

## ***Correspondence Memorandum***

**Date:** August 22, 2018  
**To:** Group Insurance Board  
**From:** Segal Consulting  
**Subject:** Alternate Health Plan Service Area Qualification for 2019

Segal Consulting (Segal), in consultation with ETF Staff, recommends the Group Insurance Board (Board) accept the qualification recommendations for the 2019 plan year described in this memo. Highlights of the 2019 recommendations include:

- Tier 2/3 designation in the Local program for the following plans: HealthPartners Health Plan, Robin with HealthPartners, Quartz - Community, Security Health Plan - Central, Security Health Plan - Valley, WEA Trust East and WEA Trust West - Chippewa Valley.

Segal, in consultation with ETF Staff, also requests Board approval to make any additional minor adjustments to the service areas, as they are reviewed and finalized with each health plan.

### **Background**

Qualification criteria ensure that participating health plans offer an adequate provider base and have sufficient operating experience to service members. The qualification process incorporates access standards, allowing plans additional ways to meet the qualification requirements.

The plans must meet at least 90% geoaccess in the county for the inpatient hospitals, primary care physicians (includes Internal Medicine, Family Medicine and General Medicine) and chiropractors or the following minimum requirements for all counties and major cities in the county to be qualified:

Board	Mtg Date	Item #
GIB	8.22.18	6C2

1. The ratio of full-time equivalent primary physicians accepting new patients to total participants in a county or major city is at least one per two thousand (1.0/2,000) with a minimum of five (5) primary care physicians per county or major city. The PCPs counted for this requirement must be able to admit patients to an in-network hospital in the county or major city.
2. The plan must have at least one (1) general hospital under contract and/or routinely utilized by in-network providers available per county (or major city, if applicable). For counties with no hospital, plans must sufficiently describe how they provide access to providers.
3. A chiropractor must be available in each county (or major city, if applicable).

Although not this year, the Staff may also determine a plan is non-qualified in a county in the following situations:

1. The plan does not meet the provider access standards and has at least one (1) PCP in the county and/or major city.
2. The plan meets the provider access standards and the Staff determines the plan is not effectively administering the Health Benefit Program.

Segal sent each health plan a standard network submission workbook that included network access standards by county, as well as a requirement to provide the network provider detail. Segal analyzed this data against the qualification criteria to determine each health plan's qualification status for each county. If a county has no qualified Tier 1 health plan, the State Maintenance Plan (SMP) is offered in that county.

Based on the requirements noted above, each year the Board takes formal action on "qualifying" alternate health plans for each county in Wisconsin.

Prior to this meeting, all participating plans were notified of the qualification status recommendations staff planned to present to the Board.

### **Notable Health Plan Changes for 2019**

HealthPartners will offer an additional service area under Robin with HealthPartners in 2019.

### **Qualification and Non-Qualification**

A quality Tier 1 health plan is considered "qualified" if it meets all qualification criteria that ensures adequate provider coverage and operating experience for State and Local members. If a quality Tier 1 health plan does not meet all qualification criteria, but meets minimum requirements, the health plan will be "listed" in the "It's Your Choice" materials as having limited provider availability.

### **State Health Plan Tiering Status for 2019**

For 2019, staff recommends Tier 1 designation in the State program for all health plans. Based on the qualification criteria, Forest County is the only county in which there is not

a qualified Tier 1 State plan. SMP is offered in counties in which there is not a qualified Tier 1 health plan. SMP will be available in the State Plan in Forest County for 2019.

### **Local Health Plan Tiering Status for 2019**

For 2019, staff recommends Tier 2/3 designation in the Local program for the following health plans: HealthPartners Health Plan, Robin with HealthPartners, Quartz - Community, Security Health Plan - Central, Security Health Plan - Valley, WEA Trust East and WEA Trust West - Chippewa Valley.

The premium bids provided by these plans for the Local program were deemed at the top of the acceptable range at which they could bid. While the bids were acceptable for continued participation in the Local program, lack of claims experience, very low enrollment, and/or unjustified higher premiums place these plans in Tier 2/3.

Overall, this recommendation will affect 69 of the 72 Wisconsin counties. The Tier 2/3 plans cover and are qualified in these 69 counties. The Tier 2/3 plans currently cover 5,045 active contracts in these counties. Medicare contracts are not affected by tiering.

The following 19 counties where these Tier 2/3 plans participate will have at least two qualified Tier 1 plans. Tier 2/3 plans currently cover 3,003 active contracts in these counties.

- Brown
- Columbia
- Crawford
- Dodge
- Door
- Fond du Lac
- Grant
- Green Lake
- Iowa
- Jefferson
- Kewaunee
- Lafayette
- Manitowoc
- Oconto
- Rock
- Sauk
- Sheboygan
- Walworth
- Waukesha

The following 38 counties will have only one qualified Tier 1 plan. Tier 2/3 plans currently cover 1,885 active contracts in these counties.

- Adams
- Ashland
- Barron
- Bayfield
- Burnett
- Calumet
- Chippewa
- Clark
- Douglas
- Dunn
- Eau Claire
- Green
- Jackson
- Juneau
- Kenosha
- La Crosse
- Langlade
- Lincoln
- Marathon
- Marquette
- Menominee
- Milwaukee
- Monroe
- Oneida
- Outagamie
- Ozaukee
- Portage
- Price
- Racine
- Richland
- Sawyer
- Taylor
- Trempealeau
- Vernon
- Vilas
- Washburn
- Washington
- Winnebago

While the plans affected by this recommendation have a presence in 12 additional counties – Buffalo, Florence, Marinette, Pepin, Pierce, Polk, Rusk, Shawano, St. Croix, Waupaca, Waushara, and Wood – there are no qualified plans in these counties. Tier 2/3 plans currently cover 157 active contracts in these counties. SMP will be offered in these counties, as discussed later in this memo.

The Tier 2/3 plans will not cover Dane County in 2019. There are currently 22 active contracts covered by a Tier 2/3 plan (21 contracts by Quartz – Community and 1 contract by WEA Trust East) in Dane County. Neither Quartz – Community, nor WEA Trust East will provide a 2019 service area that includes Dane County, so these 22 contracts will need to select a new plan. The members of these contracts can choose from at least two qualified Tier 1 plans in Dane County for 2019.

Additionally, the Tier 2/3 plans are not qualified in Forest or Iron County for 2019. Tier 2/3 plans are currently covering three active contracts in Forest County and zero active contracts in Iron County. There is one qualified Tier 1 plan in Iron County for 2019, but there are no qualified Tier 1 plans available in Forest County for 2019. SMP will be offered in Forest County.

### State Maintenance Plan (SMP) Placement

SMP is offered in counties in which there is not a qualified Tier 1 health plan. There is only one county in which SMP will be available in the State Plan for 2019. There are 13 counties in which SMP will be available in the Local Plan for 2019.

