

The background of the slide features a photograph of the Wisconsin State Capitol building. The building is a large, classical-style structure with a prominent central dome and many windows. In the foreground, there is a modern glass and steel structure, possibly a walkway or part of a bridge, that frames the view of the Capitol. The lighting suggests it's either early morning or late afternoon, with a warm glow on the building's facade.

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

## **2018 LOCAL RATE DEVELOPMENT**

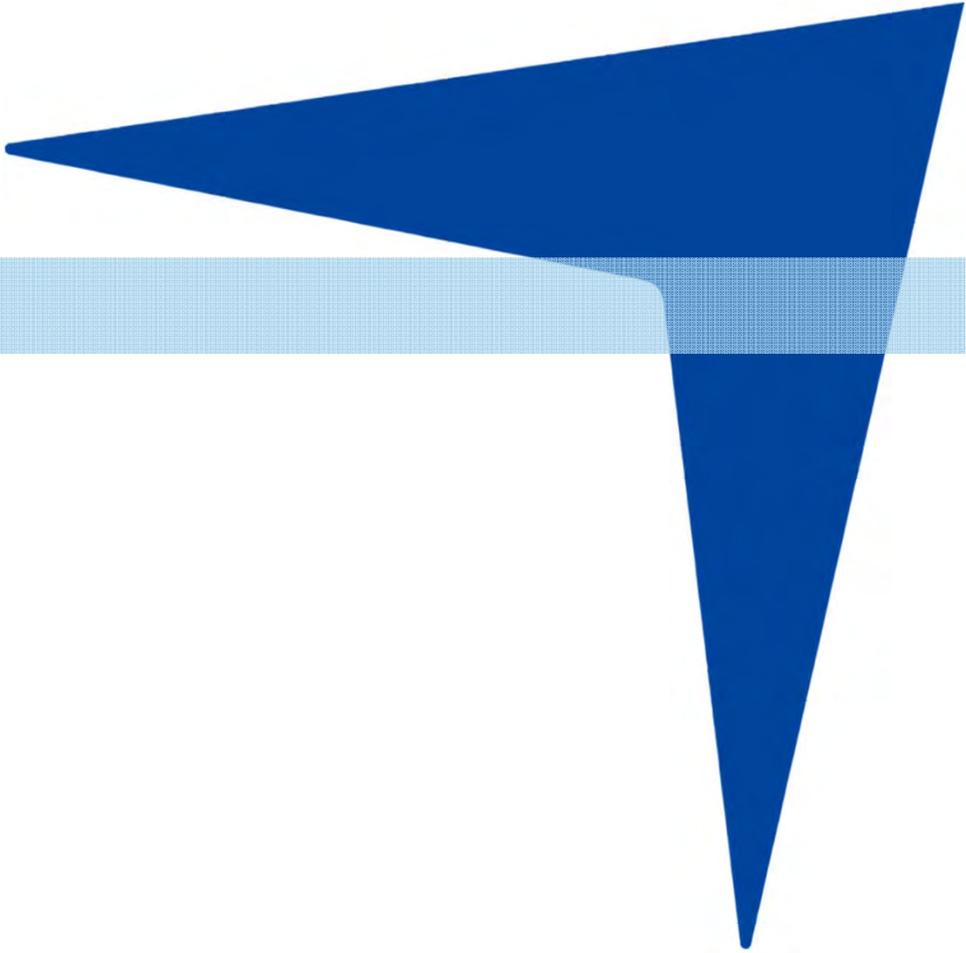
**Statewide Medical, Dental  
and Prescription Drug Plans**

**August 30, 2017**

Board	Mtg Date	Item #
GIB	8.30.17	7G2

A large, blue, downward-pointing arrow shape is positioned in the bottom right corner of the slide. Inside this shape, the Segal Consulting logo is displayed. The logo consists of a white, stylized star or asterisk symbol followed by the text "Segal Consulting" in a white, sans-serif font.

**Segal Consulting**



## 1. Overview

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3. Prescription Drug Plan
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# Overview

