



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

## **2018 STATE RATE DEVELOPMENT**

**Statewide Medical, Dental  
and Prescription Drug Plans**

August 30, 2017

Board	Mtg Date	Item #
GIB	8.30.17	7G1



 **Segal Consulting**



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# Overview

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➤ Net Fund Balance

- The estimated ratio of Net Fund Balance to annual claims is projected to be approximately 31% of Benchmark Claims and above the 15% – 25% corridor at 12/31/17.

➤ Projected Increases assuming no additional premium buy-down:

<b>Program</b>	<b>Increase over 2017</b>
Pharmacy Overall	(5.4%)
IYC Access Health Plan	20.1% – 21.9%
State Maintenance Plan	26.2% – 27.9%
IYC Medicare Plus Plan	3.4% – 5.4%
Dental Plan	4.3%

- With a premium buy-down, we are projecting an overall cost increase of 0% for 2018.
- State Maintenance Plan (SMP) is the designated Tier 1 plan in every county where there is no other qualified Tier 1 plan. SMP will only be offered in Florence County.

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# Net Fund Balance (Current Balance)

The fund balance at 6/30/2017 has increased \$50.6 million in the last 12 months.

	6/30/2017	6/30/2016	6/30/2015	6/30/2014	6/30/2013	6/30/2012
<b>MEDICAL (in millions)</b>						
Cash Balance	89.6	83.7	76.9	70.3	62.3	57.4
Incurred But Not Reported (IBNR)	(4.0)	(4.2)	(4.0)	(4.9)	(4.2)	(5.3)
<b>Net Fund Balance</b>	<b>85.6</b>	<b>79.5</b>	<b>72.9</b>	<b>65.4</b>	<b>58.1</b>	<b>52.1</b>
<b>DENTAL (in millions)</b>						
Cash Balance	1.4	1.9				
Incurred But Not Reported (IBNR)	(2.7)	(0.8)				
<b>Net Fund Balance</b>	<b>(1.3)</b>	<b>1.1</b>				
<b>PHARMACY (in millions)</b>						
Cash Balance	68.1	18.4	3.2	42.0	40.7	66.7
<b>Recalculated Cash Balance*</b>	<b>68.1</b>	<b>18.4</b>	<b>3.2</b>	<b>25.6</b>	<b>27.4</b>	<b>55.3</b>
Accrued Drug Rebates	17.4	15.9	13.4	16.4	13.3	11.4
Accrued Medicare Part D Subsidy	8.8	12.5	7.3	8.4	10.9	7.9
Navitus Advance	0.0	0.0	2.1	4.2	6.3	10.5
ERRP Reimbursement	0.0	0.0	0.0	0.0	13.1	12.6
Projected Future Cash Balance	94.3	46.8	26.0	54.6	71.0	97.7
IBNR	(5.7)	(5.0)	(5.0)	(4.7)	(4.3)	(3.9)
<b>Net Fund Balance</b>	<b>88.7</b>	<b>41.8</b>	<b>21.0</b>	<b>49.9</b>	<b>66.7</b>	<b>93.8</b>
<b>Total State Fund Balance</b>	<b>173.0</b>	<b>122.4</b>	<b>93.9</b>	<b>115.3</b>	<b>124.8</b>	<b>145.9</b>

\* Prior Cash Balance included accruals resulting in double counting.

## Net Fund Balance (Current Policy)

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- At the August 2011 meeting, the Board accepted a policy of using a target Net Fund Balance of between 15% and 25% of benchmark claims. The benchmarking being 100% of self-insured claims and 20% of fully-insured claims.
- In order to calculate the available buy-down for 2018, Segal projected the Net Fund Balance to 12/31/2017 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 2017 is estimated to have a claims gain of \$11.9 million, taking into consideration drug rebates and Medicare Part D subsidies. The projected 12/31/2017 cash balance is \$184.9 million.
- The Benchmark Claims for 2018, including self-insured claims and 20% of fully-insured premiums, is \$587.4 million. Therefore, the estimated ratio of Net Fund Balance to Benchmark Claims is approximately 31% and outside of the 15-25% corridor.
- At the 25% ratio (\$146.8 million Net Fund Balance), \$38.1 million (\$184.9 million less \$146.8 million) is available for a buy-down. At 15% this increases to \$96.8 million.
- At the midpoint scenario of 20%, there is \$67.4 million available (\$184.9 million less \$117.5 million)