County	State SMP 2019	WEA/Local SMP 2019	State SMP 2018	WPE/Local SMP 2018	State SMP 2017	WPE/Local SMP 2017
Bayfield					X	X
Buffalo		X			X	X
Florence		X	X	X	X	X
Forest	X	X		X	X	X
Iron				X	X	X
Marinette		X				
Marquette					X	
Menominee					X	X
Pepin		X			X	X
Pierce		X				
Polk		X				
Price				X		
Rusk		X		X		X
Shawano		X				
St. Croix		X				
Vilas						X
Waupaca		X				

Alternate Health Plan Service Area Qualification for 2019

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<b>Waushara</b>		X				
<b>Wood</b>		X				

Staff will be at the Board meeting to answer any questions.

Attachment: 2019 GIB Health Plan Qualification Summary

**Attachment**  
2019 GIB Health Qualification

County	Urban/Non-Urban	Total Members			# of Qualified Tier 1 Plans Available		Dean Prevea360	Dean Health Plan	GHC EC	GHC SCW
		State	Local	Total	State	Local	Overall Qualification	Overall Qualification	Overall Qualification	Overall Qualification
Adams County	Non-Urban	418	155	573	3	1	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Qualified - Not Covered
Ashland County	Non-Urban	171	78	249	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Barron County	Non-Urban	470	33	503	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Bayfield County	Non-Urban	311	26	337	3	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Brown County	Urban	4,032	345	4,377	5	2	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Buffalo County	Non-Urban	186	66	252	1	Local SMP	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Burnett County	Non-Urban	120	-	120	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Calumet County	Non-Urban	238	71	309	3	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Chippewa County	Non-Urban	2,162	73	2,235	5	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Clark County	Non-Urban	373	7	380	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Columbia County	Non-Urban	4,308	1,064	5,372	4	2	Not Qualified - Not Covered	Qualified - Covered	Qualified - Not Covered	Qualified - Covered
Crawford County	Non-Urban	493	330	823	4	2	Not Qualified - Not Covered	Not Qualified - Covered	Qualified - Not Covered	Not Qualified - Not Covered
Dane County	Urban	85,673	8,428	94,101	3	3	Not Qualified - Not Covered	Qualified - Covered	Qualified - Not Covered	Qualified - Covered
Dodge County	Non-Urban	2,077	2,185	4,262	4	2	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Qualified - Not Covered
Door County	Non-Urban	293	63	356	3	2	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Douglas County	Non-Urban	1,008	5	1,013	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Dunn County	Non-Urban	2,347	34	2,381	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Eau Claire County	Non-Urban	4,972	171	5,143	5	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Florence County	Non-Urban	36	2	38	1	Local SMP	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Fond du Lac County	Non-Urban	4,678	521	5,199	4	2	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Forest County	Non-Urban	54	15	69	State SMP	Local SMP	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Grant County	Non-Urban	2,859	1,108	3,967	4	2	Not Qualified - Not Covered	Qualified - Covered	Qualified - Not Covered	Not Qualified - Not Covered
Green County	Non-Urban	1,715	1,302	3,017	2	1	Not Qualified - Not Covered	Qualified - Covered	Qualified - Not Covered	Not Qualified - Not Covered
Green Lake County	Non-Urban	483	85	568	4	2	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Iowa County	Non-Urban	1,255	769	2,024	3	2	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Iron County	Non-Urban	82	-	82	1	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Jackson County	Non-Urban	594	90	684	5	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Jefferson County	Non-Urban	2,852	2,507	5,359	4	2	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Juneau County	Non-Urban	1,345	729	2,074	5	1	Not Qualified - Not Covered	Qualified - Covered	Qualified - Not Covered	Not Qualified - Not Covered
Kenosha County	Urban	1,428	121	1,549	2	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Kewaunee County	Non-Urban	261	176	437	5	2	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
La Crosse County	Non-Urban	3,748	500	4,248	3	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Lafayette County	Non-Urban	455	1,162	1,617	3	2	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Langlade County	Non-Urban	157	5	162	3	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Lincoln County	Non-Urban	881	8	889	3	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Manitowoc County	Non-Urban	524	28	552	4	2	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Marathon County	Non-Urban	1,410	51	1,461	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Marinette County	Non-Urban	339	87	426	2	Local SMP	Not Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered







**Attachment**  
2019 GIB Health Qualification

County	Urban/Non-Urban	Total Members			# of Qualified Tier 1 Plans Available		Dean Prevea360	Dean Health Plan	GHC EC	GHC SCW
		State	Local	Total	State	Local	Overall Qualification	Overall Qualification	Overall Qualification	Overall Qualification
Marquette County	Non-Urban	491	496	987	4	1	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Menominee County	Non-Urban	1	-	1	3	1	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Milwaukee County	Urban	13,596	411	14,007	2	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Monroe County	Non-Urban	863	374	1,237	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Oconto County	Non-Urban	406	96	502	5	2	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Oneida County	Non-Urban	812	9	821	3	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Outagamie County	Non-Urban	2,725	1,287	4,012	4	1	Not Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Ozaukee County	Urban	1,309	622	1,931	2	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Pepin County	Non-Urban	125	115	240	3		Local SMP	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Pierce County	Non-Urban	1,230	6	1,236	2		Local SMP	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered
Polk County	Non-Urban	198	3	201	3		Local SMP	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered
Portage County	Non-Urban	3,379	67	3,446	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Price County	Non-Urban	196	4	200	2	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Racine County	Urban	4,322	232	4,554	2	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Richland County	Non-Urban	539	202	741	2	1	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Rock County	Non-Urban	4,111	1,406	5,517	4	2	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Qualified - Not Covered
Rusk County	Non-Urban	149	-	149	1		Local SMP	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Sauk County	Non-Urban	2,989	1,204	4,193	3	2	Not Qualified - Not Covered	Qualified - Covered	Qualified - Not Covered	Qualified - Covered
Sawyer County	Non-Urban	190	1	191	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Shawano County	Non-Urban	398	64	462	3		Local SMP	Not Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Sheboygan County	Non-Urban	1,060	129	1,189	3	2	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
St. Croix County	Non-Urban	835	16	851	2		Local SMP	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Taylor County	Non-Urban	191	6	197	3	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Trempealeau County	Non-Urban	434	984	1,418	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered	Not Qualified - Not Covered
Vernon County	Non-Urban	535	75	610	3	1	Not Qualified - Not Covered	Not Qualified - Covered	Qualified - Not Covered	Not Qualified - Not Covered
Vilas County	Non-Urban	416	7	423	3	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Walworth County	Non-Urban	2,062	736	2,798	4	2	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Washburn County	Non-Urban	524	32	556	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered
Washington County	Urban	1,325	632	1,957	2	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Waukesha County	Urban	5,276	1,374	6,650	4	2	Not Qualified - Not Covered	Qualified - Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Waupaca County	Non-Urban	2,014	66	2,080	3		Local SMP	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Waushara County	Non-Urban	1,116	122	1,238	3		Local SMP	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Winnebago County	Non-Urban	7,055	368	7,423	4	1	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered	Not Qualified - Not Covered
Wood County	Non-Urban	1,057	53	1,110	3		Local SMP	Not Qualified - Not Covered	Not Qualified - Not Covered	Qualified - Not Covered
<b>Total</b>		<b>196,737</b>	<b>33,599</b>	<b>230,336</b>						