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➤ Net Fund Balance

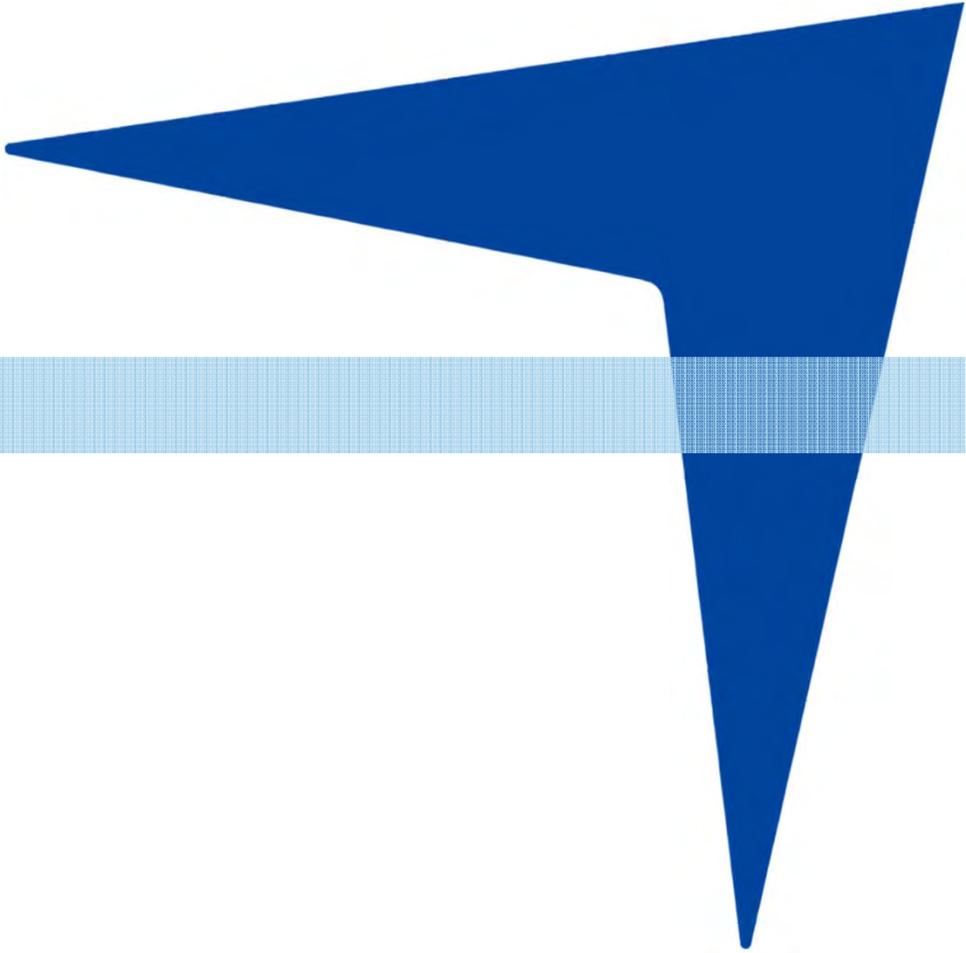
- The estimated ratio of Net Fund Balance to annual claims is projected to be approximately 20% of claims and near the middle of the 15-25% corridor at 12/31/17.

➤ Projected increases assuming no additional premium buy-down:

Program	Increase over 2017
Pharmacy Overall	(2.9%)
IYC Access Health Plan	7.9% – 10.1%
State Maintenance Plan	8.1% – 12.6%
IYC Medicare Plus Plan	2.7% - 4.3%
Dental Plan	4.3%

➤ 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 5 counties in 2018:

- Florence County
- Forest County
- Iron County
- Price County
- Rusk County



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# Net Fund Balance (Current Balance)

The fund balance at 6/30/2017 has increased \$7.8 million in the last 12-months.

	6/30/2017	06/30/2016	06/30/2015	06/30/2014	06/30/2013	06/30/2012
<b>MEDICAL (in millions)</b>						
Cash Balance	0.2	0.7	1.0	1.8	1.8	2.3
Incurred But Not Reported (IBNR)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.3)
<b>Net Fund Balance</b>	<b>0.0</b>	<b>0.5</b>	<b>0.8</b>	<b>1.6</b>	<b>1.6</b>	<b>2.0</b>
<b>DENTAL (in millions)</b>						
Cash Balance	(0.1)	0.0				
Incurred But Not Reported (IBNR)	(0.1)	(0.0)				
<b>Net Fund Balance</b>	<b>(0.2)</b>	<b>0.0</b>				
<b>PHARMACY (in millions)</b>						
Cash Balance	16.3	7.8	11.9	18.4	14.1	14.1
<b>Recalculated Cash Balance*</b>	<b>16.3</b>	<b>7.8</b>	<b>11.9</b>	<b>16.0</b>	<b>12.1</b>	<b>12.3</b>
Accrued Drug Rebates	2.5	2.5	2.2	2.4	2.0	1.8
Accrued Medicare Part D Subsidy	0.8	0.8	0.7	0.9	1.7	0.7
Navitus Advance	0.0	0.0	0.3	0.6	0.9	1.4
ERRP Reimbursement	0.0	0.0	0.0	0.0	2.2	2.1
Projected Future Cash Balance	19.6	11.1	15.1	19.9	18.9	18.3
IBNR	(0.9)	(0.8)	(0.8)	(0.8)	(0.7)	(0.7)
<b>Net Fund Balance</b>	<b>18.7</b>	<b>10.3</b>	<b>14.3</b>	<b>19.1</b>	<b>18.2</b>	<b>17.6</b>
<b>Total Local Fund Balance</b>	<b>18.6</b>	<b>10.8</b>	<b>15.1</b>	<b>20.7</b>	<b>19.8</b>	<b>19.6</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 loss of \$1.6 million, factoring in expected drug rebates and Medicare Part D subsidies. The projected 12/31/2017 cash balance is \$17.0 million.
- The Benchmark Claims for 2018, including self-insured claims and 20% of fully-insured premiums, is \$86.1 million. Therefore, the estimated ratio of Net Fund Balance to Benchmark Claims is approximately 20% and near the middle of the 15% – 25% corridor.
- At the 25% ratio, no funds are available for a buy-down. At 15%, (\$12.9 million Net Fund Balance), \$4.1 million (\$17.0 million less \$12.9 million) is available for buy-down.
- At the midpoint scenario of 20%, no funds are available for a buy-down.