# Net Fund Balance (Proposed Policy)

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- The proposed policy looked at a number of factors and is recommending reducing the reserve levels for the self-insured pharmacy and dental programs.
- The proposed policy recommends:
  - Medical – 3% to 5% of premium
  - Pharmacy – 8% to 10% of projected claims
  - Dental – 3% to 5% of projected claims
- Using a midpoint target we estimate the reserve level at \$73.7 million, a reduction of \$43.8 million from the midpoint of the current reserve target, \$117.5 million.
- We also propose moving to the midpoint of the proposed policy over a 4-year period to minimize premium fluctuations.
- Given the biennial budget savings goal, we recommend using the reserve this year to keep overall costs flat, a 0% overall increase.

## Net Fund Balance

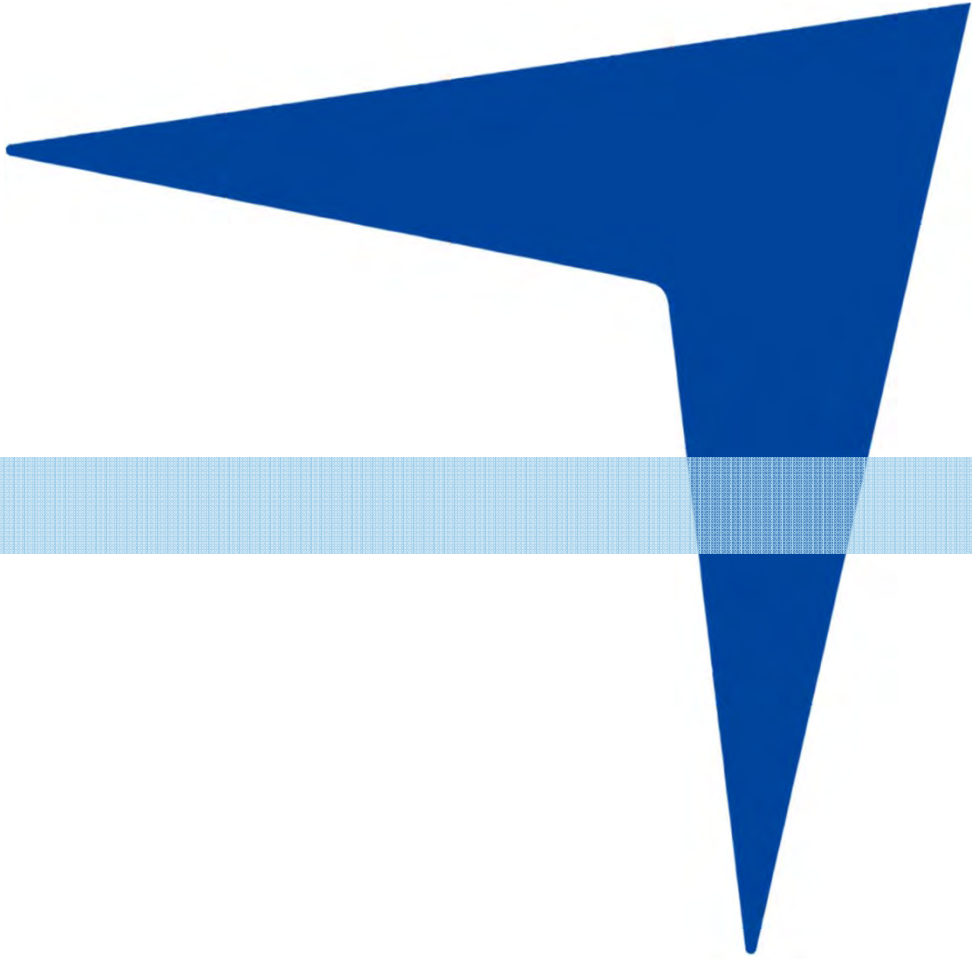
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- Since 2007 there have been pharmacy buy-downs in every year except 2011, 2016, and 2017 including \$103.3 million over the past 6 years utilizing \$13.1 million available from ERRP reimbursements during this time.