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

# 2019 Program Renewals

August 22, 2018



 **Segal Consulting**



## **1. Overview**

2. Alternate Health Plans
3. Statewide/National Plan
4. Prescription Drug Plan
5. Dental Plan
6. Net Fund Balance/Reserve
7. 2019 Premium Alternatives
8. Appendix
  - Plan Descriptions

# 2019 Renewal Process

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- Medical (Fully-Insured)
  - Followed similar tier model renewal for Alternate Health Plans, more traditional approach with Statewide/National
  - Met with majority of plans to discuss tier placement and long-term strategy
  - Overall positive renewal cycle for State, challenging for Locals
- Pharmacy (Self-Insured)
  - Received and reviewed claims experience
  - Met with Navitus to discuss trends and program management strategies
  - Experience much better than projected, adding to reserve surplus
- Dental (Self-Insured)
  - Received and reviewed claims experience
  - Met with Delta Dental to discuss trends and program benefit change
  - Experience in line with market
- Reserve fund increased primarily from pharmacy experience and financial gains. A 3-year buy-down strategy is proposed, consistent with the board goals from last year of reaching a target reserve by 2021.



1. Overview

**2. Alternate Health Plans**

3. Statewide/National Plan

4. Prescription Drug Plan

5. Dental Plan

6. Net Fund Balance/Reserve

7. 2019 Premium Alternatives

8. Appendix

- Plan Descriptions

# Overall Renewal Process

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- Renewal process was primarily unchanged for 2018, with timeline accelerated.
- There was no consideration given to the removal of the ACA fees for 2019, since no adjustments were made in 2018 for the additional costs.
- The negotiation process involved the following:
  - March – Segal prepared addendum requirements
  - April – ETF reviewed requirements and requested data from Plans
  - May 4<sup>th</sup> – Addendum data submitted to Segal
  - May – Segal compiled data and calculated tier breakpoints
  - May 25<sup>th</sup> – Preliminary Rate Quotes submitted to Segal
  - June – Segal compiled rates and placed Plans into premium tiers
  - June 29<sup>th</sup> – Plans notified of their tier placement and offered renewal meeting to discuss
  - July 9<sup>th</sup> – 13<sup>th</sup> – Renewal meetings held with Plans
  - July 20<sup>th</sup> – Best and Final Offers received from Plans



# Collect Addendum Reports & Data

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- Plans are required to provide addendum reports for each group separately: State (Non-Medicare, Medicare, Grads), Local (Non-Medicare, Medicare), HDHP, Total Organization (Non-Medicare, Medicare)
- The reports include:
  - Enrollment and membership demographics
  - FFS claims and capitation encounter experience
  - Medical trend assumptions
  - Administrative expenses
  - Rate development
  - Medical Loss Ratio Report
  - Large claimant information
  - Actuarial Certification
- FFS claims and capitation encounter data is required with claim line detail.
  - Validated to match reported claims
  - Segal developed utilization and aggregated statistics, nothing member specific
- Plans also submitted reports on network adequacy to determine which plans were qualified in each county.

# Tier Breakpoint Development – Based on Addendum

- Incurred claims and capitation experience are compiled for each plan for the State Non-Medicare group.
- Catastrophic claims are removed and a pooling charge is added.
- Total Incurred PMPM amounts are trended forward with projected trends “capped” at acceptable levels.
- Administrative costs are “capped” at a target level above last year’s cap.
- Total PMPM is then risk adjusted, combining a DxCG Rx model risk score (30%) with an age/sex score (20%) and region factor (50%). The result is a risk-adjusted normalized PMPM from which to reasonably compare Plan performance.
- Below is a summary of the results:

Tier	Number of Plans		Non-Medicare Members	
	Dane	Non-Dane	Dane	Non-Dane
1	0	3	0	6,224
2	3	5	80,646	31,832
3	0	3	0	34,069
	<b>3</b>	<b>11</b>	<b>80,646</b>	<b>72,125</b>

# Observations of Experience

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- Experience can vary considerably between plans for numerous reasons, including:
  - The three risk components may not be accurately capturing true cost differential
  - Contracting and competitive arrangements vary significantly
  - Medical management practices show wide array of utilization metrics
  - Pooling arrangements vary for each plan
- Note the potential for Plans to be conservative during this phase and use a negotiation strategy to start their rates high, artificially raising the breakpoints.
- The base period claims experience (CY 2017) increased 5.5% in Dane and 2.7% in Non-Dane. Note that Non-Dane's experience continues to be more than 15% higher than Dane's.
- The rate development with plan assumed trends and admin expenses produced a projected premium increase of 12.7% w/ACA and 14.7% w/o ACA (taken out of in-force rates).
- There is no direct link from the Addendum projected rates to the Preliminary Rate Submissions; however, one would expect a correlation.

# Compile Tier Placement From Preliminary Bid

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- Plans submit their Preliminary Bids knowing there is an opportunity for negotiations and movement to Tier 1.
- Tier placement is performed using the State Non-Medicare group only. Negotiations of other groups will follow by design.
- Bids are converted to a PMPM and risk adjusted using an overall risk score comprised of prospective DxCG risk score (30%), age/sex (20%) and region (50%) - similar to experience adjustment except risk is prospective vs. retrospective.
- Credits/penalties are then applied to reflect quality scores, Medicare rates and catastrophic claims experience.
- The final adjusted rates are compared to the tier breakpoints developed from the Addendum experience rate projections.
- Plans are notified of their tier placement and given the opportunity to meet and discuss results. Meetings were held with all but two plans.

# State Tier Placement – Based on Preliminary Bids

➤ Below is a summary of the preliminary bids by assigned Tier:

Tier	Number of Plans		Non-Medicare Members	
	Dane	Non-Dane	Dane	Non-Dane
1	1	3	29,639	6,224
2	2	7	51,007	64,992
3	0	1	0	909
	<b>3</b>	<b>11</b>	<b>80,646</b>	<b>72,125</b>

➤ For the State negotiations all plans moved to Tier 1.

# WPE (Locals) Negotiations

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- Traditionally, the local plan submissions were reviewed and negotiated based on their loss ratios and relationship to the State rates.
- This year a tier process similar to that utilized for the State bids was implemented, using one overall statewide model. The variability in size required smoothing techniques for the implementation, primarily related to risk score calculation.
- Consistent with last year, a limitation was placed on rate increases for those plans wanting to remain in Tier 1. This increased to 7.5% from last year's limitation of 5% (adjusted for quality credits). This limitation impacted the renewals of 2 plans.
- A number of plans did not move to Tier 1 during the local renewal –
  - Health Partners (2 service areas)
  - WEA Trust West – Chippewa Valley
  - WEA Trust East
  - Security Health Plan – Central
  - Security Health Plan – Valley
  - Quartz - Community

# 2019 BAFO Results


- State renewal process resulted in a \$49.7 million savings, a 3.8% reduction from 2019 Preliminary Bids (10.2% for Locals and 2.6% for State).