## Net Fund Balance

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- Since 2007 there have been pharmacy buy-downs in every year except 2011, 2016, and 2017 including \$10.3 million over the past 5 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

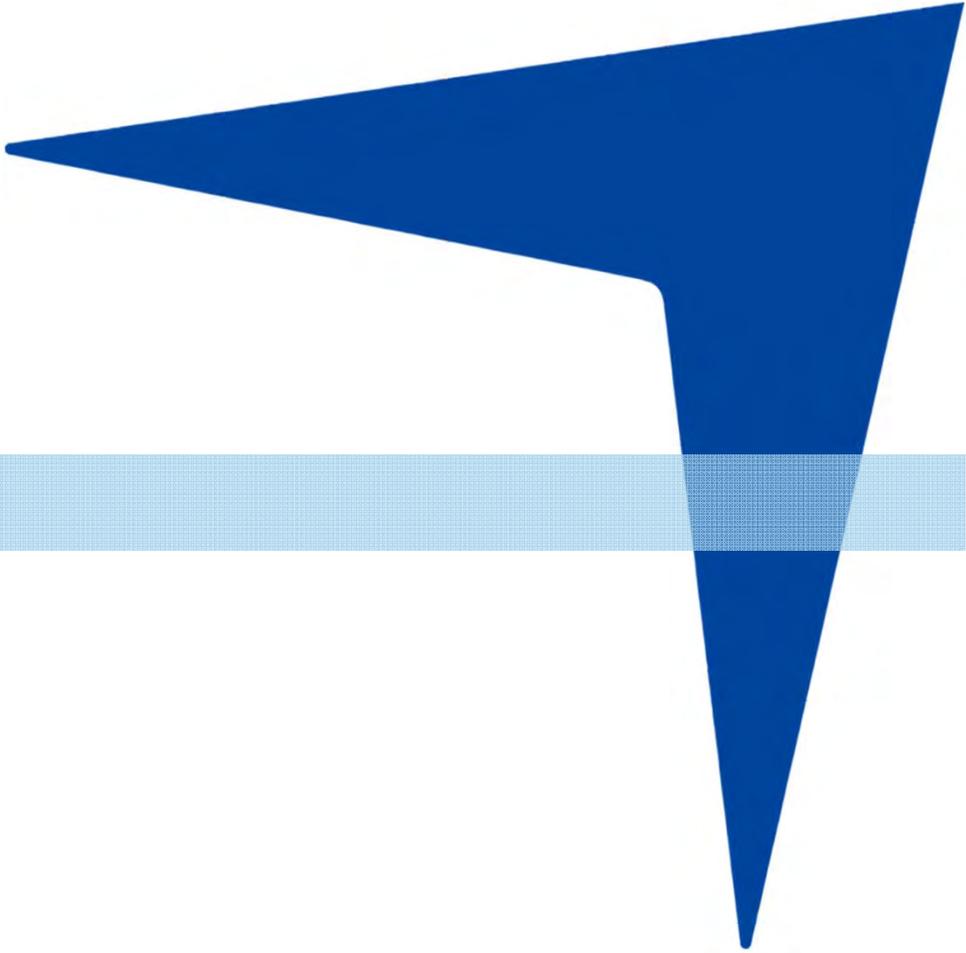
- At the August 2011 meeting, the Board accepted a policy of using a target Net Fund Balance of between 15% and 25% of annual medical and prescription drug claims.