Premium Year	Net Fund Buy-Down (in \$millions)		
	Medical	Rx	Total
2019	18.0	20.4	38.4
2018	13.0	16.0	29.0
2017	0.0	0.0	0.0
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

- Using this recommendation, the reserve would move to the midpoint of the current policy in 2019. Additional draws in 2020 and 2021 would move the plan to the midpoint of the new policy.



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# Prescription Drug Plan

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- Rating groups were changed slightly this year due to some low volume groups. The current groupings are: HMO Regular & SMP, HMO Grads, HMO Medicare, IYC Access Health Plan (including Grads) and IYC Medicare Plus
- 42 months of claims data (January 2014 – June 2017) was received from Navitus and used in our analysis. The baseline data utilized the most recent 12 months of claims, July 2016 through June 2017.
- Navitus expects claims trend to be 3% – 5% for the projection period. Using Segal's trend survey expected trend of 10.2%, we weighted the two trends to produce a 2018 trend assumption of 7.1% 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.

# Prescription Drug Plan

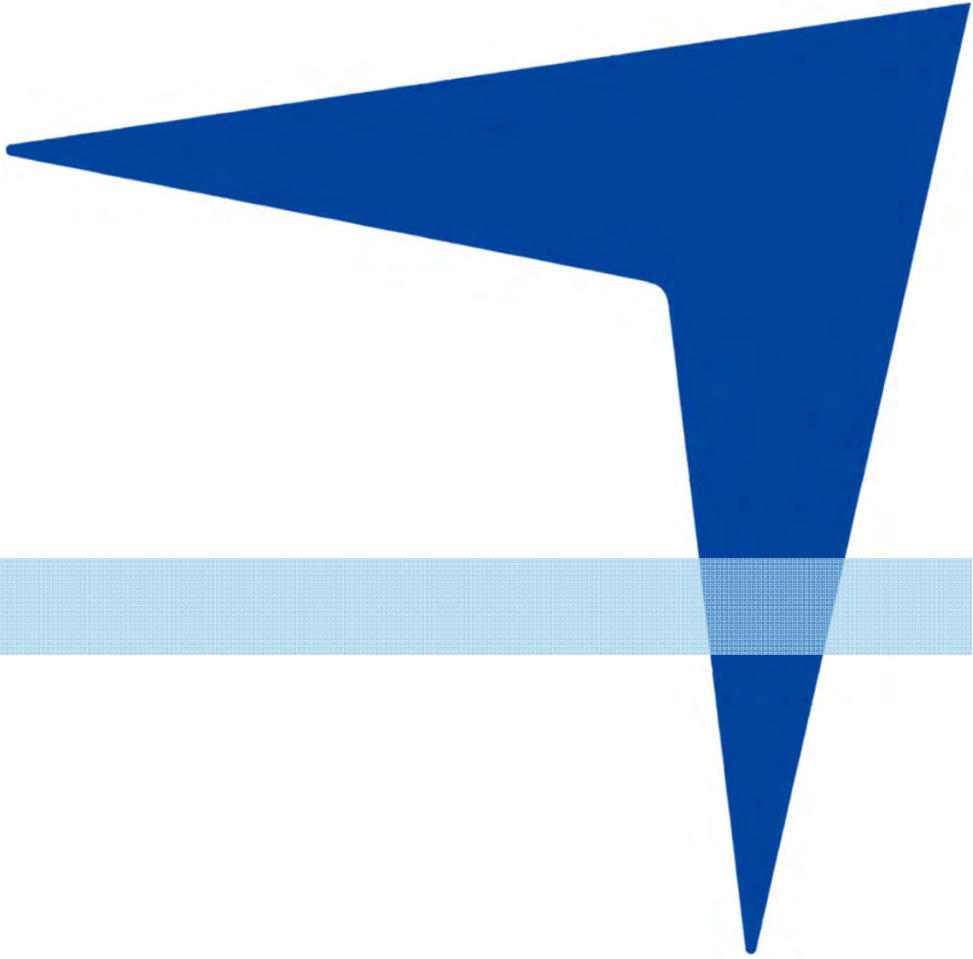
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- For 2018, the prescription drug rates are projected to decrease 5.4% over the 2017 rates, varying by group category, without utilizing any of the Net Fund Balance.
- This decrease consists of 2 components:
  - Pharmacy trend used = 7.1%
  - Favorable experience = -11.7%