	2018 Inforce Rates **	2019 Prelim Bids	Negotiation Savings	%	2019 BAFO Rates***	Change From Inforce	%
<b>State</b>							
Non-Medicare	\$837.2	\$894.7	(\$23.3)	-2.6%	\$871.4	\$34.2	4.1%
Medicare*	\$71.7	\$76.3	(\$1.6)	-2.1%	\$74.7	\$3.0	4.1%
Grads	\$40.3	\$43.1	(\$1.3)	-3.0%	\$41.8	\$1.6	3.9%
HDHP	\$61.0	\$65.2	(\$1.6)	-2.5%	\$63.5	\$2.6	4.2%
<b>Total State</b>	<b>\$1,010.2</b>	<b>\$1,079.3</b>	<b>(\$27.8)</b>	<b>-2.6%</b>	<b>\$1,051.4</b>	<b>\$41.3</b>	<b>4.1%</b>
<b>Local</b>							
Non-Medicare	\$172.4	\$207.2	(\$21.3)	-10.3%	\$185.9	\$13.5	7.8%
Medicare*	\$4.6	\$4.9	(\$0.4)	-7.5%	\$4.6	\$0.0	0.5%
HDHP	\$1.4	\$1.7	(\$0.2)	-11.3%	\$1.5	\$0.1	9.0%
<b>Total Local</b>	<b>\$178.4</b>	<b>\$213.9</b>	<b>(\$21.9)</b>	<b>-10.2%</b>	<b>\$192.0</b>	<b>\$13.6</b>	<b>7.7%</b>
<b>Grand Total</b>	<b>\$1,188.5</b>	<b>\$1,293.2</b>	<b>(\$49.7)</b>	<b>-3.8%</b>	<b>\$1,243.5</b>	<b>\$54.9</b>	<b>4.6%</b>

\*Medicare includes HDHP Medicare and Family 1 contracts

\*\* 2018 Inforce Rates are pre-buydown

\*\*\* 2019 BAFO rates are pre-buydown

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# Statewide/National Plan Renewal

- WEA Trust took over the Statewide medical plans from WPS in 2018.
  - Moved from self-insured to fully-insured
- Renewal for 2019 medical rates provided on July 3, 2018.
- Risk pools divided into two groups:
  - Non-Medicare IYC Access/SMP
  - Medicare Plus
- WEA used two years of experience data (June 16' – May 18'), using a 70/30 weighting on the most recent year of positive experience.
- WEA applied 7.0% trend for IYC Access/SMP and 5% trend for Medicare Plus.

Statewide Renewal 2019	
Risk Pool	Rate Action
IYC Access/SMP	-7.8%
Medicare Plus	4.2%
Medicare Plus w/ Silver Sneakers*	6.7%

*The Medicare Plus rate action is pending Board approval of the Silver Sneakers program*

- All of the rates (i.e., Locals, HDHP, Grads) maintain the same relativities as last year.

# Statewide Medical Rates

State	2018 Single Rate	2019 Single Rate	%
<b>SMP</b>			
Non-Medicare	\$946.80	\$872.96	-7.8%
Grads	\$710.10	\$654.72	-7.8%
HDHP	\$795.32	\$733.28	-7.8%
Medicare Plus*	\$184.66	\$197.60	7.0%
<b>IYC Access</b>			
Non-Medicare	\$1,492.98	\$1,376.54	-7.8%
Grads	\$1,123.76	\$1,032.42	-8.1%
HDHP	\$1,254.10	\$1,156.30	-7.8%
Medicare Plus*	\$184.66	\$197.60	7.0%
Local	2018 Single Rate	2019 Single Rate	%
<b>SMP</b>			
Traditional	\$770.64	\$710.54	-7.8%
Deductible	\$709.00	\$653.70	-7.8%
IYC Local Health Plan	\$724.40	\$667.90	-7.8%
HDHP	\$624.22	\$575.54	-7.8%
<b>IYC Access</b>			
Traditional	\$1,201.04	\$1,107.38	-7.8%
Deductible	\$1,104.96	\$1,018.80	-7.8%
IYC Local Health Plan	\$1,128.98	\$1,040.94	-7.8%
HDHP	\$972.84	\$896.98	-7.8%
<b>Medicare Plus*</b>			
	\$196.48	\$209.92	6.8%

\*2019 Medicare Plus rates include pricing for the Silver Sneakers program

# Statewide Total Costs

- Overall decrease of 1.9% in total cost driven by the 7.8% decrease rate action for the Non-Medicare risk pool.
- This analysis does not incorporate buy-downs in either year.

	2018 Inforce (Pre BD)	2019 Premium (Pre BD)	\$ Change	% Change
<b>State</b>				
Non-Medicare, Non-Grad	\$22.4	\$20.6	(\$1.7)	-7.8%
Medicare*	\$21.2	\$22.4	\$1.2	5.5%
Grad Assistants	\$2.9	\$2.7	(\$0.2)	-8.1%
HDHP	\$2.4	\$2.2	(\$0.2)	-7.8%
<b>Total State</b>	<b>\$48.8</b>	<b>\$47.9</b>	<b>(\$1.0)</b>	<b>-2.0%</b>
<b>Local</b>				
Non-Medicare, Non-Grad	\$0.1	\$0.1	(\$0.0)	-7.8%
Medicare*	\$0.9	\$0.9	\$0.1	6.6%
HDHP	\$0.0	\$0.0	\$0.0	N/A
<b>Total Local</b>	<b>\$0.9</b>	<b>\$1.0</b>	<b>\$0.1</b>	<b>5.6%</b>
<b>Grand Total</b>	<b>\$49.8</b>	<b>\$48.8</b>	<b>(\$0.9)</b>	<b>-1.9%</b>

\*Medicare includes HDHP Medicare and Family 1 contracts AND Silver Sneakers

# Alternate Plan Network Qualification


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- A plan must meet at least 90% geoaccess in the county for the inpatient hospitals, primary care physicians (includes Internal Medicine, Family Medicine and General Medicine) and chiropractors.
- If a geoaccess requirement above is not met, the plan can alternatively meet the qualification requirement for any county by:
  - Inpatient Hospitals: the plan must have at least one (1) general hospital under contract and/or routinely utilized by in-network providers available per county
  - Primary Care Physicians: the ratio of full-time equivalent primary physicians accepting new patients to total participants in a county or major city is at least one per two thousand (1.0/2,000) with a minimum of five (5) primary care physicians per county
  - Chiropractors: one (1) chiropractor must be available in each county
- Only Forest County does not have a plan that meets the network qualification alone.
- For a plan to be fully qualified in a county, they must also be Tier 1 financially. If not, the SMP will be available for the county.

