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Correspondence Memorandum

Date: November 7, 2017

To: Group Insurance Board

From: Shayna Schomber, Optional Plans & Uniform Dental Benefits Manager
Renee Walk, Strategic Health Policy Advisor
Office of Strategic Health Policy

Subject: Supplemental Plans Alignment

ETF recommends the Group Insurance Board (Board) approve an overall alignment strategy for supplemental insurance plans and modifications to the administrative documents that govern supplemental plans, in order to reduce duplication of services and improve program administration.

Background

The Board oversees the provision of several supplemental plans, including supplemental dental, long term care (LTC), accidental death and dismemberment (AD&D), and vision. These products are offered to employees with no employer contribution; supplemental benefits are only available to State employees and retirees. Note: ETF has updated the program name from "Optional Plans" to "Supplemental Plans" moving forward, based upon feedback and support from employers, staff, and members.

In order to participate as a supplemental plan in the Board's program, insurers must submit a proposal annually according to the Guidelines for Offering Optional Insurance Plans (ET-7422) and/or Standards for Proposing and Offering Long-term Care Insurance to State Employees (ET-7423) documents. The Department of Employee Trust Funds (ETF) staff review these proposals and consult with the Board's actuarial firm, Milliman, to make approval recommendations to the Board annually.

There are currently five insurers offering ten different supplemental plan products to eligible members; there are six different supplemental plan options for dental alone. Employers have indicated these benefits are too complicated for members to compare, and are difficult to communicate effectively.

Reviewed and approved by Lisa Ellinger, Director, Office of Strategic Health Policy

Lisa Ellinger Electronically Signed 11/8/17

Board	Mtg Date	Item #
GIB	11.15.17	7A

For reference, enrollment in each of the supplemental benefit plans as of March 31, 2017, is below:

	Contracts	Members
EPIC Benefits+	19,013	37,232
Optional Vision[1]	*5,377*	*11,831*
Dental Wisconsin PPO	4,173	7,692
Dental Wisconsin Select	6,059	11,893
Anthem DentalBlue[2]	8,962	18,121
VSP	25,023	48,993
Zurich	5,676	Not Provided

[1] Enrollment in Optional Vision requires enrollment in EPIC Benefits+
[2] Anthem DentalBlue enrollment counts include three different plans: Dentacare HMO, Preferred PPO, and Anthem Supplemental

There is a significant administrative burden on employers, payroll centers, and ETF staff in managing the annual changes and the ongoing maintenance of these plans. In addition, the supplemental plan benefits often duplicate or overlap one another and the Uniform Dental Benefits that they are intended to support.

In February of 2017, staff presented a preliminary plan for alignment to the Board. This memo provides greater detail of the multi-year goals for supplemental plan alignment, as well as modifications to the Guidelines and Standards that support the alignment initiative.

Alignment Strategy
Historical program strategy has emphasized member choice in supplemental benefit products. While staff still promote member choice in supplemental benefits, the current slate of benefits is redundant in terms of benefits provided. The following is a summary of the alignment strategy proposal, broken down by calendar year.

2017: Update Guidelines and Standards Criteria
Staff propose initiating an alignment strategy with the revision of the Guidelines and the Standards. These documents have been modified to include basic benefit plan design criteria that should be included in a qualified proposal, and include changes designed to simplify program administration as well as the contract negotiation and proposal submission processes.

2018: Reduce Vendors and Improve Plan Options
If the Board approves the changes to the Guidelines and Standards, ETF will use the new criteria to improve the value of these plan options for employees and employers. The proposal submission process will be simplified and insurers will be required to submit additional information that will aid in a thoughtful review of the proposals. For example, plans will submit the actuarial value of each proposed plan to more easily compare plans. In addition to benefits requirements, the new criteria also include

requests for explicit service level agreements. These criteria will ensure that service, performance, and administrative requirements are clearly defined and agreed upon by the proposing insurer.