# Prescription Drug Plans Rates

- The overall recommended rate decrease for the prescription drug plan using plan experience is 5.4%, calculated by weighting the rate changes for the plans shown below. This assumes no buy-down for 2018.

	2018	2017	
	Single Rates	Single Rates	Rate Change
<b>Non-Medicare</b>			
HMO Regular (& SMP)	\$109.50	\$113.71	-3.7%
HMO Grads	\$43.46	\$43.95	-1.1%
IYC Access Health Plan	\$166.07	\$160.50	3.5%
<b>Medicare</b>			
HMO Medicare	\$181.08	\$212.13	-14.6%
IYC Medicare Plus	\$185.56	\$174.39	6.4%

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# IYC Access Health Plan

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- IYC Access Health Plan is changing from a statewide/nationwide self-insured arrangement with WPS to a fully-insured arrangement with WEA Trust in 2018 for medical. This was due to the JCF not approving a self-insured statewide/nationwide option.
- The overall increase to the medical rate is 27.2%.
  - This is primarily a plan for non-Medicare retirees and out-of-state members. The low level of membership and geographic dispersion make it very difficult to rate for a fully-insured product.
- Membership has dropped 4% since last year's rating, leaving approximately 1,472 members.
- For 2018, the overall medical and prescription drug rates are projected to increase 20.1% - 21.9% over the 2017 rates. This is lower than the medical rate increase alone due to the experience of the self-insured pharmacy program.
- We are recommending a premium buy-down of \$5.0 million to keep premiums unchanged for 2018.

# IYC Access Health Plan Rates

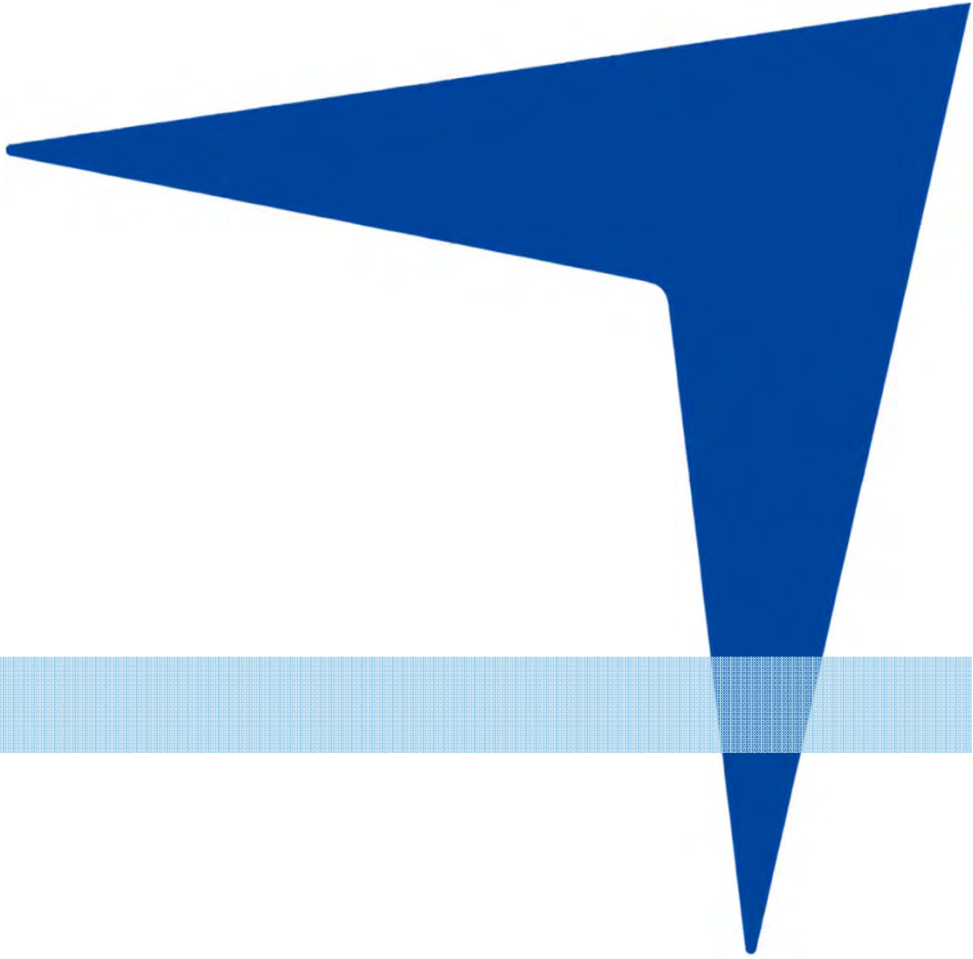
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- Below is a summary of the total rates for the programs. These rates are prior to the recommended 2018 buy-down.