# State Maintenance Plan (SMP)

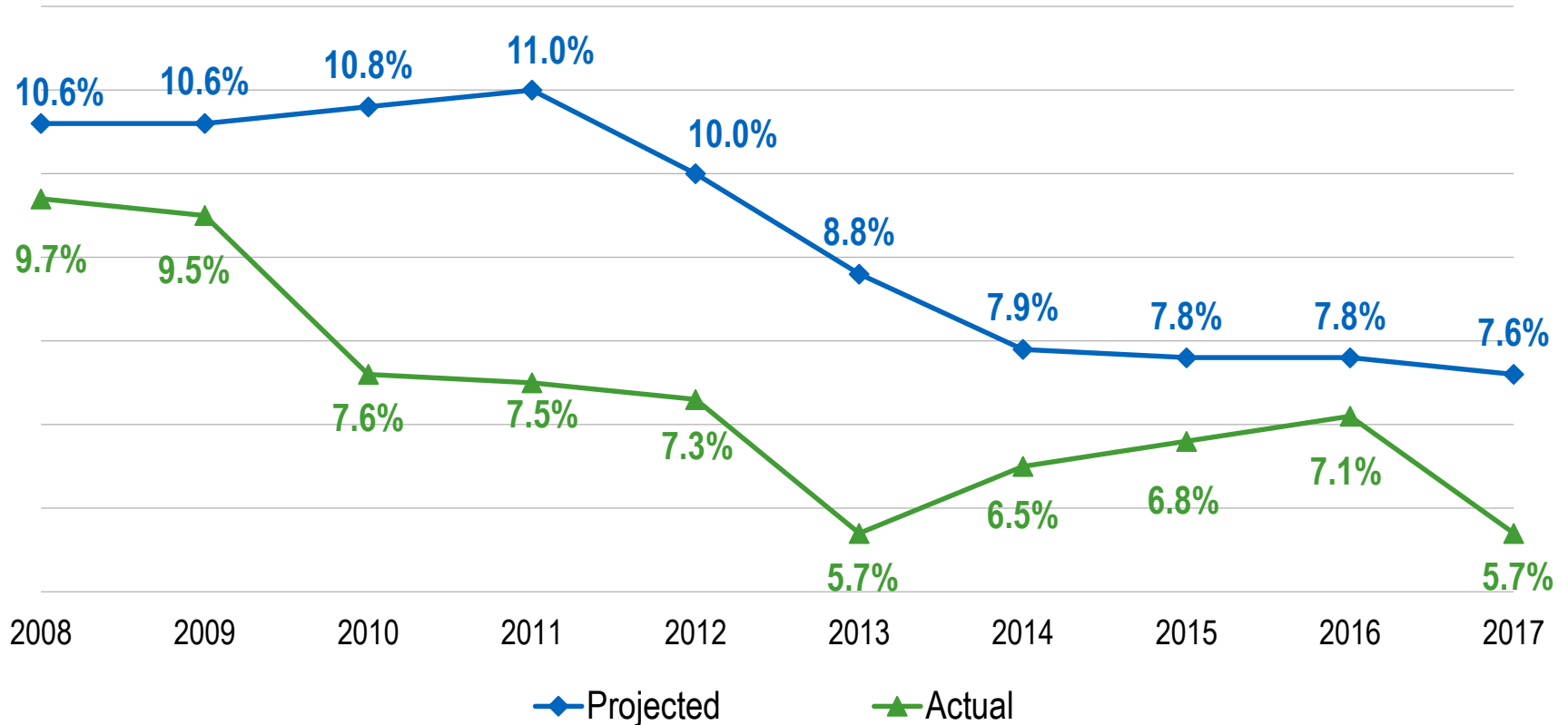
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- SMP is the designated Tier 1 plan in every county where there is no other qualified Tier 1 plan.
- SMP will be offered in 1 county in 2019 for State:
  - Forest County
- SMP will be offered in 13 counties in 2019 for Local:
  - Buffalo County
  - Florence County
  - Forest County
  - Marinette County
  - Pepin County
  - Pierce County
  - Polk County
  - Rusk County
  - Shawano County
  - St. Croix County
  - Waupaca County
  - Waushara County
  - Wood County

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# Historical Trends - Medical

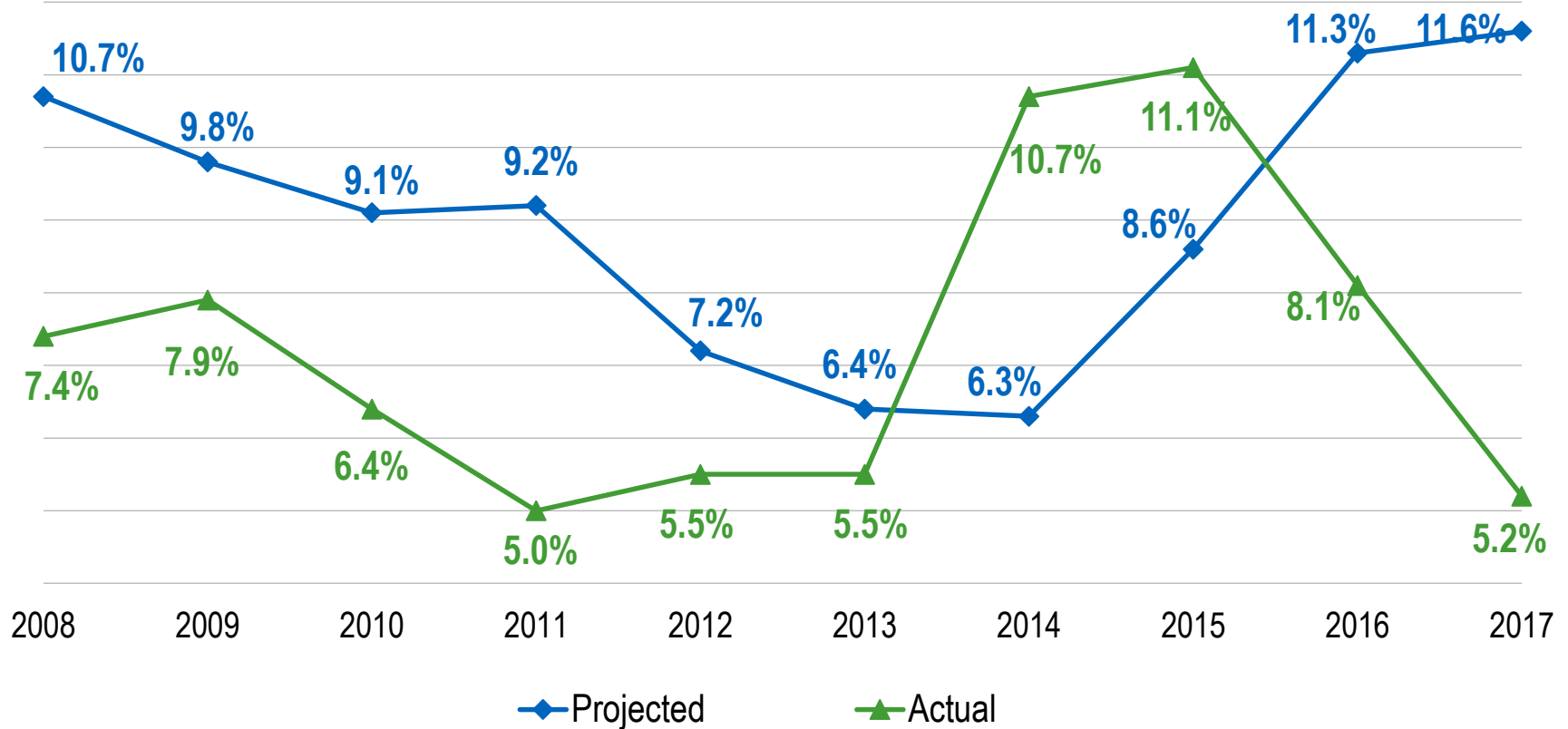
## COMPARISON OF PROJECTED TO ACTUAL TRENDS FOR PPOs For Actives and Retirees Under Age 65: 2008 – 2017



Results based on annual survey of Health Insurers, HMOs and TPAs.