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

## 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 \$11.7 million, a reduction of \$5.5 million from the midpoint of the current reserve target, \$17.2 million.
- We propose moving to the midpoint of the proposed policy over a 4-year period to minimize premium fluctuations. The buy-down timing would be consistent with the State program.

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# Prescription Drug Plan

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- 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.
- 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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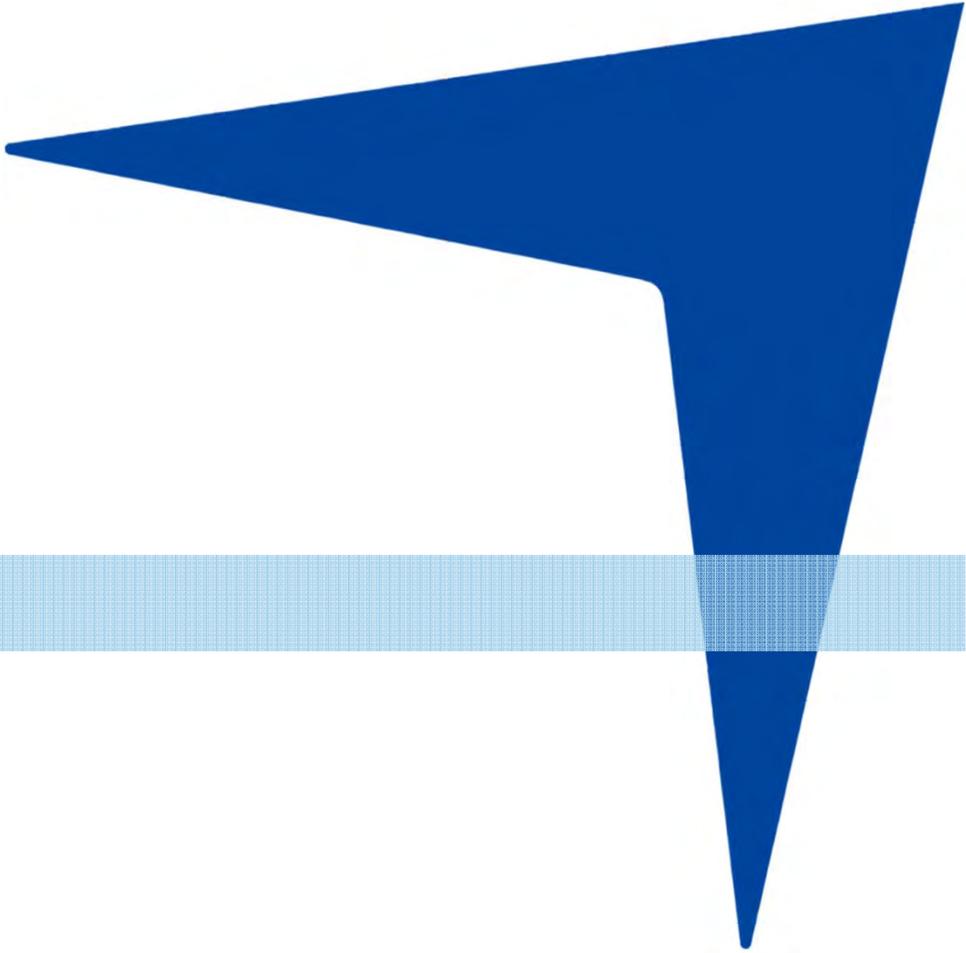
- For 2018, the HMO prescription drug rates are projected to decrease 2.9% over the 2017 rates without utilizing any of the Net Fund Balance.
  - 1.9% decrease Non-Medicare
  - 9.3% decrease Medicare
- This decrease consists of 2 components:
  - Net pharmacy trend = 7.1%
  - Favorable experience = -9.3%
- 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

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The overall recommended rate decrease for the prescription drug plan using plan experience is 2.9%, calculated by weighting the rate changes shown below. This assumes no buy-down for 2018.

	2018	2017	
	Single Rates	Single Rates	Rate Change
<b>Non-Medicare</b>			
HMO Regular	\$104.23	\$106.24	-1.9%
<b>Medicare</b>			
HMO Medicare	\$222.20	\$244.98	-9.3%

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# IYC Access Health Plan

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- The IYC Access Health Plan offerings include 4 different benefit plan designs: Traditional, IYC Local Health Plan, Deductible and HDHP.
  - Traditional: 1.0
  - IYC Local Health Plan: .94
  - Deductible: .92
  - HDHP: .81
  
- Plans are no longer rated within 4 areas:
  - Dane;
  - Milwaukee;
  - Waukesha; and
  - Other Counties.
  
- In 2018 there will be a uniform rate across all areas.