ETF also seeks to reduce complexity of the plan offerings by limiting the number of insurers offering the same services. The considerable number of plans currently offered causes confusion among employees and employers and can lead to members unknowingly purchasing duplicate coverage. The new criteria include an amended provision that plan proposals will be considered in the greater context of other plans and services being covered, and will limit the number of insurers and plans approved to participate.

2019: Consider Integrating Supplemental Plans with Other Contracts

Several of the Board's other programs, such as Life and Dental, will require either a procurement effort or contract extension in 2019. Based on direction from the Board, ETF will consider whether it would make administrative and fiscal sense to incorporate any of the services currently offered as supplemental plans into other contracts. ETF will present any such additional information to the Board in May of 2018 with the negotiated contracts.

Guidelines and Standards Modifications

In order to execute the strategy described above, ETF is proposing substantial changes to the Guidelines and Standards documents. The following is a summary of these changes:

- Simplified proposal template for submission
- Simplifying the titles of each document
- Adjust key proposal dates (e.g., January 31 proposal submission due date)
- Require contract terms and conditions signed and included with initial proposal
- Require a signed acknowledgment of insurer requirements and responsibilities as defined in the Guidelines and/or Standards
- Require a fully-negotiated, and signed contract before May Board meeting
- Limit number of eligible insurers per product type
- Identify specific criteria for references submitted in the proposal

In addition, ETF is proposing the following changes to the Guidelines only:

- Change the program name from "Optional Plans" to "Supplemental Plans"
- Restrict the amount of any annual premium increase
- Require itemization of premium rates and forecasted loss ratios for any bundled plan proposals to easily identify and compare plan costs
- Add penalty for failure to meet minimum loss ratio
- Add service guarantee for reporting timeliness
- Include an outline of covered services to avoid duplication of coverage

The revised Standards and Guidelines are attached for the Board's reference. Staff will be available at the Board meeting to answer questions.

Attachment A: Supplemental Plan Guidelines (ET-7422)
Attachment B: Long-Term Care Standards (ET-7423)

Attachment A

Supplemental Insurance Plan Guidelines

Department of Employee Trust Funds
Group Insurance Board
801 West Badger Road
Madison, Wisconsin 53702

Effective as of January 1, 2018

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1. Purpose

This document, "Supplemental Insurance Plan Guidelines," serves as a resource for insurers interested in offering state employees supplemental insurance plans. It sets forth the requirements insurers must meet to offer these plans, provides the instructions insurers must follow for submitting a proposal, and outlines the criteria the Group Insurance Board (Board) uses in approving or denying an insurer's proposal.

2. Definitions

A. Group Insurance Board (Board): Eleven (11) member board that sets policy and oversees administration of the group health, life insurance, and income continuation insurance plans for state employees, retirees and the local employers who choose to offer them. The Board also can provide other insurance plans, if employees pay the entire premium. The Board's authority is governed by Wis. Stat. § 40.03 (6). For more information on the Board visit: http://www.etf.wi.gov/boards/board_gib.htm

B. Group Master Contract: Contract between an insurer and the Board related to the offering of an Supplemental Insurance Plan(s) to state employees.

C. Supplemental Insurance Plan(s): This term has the same meaning as, "Other group insurance plans" as provided in Wis. Stat. § 40.03 (6). It includes insurance plans is approved by the Board as voluntary group plan offerings for state employees with 100% of the premium paid by employees through payroll deduction. Examples of insurance plans falling under this definition include: accidental death & dismemberment (AD&D), supplemental vision and supplemental dental plans. Note that group health insurance, life insurance, income continuation insurance and long-term care insurance are part of different programs.