# Historical Trends - Pharmacy

## COMPARISON OF PROJECTED TO ACTUAL TRENDS FOR Rx CARVE-OUT Coverage for Actives and Retirees Under Age 65: 2008 – 2017



**Actual trend for Rx dropped significantly between 2015 and 2017.**

Source: 2019 Segal Health Plan Cost Trend Survey

<sup>1</sup> Actual trend reflects retail and mail order delivery channels combined.



# Prescription Drug Plan

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- Rating groups were unchanged from last year.
  - State - HMO Regular & SMP, HMO Grads, HMO Medicare, IYC Access Health Plan (including Grads) and IYC Medicare Plus
  - Local - 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.
- 53 months of claims data (January 2014 – May 2018) was received from Navitus and used in our analysis. The baseline data utilized the most recent 12 months of claims, June 2017 through May 2018.
- In conjunction with the various program improvements, we agree with Navitus that the 2018 year-end results will end fairly close to 2017 levels. For 2019, we used a blend of the Segal trend survey (10.3%) and Navitus midpoint trend estimate (4%), effectively 7.2%.
- We received and utilized administrative expenses, expected rebates and Medicare Part D subsidies provided by Navitus for the rate development.

# Prescription Drug Plan

- For 2019, the prescription drug rates are projected to decrease 9.8% over the 2018 rates, varying by group category (without utilizing any of the Net Fund Balance).
- On top of ongoing program management, Navitus made a number of financial improvements for 2018, accumulating to over 12% of premiums. These include:

	Estimated Savings	% of Cost
Formulary/Utilization	\$5,200,000	1.9%
Network Improvements	\$22,200,000	8.1%
Subsidies	\$700,000	0.3%
Rebates	\$5,300,000	1.9%
<b>Total Savings</b>	<b>\$33,400,000</b>	<b>12.2%</b>

# Prescription Drug Plans Rates

➤ Nearly all rate categories dropped from 2018 levels.

	2018 Single Rate	2019 Single Rate	%
<b>State</b>			
HMO Regular	\$109.50	\$99.76	-8.9%
HMO Grads	\$43.46	\$41.52	-4.5%
HMO Medicare	\$181.08	\$153.94	-15.0%
HDHP Regular	\$94.18	\$85.80	-8.9%
IYC Access	\$161.30	\$156.46	-3.0%
IYC Access Grads	\$114.64	\$110.04	-4.0%
IYC Access HDHP	\$135.50	\$134.56	-0.7%
State Maintenance Plan (SMP)	\$109.50	\$99.76	-8.9%
State Maintenance Plan (SMP) Grads	\$82.12	\$74.82	-8.9%
State Maintenance Plan (SMP) HDHP	\$91.98	\$85.80	-6.7%
Medicare Plus (IYC Access & SMP)	\$185.56	\$153.34	-17.4%
<b>Local</b>			
HMO Regular	\$104.24	\$98.92	-5.1%
HMO / HDHP Medicare	\$222.20	\$222.90	0.3%
HDHP Regular	\$84.44	\$80.12	-5.1%
IYC Access	\$189.70	\$184.02	-3.0%
IYC Access HDHP	\$159.34	\$154.58	-3.0%
State Maintenance Plan	\$154.42	\$140.68	-8.9%
State Maintenance Plan HDHP	\$129.70	\$118.18	-8.9%
Medicare Plus (IYC Access & SMP)	\$219.54	\$181.42	-17.4%

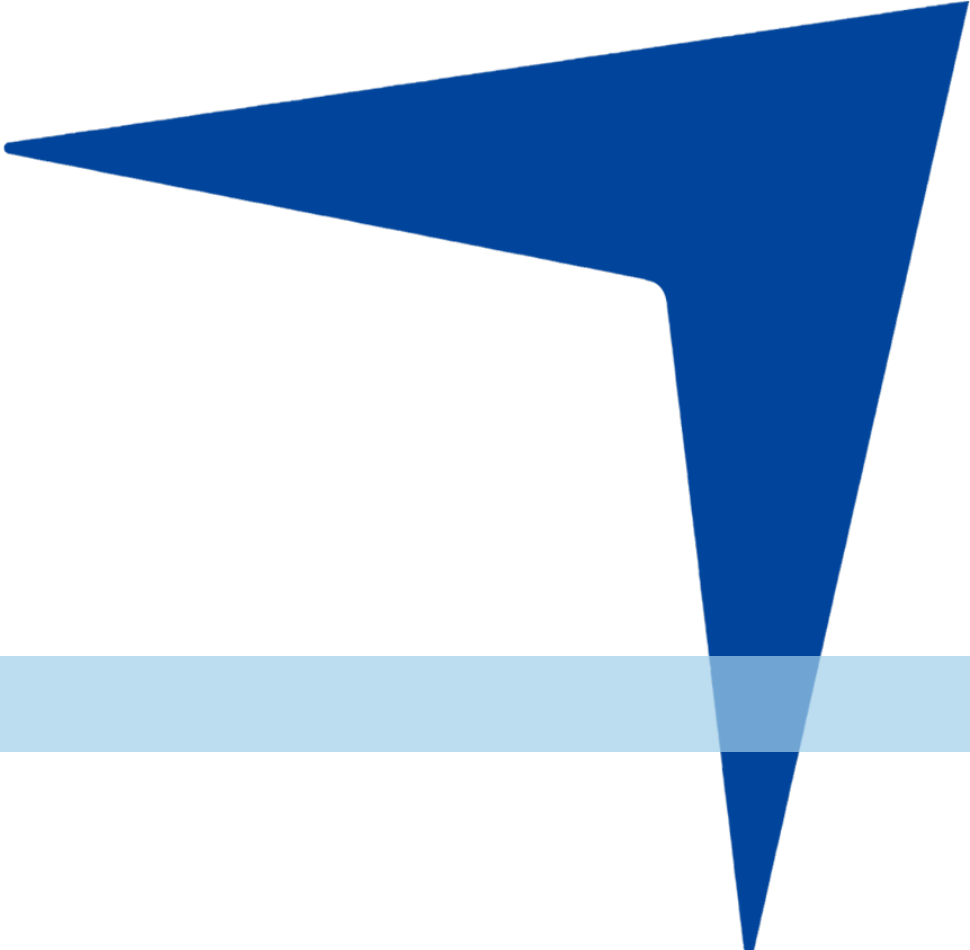
# Prescription Drug Plans Rates

- Overall, the recommended rate decrease for the prescription drug plan is 9.8%, calculated by weighting the rate changes on the previous slide by membership.