# IYC Access Health Plan

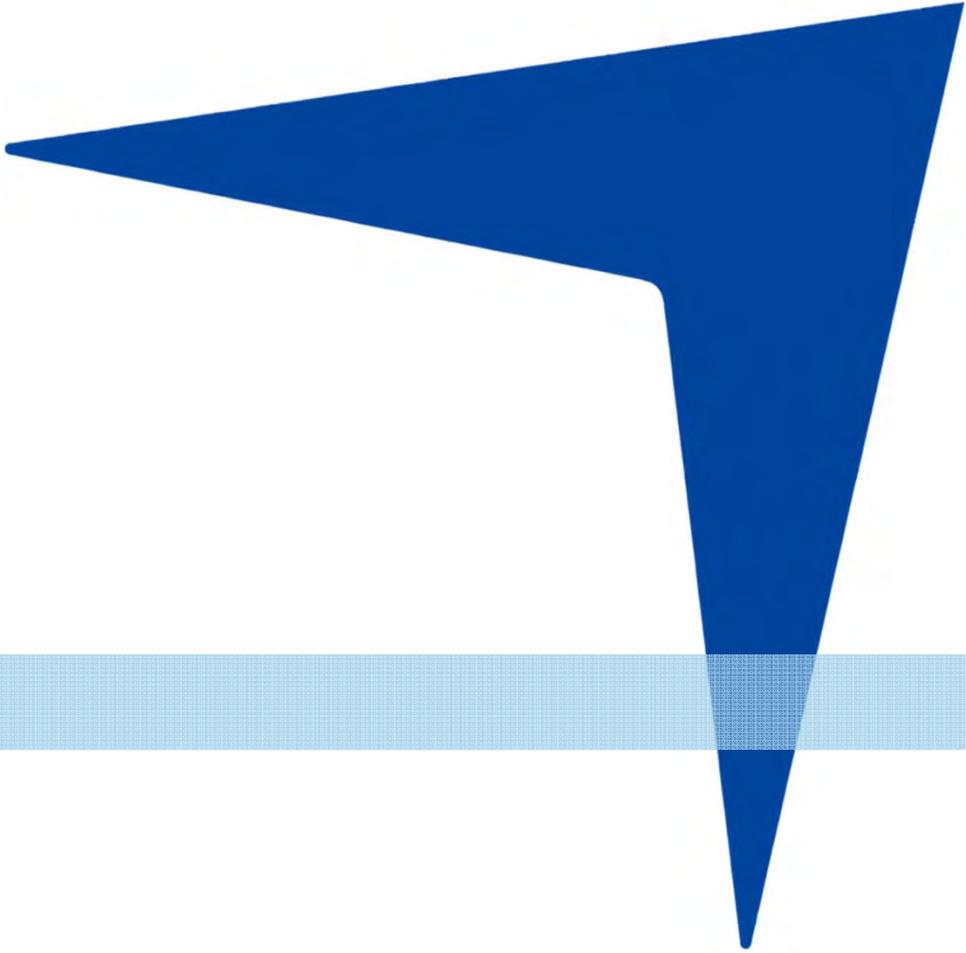
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- IYC Access Health Plan is changing from a statewide/nationwide self-insured arrangement with WPS to a fully-insured arrangement with WEA Trust in 2018 for medical. This was due to the JCF not approving the current self-insured statewide/nationwide vendor.
- Membership has dropped from 18 to 8 members since last year's rating.
- For 2018, the overall medical and prescription drug rates are projected to increase 1.2% -18.8% over the 2017 rates depending on the region, as we are no longer applying different area factors.

# IYC Access Health Plan Rates

- Below is a summary of the total rates for the programs. The increase on the medical rates are driving the increases shown below. This compares the non-regional 2018 rate with the 2017 Waukesha/Other rate.

	2018 Rates	2017 Rates	% Change
<b>IYC Access Health Traditional</b>			
Single	\$1,409.78	\$1,283.36	9.9%
Family	\$3,495.88	\$3,201.00	9.2%
<b>IYC Local Health Plan</b>			
Single	\$1,337.72	\$1,228.52	8.9%
Family	\$3,315.72	\$3,063.92	8.2%
<b>IYC Access Health Deductible</b>			
Single	\$1,313.70	\$1,210.26	8.5%
Family	\$3,255.68	\$3,018.32	7.9%
<b>IYC Access Health HDHP</b>			
Single	\$1,151.22	\$1,045.58	10.1%
Family	\$2,849.52	\$2,607.92	9.3%

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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 offered in 5 counties in 2018:
  - Florence County (2 Members)
  - Forest County (3 Members)
  - Iron County (0 Members)
  - Price County (4 Members)
  - Rusk County (0 Members)
- The SMP offerings also include 4 different benefit plan designs: Traditional, Coinsurance, Deductible and HDHP.
- SMP membership was unchanged from last year's renewal, currently there are 63 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.
- For 2018, the overall medical and prescription drug rates are projected to increase 8.1% - 12.5% over the 2017 rates.