3. Statutory and Administrative Authority

A. The Board is given the following statutory and administrative authority related to Supplemental Insurance Plans:

1. The Board is given authority under Wis. Stat. § 40.03 (6) (b) to provide group insurance plans in addition to plans provided for in Wis. Stats. Chapter 40 to annuitants, employees and their dependents.
2. The Board is charged by Wis. Stat. § 20.921 (1) (a) (3) and Wis. Admin. Code § ETF 10.20 to approve or disapprove group insurance plans for which payment of premium is made through payroll deductions
3. Fees for program administration are authorized under Wis. Stat. § 40.04 (2)

4. Supplemental Insurance Plan Requirements

In order to be considered for approval, each proposed plan must:

A. Be approved as an Accident & Health insurance policy by Wisconsin OCI.

B. Be a group insurance plan; not individual policies marketed as a group plan.

1. For rating purposes, the "group" consists of all eligible employees, their spouses and other dependents, and retiring members within limits proposed by the insurer.

C. Meet all applicable requirements listed in the attachments.

5. Insurer Responsibilities

Insurers interested in offering a Supplemental Insurance Plan must meet and agree to the requirements as listed below.

A. General

1. The insurer must hold a license from the State of Wisconsin Office of the Commissioner of Insurance (OCI) to conduct the business of insurance in this state.
2. The insurer must have at least two years of operating experience in the state of Wisconsin.
3. The insurer must satisfy payment of the annual fee which ETF will assess for administration of the plan(s).

B. Plan Administration

1. Each plan must maintain a minimum annual claim/premium loss ratio of 75%.
2. Each plan's premium increase may not exceed 5% annually.
3. Each plan must offer an open enrollment opportunity every two years, at a minimum.
4. Newly-eligible employees must be allowed to enroll, provided an application is submitted within 30 days of eligibility.
5. The insurer will work directly with ETF staff and assist payroll centers and employers with technical implementation and ongoing maintenance of each plan.
6. Eligible employees and his/her eligible dependents must be allowed to enroll without restrictions or benefit limitations due to a HIPAA qualifying event, such as loss of other comparable coverage, marriage, birth or adoption.
7. Annuitants must be allowed to enroll in the plan unless the proposal can demonstrate negative impacts on premium rates, or substantial constraints for continuing to administer the plan if annuitants are included. This must be approved by the Board.
8. Submit data regarding enrollment, provider networks, utilization, service level statistics and performance standards must be reported on a quarterly basis, including an aggregate data submission annually.

C. Marketing, Materials and Member Resources

1. A Group Master Contract with the Group Insurance Board must be in place prior to any marketing activity or distribution of materials to State of Wisconsin members.
2. All marketing and informational materials provided to State of Wisconsin members must have prior approval by ETF, including materials distributed plan-wide. Approval of marketing materials by OCI is not a substitute for ETF approval.
3. The insurer must provide customized webpages and materials specific to State of Wisconsin members with ETF approval.
4. The insurer must provide hard copies of brochures, applications, and reporting forms to State of Wisconsin employers, agencies, or payroll centers upon request.
5. The insurer must provide a of State of Wisconsin Employer Group-specific website available to members prior to the annual open enrollment period. This website must

include the following at a minimum:

a. Information summarizing benefits and exclusions,
b. Provider directory or provider search function,
c. Links or access to plan forms without requiring login,
d. Access to online processes for enrollment,
e. Information on continuation coverage and how to report status changes,
f. Customer service phone number and email address for members, and
g. Resources for members to file a grievance or appeal.

D. Member Complaints and Grievances
The insurer agrees to provide the following to members:

1. A method whereby the insured who filed the grievance, or the insured's authorized representative, has the right to appear in person before the grievance panel to present written or oral information.
2. A written notification to the insured of the time and place of the grievance meeting at least 7 calendar days before the meeting.
3. A written acknowledgement to the insured or the insured's authorized representative confirming receipt of the grievance within 5 business days of receipt of a grievance.
4. Detailed complaint and grievance process in the policyholder certificate. The ETF Insurance Complaint Form details the ETF process.