	2018 Inforce (Pre BD)	2019 Premium (Pre BD)	\$ Change	% Change
<b>State</b>				
Non-Medicare, Non-Grad	\$156.6	\$142.8	(\$13.8)	-8.8%
Medicare*	\$66.8	\$56.5	(\$10.3)	-15.4%
Grad Assistants	\$4.6	\$4.4	(\$0.2)	-4.4%
HDHP	\$11.3	\$10.3	(\$1.0)	-8.7%
<b>Total State</b>	<b>\$239.3</b>	<b>\$214.0</b>	<b>(\$25.2)</b>	<b>-10.6%</b>
<b>Local</b>				
Non-Medicare, Non-Grad	\$30.8	\$29.2	(\$1.6)	-5.1%
Medicare*	\$4.1	\$3.9	(\$0.2)	-4.1%
HDHP	\$0.2	\$0.2	(\$0.0)	-5.1%
<b>Total Local</b>	<b>\$35.1</b>	<b>\$33.4</b>	<b>(\$1.7)</b>	<b>-5.0%</b>
<b>Grand Total</b>	<b>\$274.4</b>	<b>\$247.4</b>	<b>(\$27.0)</b>	<b>-9.8%</b>

\*Medicare includes Family 1 contracts

- These results also resulted in a large pharmacy gain in the last fiscal year, adding funds to the reserve.

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# Dental Plan Rates (State and Local)

- 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 – May 2018) was received from Delta Dental and used in our analysis. This is the first renewal with a complete year of incurred claims available.
- Emerging experience was flat year-over-year
  - Exceeding the 4.1% expected trend per the Segal Trend Survey
- The rates reflect a benefit enhancement to cover erupted extractions (moved from the medical benefit) - estimated to be worth 4% by Delta Dental.

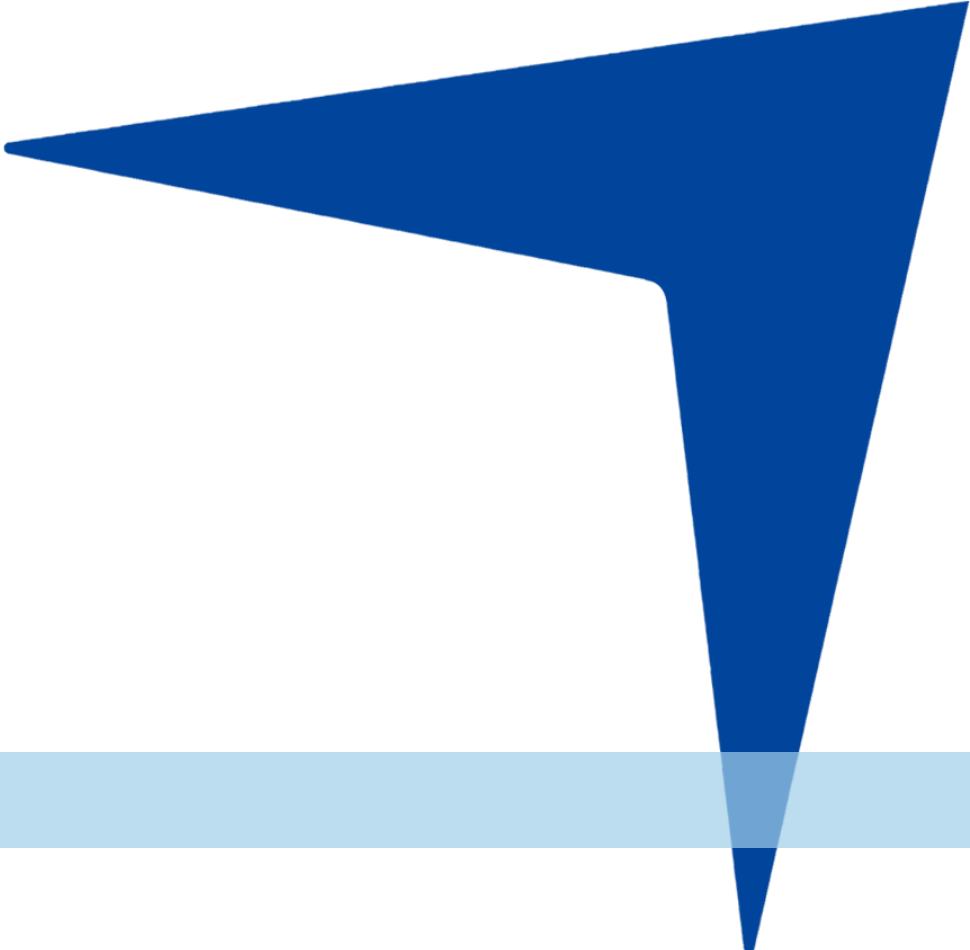
	2018 Rates	2019 Rates	
	Self-Insured Rates	Self-Insured Rates	Rate Change
Single	\$29.04	\$30.20	4.0%
Family	\$72.60	\$75.50	4.0%

# Dental Total Cost

- This analysis does not incorporate buy-downs in either year.
- Change to methodology on Medicare Family 2 tier factor is responsible for the reduction on Medicare group.
  - Moving from 2.5 to 2.0 to be consistent with Medical and Pharmacy tier structure.
- Overall weighted increase is 2.0%

	2018 Inforce (Pre BD)	2019 Premium (Pre BD)	\$ Change	% Change
<b>State</b>				
Non-Medicare, Non-Grad	\$40.2	\$41.8	\$1.6	4.0%
Medicare*	\$10.3	\$9.5	(\$0.7)	-7.0%
Grad Assistants	\$2.9	\$3.0	\$0.1	4.0%
HDHP	\$3.2	\$3.4	\$0.1	4.0%
<b>Total State</b>	<b>\$56.5</b>	<b>\$57.7</b>	<b>\$1.1</b>	<b>2.0%</b>
<b>Local</b>				
Non-Medicare, Non-Grad	\$1.2	\$1.3	\$0.0	4.0%
Medicare*	\$0.0	\$0.0	(\$0.0)	-5.5%
HDHP	\$0.0	\$0.0	\$0.0	4.0%
<b>Total Local</b>	<b>\$1.3</b>	<b>\$1.3</b>	<b>\$0.0</b>	<b>3.7%</b>
<b>Grand Total</b>	<b>\$57.8</b>	<b>\$59.0</b>	<b>\$1.2</b>	<b>2.0%</b>

\*Medicare includes Family 1 contracts

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# Net Fund Balance – 6/30/2018 - State

- The fund balance at 6/30/2018 has increased \$38.8 million in the last 12 months.