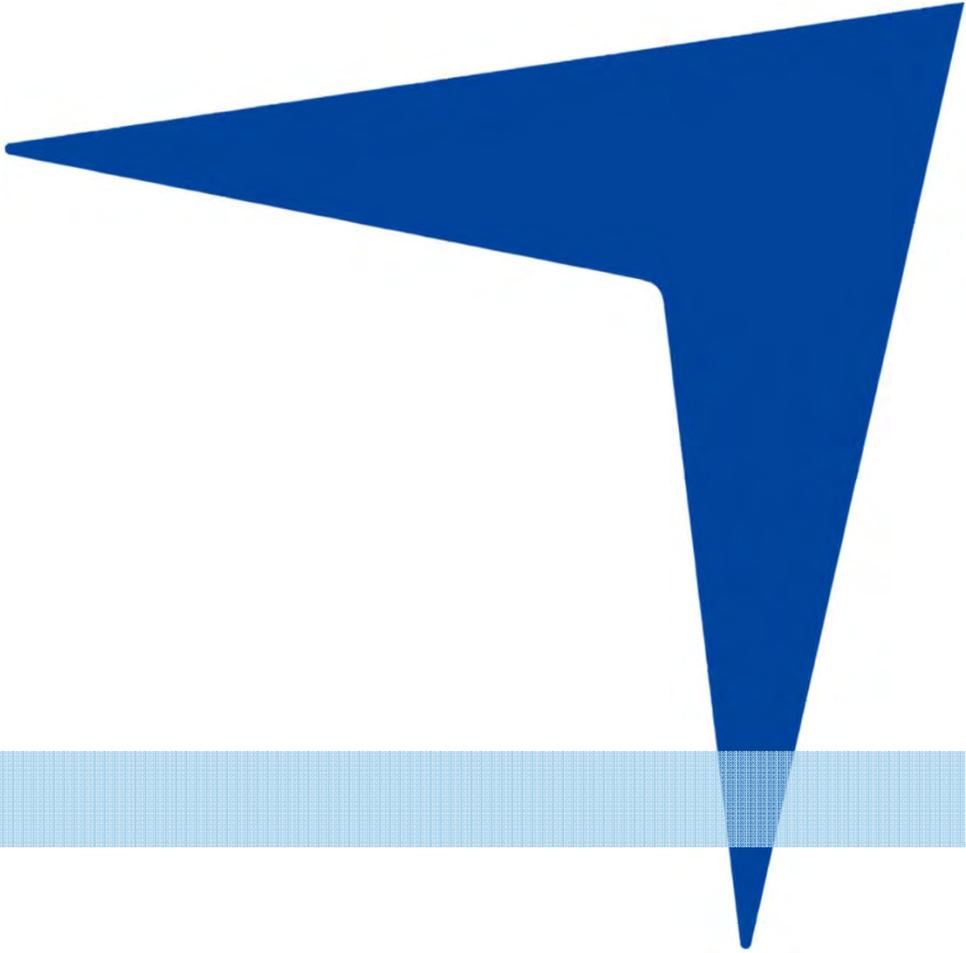
# State Maintenance Plan (SMP) Rates

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

	2018 Rates	2017 Rates	% Change
<b>SMP Traditional</b>			
Single	\$944.10	\$838.78	12.6%
Family	\$2,331.66	\$2,088.68	11.6%
<b>SMP IYC Local Health Plan</b>			
Single	\$897.86	\$802.38	11.9%
Family	\$2,216.08	\$1,997.78	10.9%
<b>SMP Deductible</b>			
Single	\$882.46	\$790.34	11.7%
Family	\$2,177.54	\$1,967.58	10.7%
<b>SMP HDHP</b>			
Single	\$772.96	\$707.66	9.2%
Family	\$1,903.86	\$1,760.94	8.1%

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

- Florence, Forest, Iron, Price, and Rusk.