6. Board Responsibilities

A. In accordance with Wis. Admin. Code § ETF 10.20 (1) (a), the Board will determine whether a vendor qualifies to offer a particular program through consideration of, but not limited to, the following factors:

1. Number of employees affected
2. Amount and variation in premiums
3. Adequacy of other approved coverage providing the same or similar protection
4. History, performance, and acceptance of the plan by the employees
5. Reference checks

B. The Board will limit the number of approved vendors to one plan for each plan type.

C. The Board reserves the right to deny an insurer and/or plan proposal for up to three (3) years if the minimum loss ratio is not met in the previous plan year.

D. The Board may withdraw its approval if insurers and the Supplemental Insurance Plans they offer fail to meet requirements detailed in the Guidelines or its attachments, or the Group Master Contract.

7. Submitting a Proposal

The process for submitting a proposal is as follows:

A. Insurer reviews this document and all attachments thoroughly to understand all requirements and expectations.

B. Insurer should contact Department of Employee Trust Funds (ETF) with any questions about the insurer responsibilities and requirements prior to submitting the signed proposal.

C. Insurer submits a complete proposal to ETF including all attachments with applicable signatures.

D. Submit a completed "Proposal Submission Checklist (Attachment A).

E. All proposals are due January 31st of each year and will be considered at the following May Group Insurance Board meeting for the next plan year.

8. Review & Approval Process

A. ETF notifies an insurer within ten (10) business days that the submission has been received and whether it is deemed complete.

1. If ETF does not receive a complete proposal within five (5) business days of notification to the insurer, the proposal may not be recommended to the Board for approval

B. ETF reviews the proposal.

1. Review by the Board's consulting actuary may be necessary and will range from brief to extensive, based on the features of the plan and clarity of the proposal submitted.
2. The review process may include discussions between the insurer and ETF, an advisory committee of employer representatives, and/or the consulting actuary.
3. Any modifications to the proposal must be received electronically by ETF no later than six (6) weeks prior to the scheduled Board meeting where the proposal will be discussed
4. ETF will contact all references provided in the proposal on behalf of the Board.

C. ETF finalizes the review and prepares a recommendation for the Board.

1. ETF will provide advance notification of the recommendation to the insurer.

D. The Board will determine whether to approve the proposal at a publicly noticed Board meeting.

1. A spokesperson for the insurer should be present at the Board meeting.
2. The agenda and documents for Board meetings are posted to etf.wi.gov prior to each meeting.

E. If the Board approves a proposal, ETF will provide the final version of the Group Master Contact to the Board Chair for signature.

9. Additional Information

A. Please send questions related to the Supplemental Plan approval process to: ETFSMBInsuranceSubmit@etf.wi.gov

B. The attachments to these Guidelines are:

a. Attachment A: Proposal Submission Checklist
b. Attachment B: Benefit Design Proposals
c. Attachment C: Insurer Acknowledgement
d. Appendix I: Reporting and Performance Standards
e. Appendix II: Department Terms and Conditions

Attachment B

Long-Term Care Insurance Standards

Department of Employee Trust Funds
Group Insurance Board
801 West Badger Road
Madison, Wisconsin 53702

Effective as of: January 1, 2018

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1. Purpose

This document, "Long-Term Care Insurance Standards," serves as a resource for Insurers interested in offering state employees and retirees Long-Term Care (LTC) insurance. It sets forth the requirements Insurers must meet to offer these plans, provides the instructions Insurers must follow for submitting a proposal, and outlines the criteria the Group Insurance Board (Board) uses in approving or denying an Insurer's proposal.

2. Definitions

A. Agent: For purposes of this document, the Agent refers to any individual or organization that markets, solicits, or sells insurance policies underwritten by the Insurer for compensation. This includes, but is not limited to: brokers, marketing agents, selling agents, managing general agents, and any other intermediary.

