist, but affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.	Must use a Dentacare Center	Any Dentist. Benefits are paid at a higher level if a network PPO dentist is used.		Any Dentist
2017 Premium Rates	Employee Contribution* (In addition to medical premium)	Without Vision**	With Vision**	Active Employees & COBRA**			Active Employees & COBRA			
Employee	\$3.00	\$21.56	\$25.60	\$24.60		\$20.52	\$18.47	\$19.15		\$19.56
Employee + Spouse or Domestic Partner	\$8.00	\$43.12	\$50.24	\$52.08		\$42.18	\$36.94 (Employee + 1 Child)	\$38.29 (Employee + 1 Child)		\$39.14 (Employee + 1 Child)
Employee + Child(ren)	\$8.00			58.22		48.68				
Family	\$8.00	\$64.68	\$75.16	\$88.02		\$71.58	\$59.09	\$63.18		\$58.73
Provider Network	In-network ONLY	Open Network		In Network	Out-of-Network	Open Network	Dentacare Providers ONLY	PPO Dentist	Other Dentist	Open Network
Deductible	\$0	\$75 Must be met before benefits are covered		\$25 Must be met before benefits are covered	\$50 Must be met before benefits are covered	\$50 Must be met before benefits are covered	\$0	\$25 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered
Office Visit Copayment	None	None		None		None	\$10 per member per visit	None		None
Calendar Benefit Max	\$1,000	\$1,500. // For new enrollees, if applicable:		\$1,000		\$1,000	\$750 per member (Diagnostic/Basic/Major) Additional \$500 for Specialty	\$1,250 per member		\$1,250 per member
	\$1,000	1st Year	\$750	\$1,000		\$1,000	\$750 per member (Diagnostic/Basic/Major) Additional \$500 for Specialty	\$1,250 per member		\$1,250 per member
		2nd Year	\$1,000							
		3rd Year	\$1,500							
Diagnostic & Preventative	100%	Not Covered		100%	75%	Not Covered	100%	80%	75%	0%
Routine Evals	2 per year	Not Covered		1 every 6 months		Not Covered	100%	80%	75%	0%
Cleanings	2 per year			1 every 6 months						
Bitewing X-rays	1-4 films (image)			1 every 12 months						
Panoramic X-rays	Once every 60 months			Once every 60 months						
Fluoride	2 per year to age 16			Once per year up to age 16						
Basic	See specific services	50% on covered procedures as related to Major Services		75%	55%	75%	80%	60%	50%	75%

# Goals



Limit Plans Offered  
Reduce Benefit Overlap  
Reduce Member Confusion



Maximize Value for Members  
Benefit Standardization  
Administrative Efficiency

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**Questions?**

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# Thank you

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1-877-533-5020