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## IYC Medicare Plus Plan

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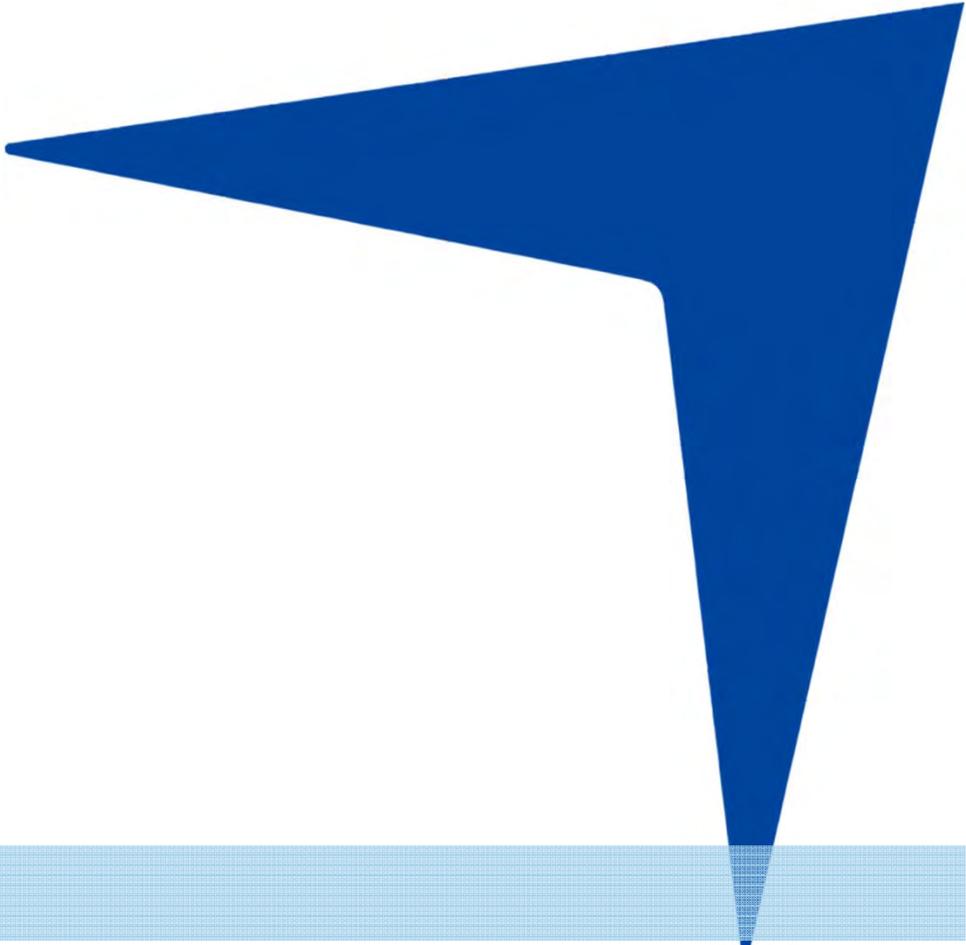
- Like the IYC Access Health Plan, the IYC Medicare Plus Plan is also changing from a self-insured arrangement with WPS to a fully-insured arrangement with WEA Trust in 2018 for medical.
- IYC Medicare Plus Plan membership decreased 19%, dropping to 174 members.
- Given that the experience is not credible, we are blending it with the State Medicare Plus plan. There is a 4.3% increase on the single rate and 2.7% on the family rate in 2018 for the overall medical and prescription drug rates, without utilizing any of the Net Fund Balance.

# IYC Medicare Plus Plan Rates

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- The rates for 2018 represent a 4.3% - 2.7% increase from 2017.

	2018 Rates	2017 Rates	% Change
<b>IYC Medicare Plus</b>			
Single	\$435.06	\$417.10	4.3%
Family	\$851.06	\$829.02	2.7%

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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 Designs

Medical Benefit	In-Network Provider	Out-of-Network Provider
<b>IYC Access Health that is offered with Traditional Uniform Benefits</b>	<ul style="list-style-type: none"> <li>• Deductible: None</li> <li>• 100% coinsurance after deductible satisfied</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$500 Single, \$1,000 Family</li> <li>• Coinsurance: 80%/20%</li> <li>• Out-of-Pocket Limit (OOPL): \$2,000 Single, \$4,000 Family</li> </ul>
<b>IYC Local Health Plan (Matches State Design for In-Network)</b>	<ul style="list-style-type: none"> <li>• Deductible: \$250 Single, \$500 Family</li> <li>• Coinsurance: 90%/10%</li> <li>• Office Visit - \$15 PCP, \$25 Specialist</li> <li>• Emergency Room - \$75</li> <li>• OOPL: \$1,250 Single, \$2,500 Family</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$500 Single, \$1,000 Family</li> <li>• Coinsurance: 70%/30%</li> <li>• Out-of-Pocket Limit (OOPL): \$2,000 Single, \$4,000 Family</li> </ul>
<b>IYC Access Health that is offered with Deductible Uniform Benefits</b>	<ul style="list-style-type: none"> <li>• Deductible: \$500 Single, \$1,000 Family</li> <li>• Coinsurance: 100% after deductible satisfied</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$1,000 Single, \$2,000 Family</li> <li>• Coinsurance: 70%/30%</li> <li>• Out-of-Pocket Limit (OOPL): \$4,000 Single, \$8,000 Family</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 (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>
<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</li> <li>• 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</li> <li>• Coinsurance for Non-Preferred Specialty Drugs do not count towards OOPL</li> </ul>