B. Group Insurance Board (Board): Eleven (11) member board that sets policy and oversees administration of the group health, life insurance, and income continuation insurance plans for state employees, retirees and the local employers who choose to offer them. The Board also can provide other insurance plans, if employees pay the entire premium. The Board's authority is governed by Wis. Stat. § 40.03 (6). For more information on the Board visit: http://www.etf.wi.gov/boards/board_gib.htm

C. Group Master Contract: Contract between an Insurer and the Board related to the offering of Long-Term Care insurance to state employees.

D. Insurer: For purposes of this document, the Insurer refers to the company offering and underwriting the Long-Term Care insurance policy. The Insurer assumes the risk for the long-term care insurance policies.

E. Long-Term Care insurance (LTCi): Board-approved LTCi plans as defined under Wisconsin Administrative Rule Ins 3.46 available to state employees. The Board is required to offer plans to eligible employees and annuitants, and to their spouses and parents. The LTCi plan may be made available based on underwriting to establish each subscriber's initial eligibility and premium levels. The State does not contribute to LTCi plan premiums; subscribers pay 100% of the premium, and may do so through payroll deduction.

3. Statutory and Administrative Authority

A. The Board is given the following statutory and administrative authority related to LTC insurance plans:

1. Wis. Stat. § 40.03 (6) (a) (1) and Wis. Stat. § 40.55 direct the Board to offer Long-Term Care insurance to eligible employees and state annuitants, as well as define eligible dependents.

2. Wis. Stat § 40.05(4m) authorizes approval of plan premiums to be paid through payroll or annuity deduction.

4. Long-Term Care Insurance (LTCi) Plan Requirements

In order to be considered for approval, each proposed plan must:

A. Be approved by the Wisconsin Office of the Commissioner of Insurance (OCI) prior to submitting a proposal.

B. Be a group insurance plan; not individual policies marketed as a group plan.

1. For rating purposes, the "group" consists of all eligible employees, their spouses and other dependents, and retiring members within limits proposed by the Insurer.

C. Meet all applicable requirements listed in the Standards and all listed attachments and appendices.

5. Insurer Responsibilities

Insurers interested in offering or marketing a LTCi plan must meet and agree to the requirements as listed below.

A. General

1. Hold a license to sell Long-Term Care insurance from the State of Wisconsin Office of the Commissioner of Insurance (OCI), and be in good standing, including compliance with duties outlined in Wis. Admin. Rule Ins 42.05.

2. Comply with all applicable state and federal laws (including without limitation regulations) concerning the confidentiality, privacy, or security of personally identifiable information created, received, or otherwise accessed by the Insurer.

3. Demonstrate ability to manage premiums through automated systems for payroll deduction that interface with State payroll systems for employees and annuitants.

4. The Insurer must satisfy payment of the annual fee for administration of the proposed plan.
    a. ETF will prepare an annual invoice reflecting the anticipated administrative costs by the Board and its agents (ETF) in administering the LTCi plan for members and employers.
    b. Administrative costs for the first year may be higher based on implementation complexity.
5. Ensure that intermediaries and Agents, including a managing general agent licensed under Wis. Stat. § 628.04, comply with the terms of these Standards and with terms of a contract between the Board and the Insurer.
6. Only sell long LTCi plans to state employees and/or retirees which have been approved by the Board. The introduction or sale of any other insurance plan or product, where Insurer access to referral was gained through marketing an approved LTC plan, is prohibited without prior Board approval.
7. The Board reserves the right to withdraw its approval if Insurers and the LTCi plans they offer fail to meet requirements detailed in the Standards or its attachments, or the Group Master Contract

B. Plan Administration

1. Plan must be filed with OCI, and meet all statutory requirements including those related to benefit design, inflation protection, the WI Partnership Program, and premium increases. (Examples: Wis. Admin. Code § Ins. 3.45; Wis. Admin Code § Ins. 3.455; Wis. Admin. Code § Ins. 3.465; Wis. Admin. Code § Ins. 3.46).
2. Plan must meet additional requirements for minimum daily benefit and lifetime maximum benefit, as outlined in Attachment I.