	2018 Rates	2017 Rates	% Change
<b>IYC Access Health Plan</b>			
Single	\$1,673.32	\$1,372.58	21.9%
Family	\$4,154.72	\$3,425.32	21.3%

<b>IYC Access Health Plan Grads</b>			
Single	\$1,257.44	\$1,039.54	21.0%
Family	\$3,112.70	\$2,592.26	20.1%

<b>IYC Access High Deductible Health Plan (Non-Grads)</b>			
Single	\$1,408.64	\$1,157.68	21.7%
Family	\$3,493.00	\$2,888.06	20.9%

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# State Maintenance Plan (SMP)

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- SMP is the designated Tier 1 plan in every county where there is no other qualified Tier 1 plan.
- SMP will be only be offered in Florence County in 2018. There are 34 members in Florence County.
- SMP membership has increased 6% since last year's rating, currently 87 members.
- Like the IYC Access Health Plan, the SMP is also changing from a self-insured arrangement with WPS to a fully-insured arrangement with WEA Trust in 2018 for medical.
- Given that the SMP Rx experience is not credible, for 2018 we are pooling the prescription drug with the Regular HMO population to create stability from year to year.
- For 2018, the overall medical and prescription drug rates are projected to increase 26.2% - 27.9% over the 2017 rates.
- We are recommending a premium buy-down of \$0.1 million to keep premiums unchanged for 2018.

# State Maintenance Plan Rates

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- Below is a summary of the total rates for the programs. These rates are prior to the recommended 2018 buy-down.

	2018 Rates	2017 Rates	% Change
<b>SMP</b>			
Single	\$1075.34	\$840.72	27.9%
Family	\$2,659.68	\$2,095.56	26.9%
<b>SMP Grads</b>			
Single	\$811.26	\$636.14	27.5%
Family	\$1,999.60	\$1,584.12	26.2%
<b>High Deductible Health Plan (Non-Grads)</b>			
Single	\$906.34	\$710.22	27.6%
Family	\$2,237.18	\$1,769.36	26.4%

- SMP will only be offered in Florence County this year.