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

# IYC Access Health Plan

## High Deductible Health 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 Designs

Medical Benefit	In-Network Provider	Out-of-Network Provider
<b>SMP Traditional Uniform Benefits In-Network</b>	<ul style="list-style-type: none"> <li>• Deductible: \$0</li> <li>• Coinsurance: 100% (Except for DME and hearing aids at 80/20%)</li> <li>• ER Copay \$60</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$5,000/\$10,000</li> <li>• Coinsurance: 50%</li> <li>• OOPL: Unlimited</li> </ul>
<b>SMP IYC Local Health Plan Uniform Benefits (Matches State design) In-Network</b>	<ul style="list-style-type: none"> <li>• Deductible: \$250 Single, \$500 Family</li> <li>• 90/10% Coinsurance</li> <li>• DME and hearing aids remain at 80/20% coinsurance</li> <li>• Office Visits: \$15 PCP &amp; PT/OT/ST, \$25 Specialist &amp; Urgent Care</li> <li>• Emergency Room Visit: \$75, 90%/10% coinsurance thereafter to OOPL</li> <li>• OOPL: \$1,250 Single, \$2,500 family</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$5,000/\$10,000</li> <li>• Coinsurance: 50%</li> <li>• OOPL: Unlimited</li> </ul>
<b>SMP Deductible Uniform Benefits In-Network</b>	<ul style="list-style-type: none"> <li>• Deductible: \$500 Single, \$1,000 Family</li> <li>• Coinsurance: 100% after deductible satisfied (Except for DME and hearing aids at 80%/20%)</li> <li>• ER Copay \$60</li> </ul>	<ul style="list-style-type: none"> <li>• Deductible: \$5,000/\$10,000</li> <li>• Coinsurance: 50%</li> <li>• OOPL: Unlimited</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 (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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➤ **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>
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</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>
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>

# IYC Medicare Plus Plan Design

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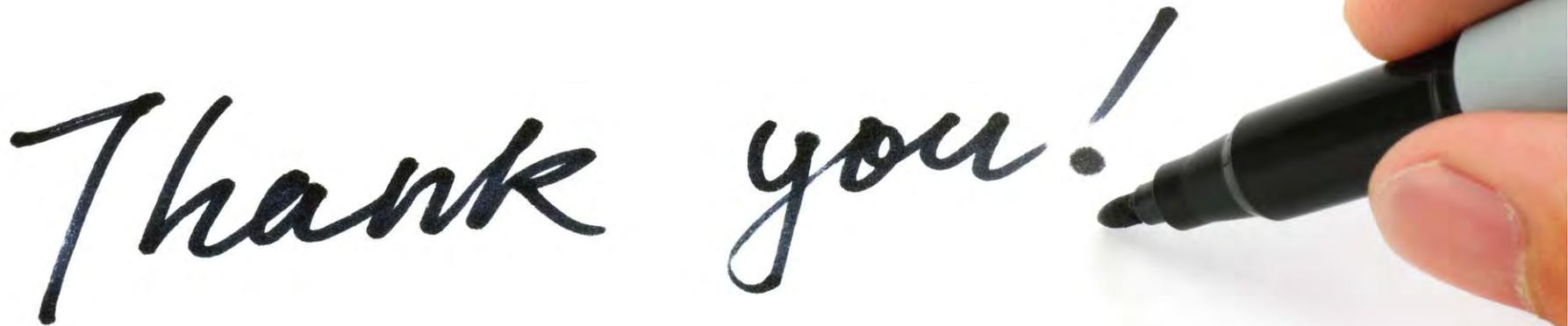
<b>Medical Benefit</b>	<ul style="list-style-type: none"><li>• 100% Coinsurance on Usual, Customary and Reasonable after Medicare</li></ul>
<b>Drug Benefit (non-specialty)</b>	<ul style="list-style-type: none"><li>• \$5 Level 1 Copay</li><li>• 20% (\$50 max) Level 2 Coinsurance</li><li>• 40% (\$150 max) Level 3 Coinsurance</li><li>• OOPL: \$600 Single, \$1,200 Family</li></ul>
<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<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

# Questions & Discussion

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*Thank you!*

A close-up photograph of a hand holding a black marker, writing the words "Thank you!" in a cursive script on a white surface. The hand is positioned on the right side of the frame, with the marker tip pointing towards the end of the phrase. The background is plain white.