3. Demonstrate a history of performance and acceptance by eligible participants and/or a record of positive assessment by other large group entities that make the same or similar plan available to their employees
4. The Insurer will work directly with ETF staff and assist payroll centers and employers with technical implementation and ongoing maintenance of the plan
    a. Utilize *Authorization to Deduct Monthly Premium for LTC Insurance* form (ET-2364) or *Retired Public Safety Officer Insurance Premium Deduction - Authorization* form (ET-4330) for all new enrollees and for changes to premiums.
5. Enrollment may begin not less than eight weeks after Board approval, with payroll or annuity deduction for premiums effective no sooner than January 1 of the year following the year the proposed plan was approved by the Board.

C. Marketing, Materials and Member Resources

1. A Group Master Contract with the Group Insurance Board must be in place prior to any marketing activity or distribution of materials to State of Wisconsin members. This contract must be signed by the Insurer and relevant Agent.
2. All marketing and informational materials provided to State of Wisconsin members must have prior approval by ETF, including materials distributed plan-wide. Approval of marketing materials by OCI is not a substitute for ETF approval.
3. The Insurer must provide hard copies of brochures, applications, and reporting forms to State of Wisconsin employers, agencies, or payroll centers upon request.
4. A Board-approved LTCi plan may be marketed to State employees, who are defined by Wis. Stat. § 40.02 (25) (bm) as:
    a) Any employee of the state who received a salary or wages in the previous calendar year.
    b) State annuitants under Wis. Stat. § 40.02 (54m).
    c) Any participant who was formerly employed by the State who received a lump sum if paid as an annuity.
    d) Any employee who is a resident of Wisconsin and has filed an application for an immediate annuity, regardless of whether final administration has been taken.
5. ETF will facilitate Insurer and/or Agent outreach to members by:
    a) Providing the Insurer or its Agent with a list showing contact information for each state payroll center by request,
    b) Providing and annual review, approval, and distribution of informational or outreach messaging provided by the Insurer or its Agent.
    c) Annually preparing census list for direct marketing, if requested by the Insurer or Agent.

D. Member Complaints and Grievances

The Insurer agrees to provide the following to members:

1. A method whereby the insured who filed the grievance, or the insured's authorized representative, has the right to appear in person before the grievance panel to present written or oral information.

2. A written notification to the insured of the time and place of the grievance meeting at least 7 calendar days before the meeting.
3. A written acknowledgement to the insured or the insured's authorized representative confirming receipt of the grievance within 5 business days of receipt of a grievance.
4. Detailed complaint and grievance process in the policyholder certificate. The ETF Insurance Complaint Form details the ETF process.

E. Reporting

Insurers must annually report to ETF for compilation and review by Board, data to include, at a minimum:

1. Number of member inquiries
2. Number of member inquiries that did not meet the suitability standard, as described in Wis. Admin. § Ins. 3.46 (16)
3. Number of policies sold
4. Age ranges at time of purchase
5. Employers, if active employees purchased policies
6. Number of employee/retiree/family
7. Premiums total
8. Average premium by gender
9. Age ranges at time of initial claim
10. Number of claims
11. Amount of claims paid
12. Setting of subscribers in claim status (home, assisted living, skilled nursing facility)
13. Number of policies lapsed
14. Number of complaints and grievances in previous 3 years, and how resolved
15. Other data elements as requested

F. Inflation Protection

1. Refer to Attachment II for a comparison of inflation protection requirements against those required understate insurance law.
2. Policies must include inflation protection as follows:
    a. **Under Age 65**: Automatic annual *compounded* inflation protection must be included:
        1) Level premiums, with benefits increasing at a rate of at least 3%, and
            a) Guaranteed annual opportunity to adjust the compound inflation rate at minimum 0.5% intervals up or down (within the range of 3% to 5%), and
            b) with premium rates for higher amounts based on age at purchase, and
            c) available until 20 years after purchase, or age 76, whichever is earlier;