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# IYC Medicare Plus Plan

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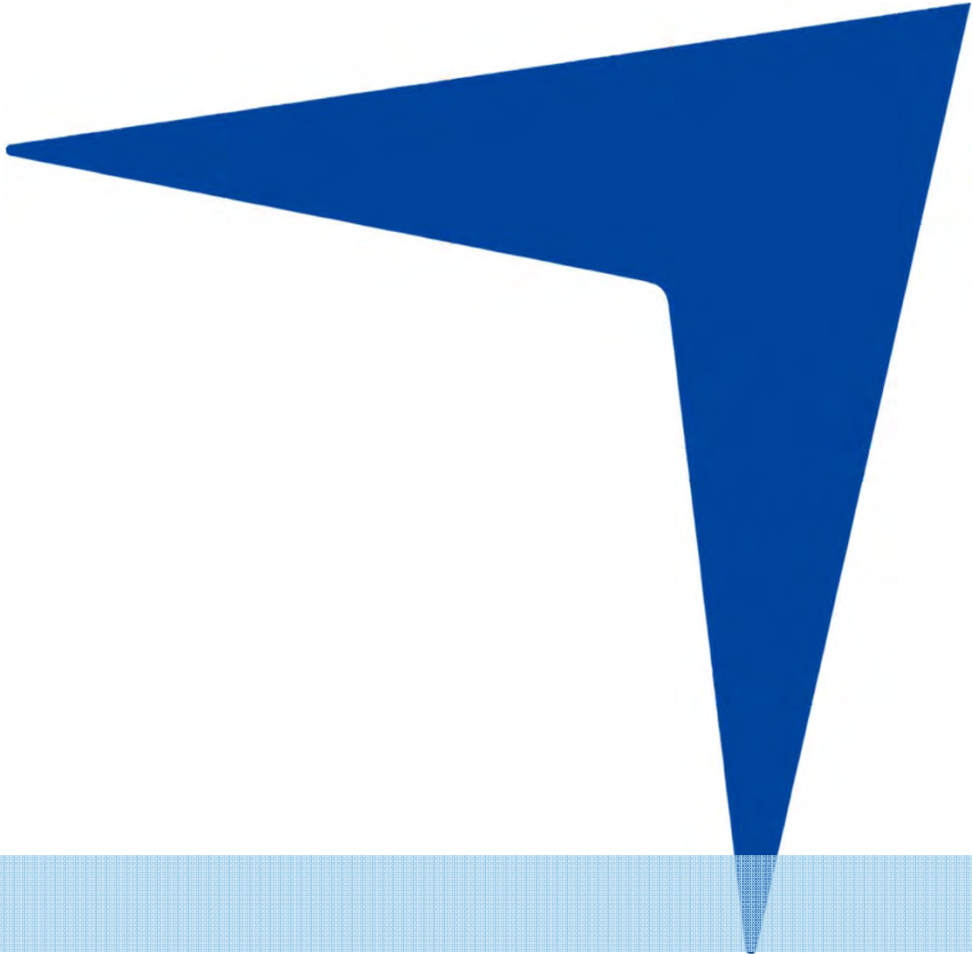
- Like the IYC Access Health Plan, the IYC Medicare Plus Plan is also changing from a self-insured arrangement with WPS to a fully-insured arrangement with WEA Trust in 2018 for medical.
- The increase to the medical is 11.2%.
  - The Medicare claims are easier to project than the Non-Medicare group and represent a more reasonable increase.
- IYC Medicare Plus Plan membership has dropped 5% since last year's rating but remains a relatively large group with 8,067 members.
- For 2018, the overall medical and prescription drug rates are projected to increase 3.4% - 5.4% over the 2017 rates, without utilizing any of the Net Fund Balance. This group is significantly helped by the pharmacy renewal.
- We are recommending a premium buy-down of \$1.7 million to keep premiums unchanged for 2018.

# IYC Medicare Plus Plan Rates

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- Below is a summary of the total rates for the programs. These rates are prior to the recommended 2018 buy-down.

	2018 Rates	2017 Rates	% Change
<b>IYC Medicare Plus</b>			
Single	\$389.26	\$369.18	5.4%
Family	\$757.62	\$732.72	3.4%



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## Dental Plan Rates (State and Local)

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- The self-insured dental plan was procured in 2015 and Delta Dental was awarded the contract for a 2016 start date.
- Claims data (July 2016 – June 2017) 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.
- The rates reflect a small benefit enhancement worth 0.7%.