OR

2) Level premiums with benefits increasing at a rate based on CPI changes;

OR

3) Level premiums with benefits increasing at a rate of 5% for 20 years, or until age 76, whichever is earlier.

b. **At least age 65, but less than 76**: Automatic annual *compounded* inflation protection described above. Additional options include:

1) Level premiums with at least 3% annual *simple* inflation protection until subscriber attains age 76, and

2) Guaranteed bi-annual purchase option of the difference between current value and 5%, for the earlier of 10 years, or until age 76, or subscriber rejects two *non-consecutive* offers.

c. **At least age 76**: Must offer same as above, but inflation protection is not required.

G. Premium Increases

1. Standards for premium increase by class.

a. The proposed plan must follow provisions in Ins 3.46(19), which outlines what constitutes a substantial premium increase allowing a non-forfeiture opportunity for the policy-holder.

b. In addition, the proposed plan must show procedures to notify the Department of Employee Trust Funds (ETF), as the agent of the Board, at least 60 days before a class rate increase is scheduled to take effect.

c. ETF should have notice no later than the date notices are mailed or posted to subscribers.

6. Submitting a Proposal

The process for submitting a proposal is as follows:

A. Insurer reviews this document and all attachments thoroughly to understand all requirements and expectations.

B. Insurer should contact Department of Employee Trust Funds (ETF) with any questions about the Insurer responsibilities and requirements prior to submitting the signed proposal.

C. Insurer submits a complete proposal to ETF including all attachments with applicable signatures.

D. Submit a completed "Proposal Submission Checklist (Attachment A).

E. All proposals are due January 31st of each year and will be considered at the following May Group Insurance Board meeting for the next plan year.

F. Proposals must be electronically submitted to the following e-mail address: *ETFSMBInsuranceSubmit@etf.wi.gov*

7. Review & Approval Process

A. ETF notifies an Insurer within ten (10) business days that the submission has been received and whether it is deemed complete.

1. If ETF does not receive a complete proposal within five (5) business days of notification to the Insurer, the proposal may not be recommended to the Board for approval

B. ETF reviews the proposal.

1. Review by the Board's consulting actuary may be necessary and will range from brief to extensive, based on the features of the plan and clarity of the proposal submitted. The fee for this review will be billed directly to the Insurer by the Board's consulting actuarial firm.

i) *Note*: If the actuarial review fee will be paid by an Agency different than the Insurer, ETF will provide an additional written agreement at the time of notification. This document is required to be signed by both the Agency responsible for the fee and the Insurer.

2. The review process may include discussions between the Insurer, Agent, and ETF, an advisory committee of employer representatives, and/or the consulting actuary.

3. Any modifications to the proposal must be received electronically by ETF no later than six (6) weeks prior to the scheduled Board meeting where the proposal will be discussed

4. ETF will contact all references provided in the proposal on behalf of the Board.

C. ETF finalizes the review and prepares a recommendation for the Board.

1. Note: ETF will not present a recommendation for Board approval without a signed Group Master Contract.

D. The Board will determine whether to approve the proposal at a publicly noticed Board meeting.

1. A spokesperson for the Insurer should be present at the Board meeting.

2. The agenda and documents for Board meetings are posted to etf.wi.gov prior to each meeting.

E. If the Board approves a proposal, ETF will provide the final version of the Group Master Contact to the Board Chair for signature.

8. Additional Information

A. Please send questions related to the Long-Term Care insurance approval process to: ETFSMBInsuranceSubmit@etf.wi.gov

B. The attachments to these Standards are:

a. Attachment A: Proposal Submission Checklist

b. Attachment B: Insurer Acknowledgement

c. Appendix I: Comparison of Benefit Standards for Long Term Care Insurance (LTCi)

d. Appendix II: Department Terms and Conditions