	2018 Rates	2017 Rates	
	Self-Insured Rates	Self-Insured Rates	Rate Change
Single	\$29.04	\$27.84	4.3%
Family	\$72.50	\$69.62	4.3%

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# IYC Access Health Plan Design

	In-Network Provider	Out-of-Network Provider
Medical Benefit	<ul style="list-style-type: none"> <li>• Deductible: \$250 Single, \$500 Family</li> <li>• 90%/10% Coinsurance</li> <li>• Office Visit - \$15 PCP, \$25 Specialist</li> <li>• Emergency Room Visit - \$75 copay, then deductible and coinsurance</li> <li>• Out-of-Pocket Limit (OOPL): \$1,250 Single, \$2,500 Family</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$500 Single, \$1,000 Family</li> <li>• 70%/30% Coinsurance</li> <li>• Emergency Room Visit - \$75 copay, then in-network deductible and coinsurance</li> <li>• Out-of-Pocket Limit (OOPL): \$2,000 Single, \$4,000 Family</li> </ul>
Drug Benefit (non-specialty)	<ul style="list-style-type: none"> <li>• \$5 Level 1 Copay</li> <li>• 20% (\$50 max) Level 2 Coinsurance</li> <li>• 40% (\$150 max) Level 3 Coinsurance (Does not count towards OOPL)</li> <li>• OOPL: \$600 Single, \$1,200 Family</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 Level 1 Copay</li> <li>• 20% (\$50 max) Level 2 Coinsurance</li> <li>• 40% (\$150 max) Level 3 Coinsurance (Does not count towards OOPL)</li> <li>• OOPL: \$600 Single, \$1,200 Family</li> </ul>
Specialty Medications	<ul style="list-style-type: none"> <li>• Preferred Pharmacy: \$50 Copay</li> <li>• Non-Preferred Pharmacy: 40% (\$200 max)</li> <li>• OOPL: \$1,200 Single, \$2,400 Family               <ul style="list-style-type: none"> <li>– Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Preferred Pharmacy: \$50 Copay</li> <li>• Non-Preferred Pharmacy: 40% (\$200 max)</li> <li>• OOPL: \$1,200 Single, \$2,400 Family               <ul style="list-style-type: none"> <li>– Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL</li> </ul> </li> </ul>

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

# IYC Access HDHP Plan Design

	In-Network Provider	Out-of-Network Provider
<b>Medical Benefit</b>	<ul style="list-style-type: none"> <li>• Deductible: \$1,500 Single, \$3,000 Family (must be met first for medical and pharmacy) – applies to OOPL</li> <li>• 90%/10% Coinsurance</li> <li>• Office Visit: \$15 PCP, \$25 Specialist</li> <li>• Emergency Room Visit: \$75 copay, then deductible and coinsurance</li> <li>• OOPL: After deductible - \$2,500 Single, \$5,000 Family – Combined medical and pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$2,000 Single, \$4,000 Family (must be met first for medical and pharmacy) – applies to OOPL</li> <li>• 70%/30% Coinsurance</li> <li>• Emergency Room Visit: \$75 copay, then in-network deductible and coinsurance</li> <li>• OOPL: After deductible - \$3,800 Single, \$7,600 Family – Combined medical and pharmacy</li> </ul>
<b>Drug Benefit (non-specialty)</b>	<ul style="list-style-type: none"> <li>• \$5 Level 1 Copay</li> <li>• 20% (\$50 max) Level 2 Coinsurance</li> <li>• 40% (\$150 max) Level 3 Coinsurance</li> <li>• OOPL: \$600 Single, \$1,200 Family</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 Level 1 Copay</li> <li>• 20% (\$50 max) Level 2 Coinsurance</li> <li>• 40% (\$150 max) Level 3 Coinsurance</li> <li>• OOPL: \$600 Single, \$1,200 Family</li> </ul>
<b>Specialty Medications</b>	<ul style="list-style-type: none"> <li>• Preferred Pharmacy: \$50 Copay</li> <li>• Non-Preferred Pharmacy: 40% (\$200 max)</li> <li>• OOPL: \$1,200 Single, \$2,400 Family – Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL</li> </ul>	<ul style="list-style-type: none"> <li>• Preferred Pharmacy: \$50 Copay</li> <li>• Non-Preferred Pharmacy: 40% (\$200 max)</li> <li>• OOPL: \$1,200 Single, \$2,400 Family – Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL</li> </ul>

# State Maintenance Plan Design

## *Uniform Benefits*

	In-Network Provider	Out-of-Network Provider
Medical Benefit	<ul style="list-style-type: none"> <li>• Deductible: \$250 Single, \$500 Family</li> <li>• 90%/10% Coinsurance               <ul style="list-style-type: none"> <li>– DME and hearing aids: 80%/20%</li> </ul> </li> <li>• Office Visit: \$15 PCP &amp; PT/OT/ST, \$25 Specialist &amp; Urgent Care</li> <li>• Emergency Room Visit: \$75 copay, then deductible and coinsurance</li> <li>• OOPL: \$1,250 Single, \$2,500 family</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$5,000 Single, \$10,000 Family</li> <li>• 50%/50% Coinsurance</li> <li>• ER Copay \$75 copay, then in-network deductible and coinsurance</li> <li>• OOPL: Unlimited</li> </ul>
Drug Benefit (non-specialty)	<ul style="list-style-type: none"> <li>• \$5 Level 1 Copay</li> <li>• 20% (\$50 max) Level 2 Coinsurance</li> <li>• 40% (\$150 max) Level 3 Coinsurance (Does not count towards OOPL)</li> <li>• OOPL: \$600 Single, \$1,200 Family</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 Level 1 Copay</li> <li>• 20% (\$50 max) Level 2 Coinsurance</li> <li>• 40% (\$150 max) Level 3 Coinsurance (Does not count towards OOPL)</li> <li>• OOPL: \$600 Single, \$1,200 Family</li> </ul>
Specialty Medications	<ul style="list-style-type: none"> <li>• Preferred Pharmacy: \$50 Copay</li> <li>• Non-Preferred Pharmacy: 40% (\$200 max)</li> <li>• OOPL: \$1,200 Single, \$2,400 Family               <ul style="list-style-type: none"> <li>– Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Preferred Pharmacy: \$50 Copay</li> <li>• Non-Preferred Pharmacy: 40% (\$200 max)</li> <li>• OOPL: \$1,200 Single, \$2,400 Family               <ul style="list-style-type: none"> <li>– Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL</li> </ul> </li> </ul>

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

# State Maintenance Plan

## High Deductible Health Plan Design

	In-Network Provider	Out-of-Network Provider
Medical Benefit	<ul style="list-style-type: none"> <li>• Deductible: \$1,500 Single, \$3,000 Family (must be met first) – applies to OOPL</li> <li>• 90%/10% Coinsurance               <ul style="list-style-type: none"> <li>– DME and hearing aids: 80%/20%</li> </ul> </li> <li>• Office Visit Copay: \$15 PCP, \$25 Specialist</li> <li>• Emergency Room Visit: \$75 after deductible, 90%/10% coinsurance thereafter to OOPL</li> <li>• OOPL: After deductible - \$2,500 Single, \$5,000 family               <ul style="list-style-type: none"> <li>– Combined medical and pharmacy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$5,000 Single, \$10,000 Family (must be met first) – applies to OOPL</li> <li>• 50%/50% Coinsurance</li> <li>• Emergency Room Visit: \$75 after deductible, 90%/10% coinsurance thereafter to OOPL</li> <li>• OOPL: Unlimited</li> </ul>
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# IYC Medicare Plus Plan Design

	In-Network Provider	Out-of-Network Provider
Medical Benefit	<ul style="list-style-type: none"> <li>• 100% Coinsurance on Usual, Customary and Reasonable after Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• 100% Coinsurance on Usual, Customary and Reasonable after Medicare</li> </ul>
Drug Benefit (non-specialty)	<ul style="list-style-type: none"> <li>• \$5 Level 1 Copay</li> <li>• 20% (\$50 max) Level 2 Coinsurance</li> <li>• 40% (\$150 max) Level 3 Coinsurance (Does not count towards OOPL)</li> <li>• OOPL: \$600 Single, \$1,200 Family</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 Level 1 Copay</li> <li>• 20% (\$50 max) Level 2 Coinsurance</li> <li>• 40% (\$150 max) Level 3 Coinsurance (Does not count towards OOPL)</li> <li>• OOPL: \$600 Single, \$1,200 Family</li> </ul>
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# Questions & Discussion

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*Thank you!*