	6/30/2018	6/30/2017	6/30/2016	6/30/2015	6/30/2014	6/30/2013
<b>MEDICAL (in millions)</b>						
Cash Balance	82.7	89.6	83.7	76.9	70.3	62.3
Incurred But Not Reported (IBNR)	(0.3)	(4.0)	(4.2)	(4.0)	(4.9)	(4.2)
<b>Net Fund Balance</b>	<b>82.4</b>	<b>85.6</b>	<b>79.5</b>	<b>72.9</b>	<b>65.4</b>	<b>58.1</b>
<b>DENTAL (in millions)</b>						
Cash Balance	3.4	1.4	1.9			
Incurred But Not Reported (IBNR)	(2.2)	(2.7)	(0.8)			
<b>Net Fund Balance</b>	<b>1.2</b>	<b>(1.3)</b>	<b>1.1</b>			
<b>PHARMACY (in millions)</b>						
Cash Balance	105.8	68.1	18.4	3.2	42.0	40.7
<b>Recalculated Cash Balance*</b>	<b>105.8</b>	<b>68.1</b>	<b>18.4</b>	<b>3.2</b>	<b>25.6</b>	<b>27.4</b>
Accrued Drug Rebates	18.5	17.4	15.9	13.4	16.4	13.3
Accrued Medicare Part D Subsidy	9.5	8.8	12.5	7.3	8.4	10.9
Navitus Advance	0.0	0.0	0.0	2.1	4.2	6.3
ERRP Reimbursement	0.0	0.0	0.0	0.0	0.0	13.1
Projected Future Cash Balance	133.8	94.3	46.8	26.0	54.6	71.0
IBNR	(5.6)	(5.7)	(5.0)	(5.0)	(4.7)	(4.3)
<b>Net Fund Balance</b>	<b>128.2</b>	<b>88.7</b>	<b>41.8</b>	<b>21.0</b>	<b>49.9</b>	<b>66.7</b>
<b>Total State Fund Balance</b>	<b>211.8</b>	<b>173.0</b>	<b>122.4</b>	<b>93.9</b>	<b>115.3</b>	<b>124.8</b>

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

# Net Fund Balance – 6/30/2018 - Local

- The fund balance at 6/30/2018 has increased \$5.7 million in the last 12 months.

	6/30/2018	6/30/2017	6/30/2016	6/30/2015	6/30/2014	6/30/2013
<b>MEDICAL (in millions)</b>						
Cash Balance	(0.7)	0.2	0.7	1.0	1.8	1.8
Incurred But Not Reported (IBNR)	0.0	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)
<b>Net Fund Balance</b>	<b>(0.7)</b>	<b>0.0</b>	<b>0.5</b>	<b>0.8</b>	<b>1.6</b>	<b>1.6</b>
<b>DENTAL (in millions)</b>						
Cash Balance	(0.1)	(0.1)	0.0			
Incurred But Not Reported (IBNR)	(0.1)	(0.1)	(0.0)			
<b>Net Fund Balance</b>	<b>(0.2)</b>	<b>(0.2)</b>	<b>(0.0)</b>			
<b>PHARMACY (in millions)</b>						
Cash Balance	21.7	16.3	7.8	11.9	18.4	14.1
<b>Recalculated Cash Balance*</b>	<b>21.7</b>	<b>16.3</b>	<b>7.8</b>	<b>11.9</b>	<b>16.0</b>	<b>12.1</b>
Accrued Drug Rebates	3.4	2.5	2.5	2.2	2.4	2.0
Accrued Medicare Part D Subsidy	0.9	0.8	0.8	0.7	0.9	1.7
Navitus Advance	0.0	0.0	0.0	0.3	0.6	0.9
ERRP Reimbursement	0.0	0.0	0.0	0.0	0.0	2.2
Projected Future Cash Balance	26.0	19.6	11.1	15.1	19.9	18.9
IBNR	(0.8)	(0.9)	(0.8)	(0.8)	(0.8)	(0.7)
<b>Net Fund Balance</b>	<b>25.2</b>	<b>18.7</b>	<b>10.3</b>	<b>14.3</b>	<b>19.1</b>	<b>18.2</b>
<b>Total State Fund Balance</b>	<b>24.3</b>	<b>18.6</b>	<b>10.8</b>	<b>15.1</b>	<b>20.7</b>	<b>19.8</b>

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

# Reserve 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 August 2017, Segal was asked to review the reserve policy in place and recommended some modifications at the August 30, 2018 Board meeting.
- The proposed policy looked at a number of factors and recommended reducing the reserve levels for the self-insured pharmacy and dental programs.
- The new policy, approved by the Board, sets reserves at:
  - Medical – 3% to 5% of premium
  - Pharmacy – 8% to 10% of projected claims
  - Dental – 3% to 5% of projected claims
- It was proposed to move to the midpoint of the new policy over a 4-year period to minimize premium fluctuations – with 2021 being the last year of the phase-in.

# Net Fund Balance – Projected 12/31/2018

- The State has a surplus of \$111.8 million under the old reserve policy and \$154.6 million when merging to the new policy (Locals are \$8.7 million and \$13.8 million respectively).

	Projected Net Fund Balance (in millions)							
	State				Local			
	Medical	Rx	Dental	Total	Medical	Rx	Dental	Total
6/30/2018	82.4	128.2	1.2	211.8	(0.7)	25.2	(0.2)	24.3
Q3/Q4 Projected Gain	0.0	15.6	0.8	16.5	0.0	1.3	0.0	1.3
Projected 12/31/2018	82.4	143.8	2.0	228.3	(0.7)	26.5	(0.2)	25.6
Projected 2019 Claims (SI)		303.9	58.6	362.5		44.4	1.3	45.8
Projected 2019 Premiums (FI)	1,099.3			1,099.3	193.0			193.0
<b>Prior Policy Reserve Target</b>								
15% (on SI + 20% of FI)	33.0	45.6	8.8	87.4	5.8	6.7	0.2	12.7
25% (on SI + 20% of FI)	55.0	76.0	14.7	145.6	9.7	11.1	0.3	21.1
Mid-Point Reserve	44.0	60.8	11.7	116.5	7.7	8.9	0.3	16.9
Surplus Prior Policy	38.4	83.1	(9.7)	111.8	(8.4)	17.6	(0.5)	8.7
<b>New Policy Reserve Target</b>								
3% Med/Den + 8% Rx	33.0	24.3	1.8	59.0	5.8	3.6	0.0	9.4
5% Med/Den + 10% Rx	55.0	30.4	2.9	88.3	9.7	4.4	0.1	14.2
Mid-Point Reserve	44.0	27.3	2.3	73.7	7.7	4.0	0.1	11.8
Surplus New Policy	38.4	116.5	(0.3)	154.6	(8.4)	22.5	(0.3)	13.8

# Net Fund Balance – Gain/(Loss)

- The fund balance has grown from strong investment returns and pharmacy improvements.

	Net Fund Balance (in millions)							
	State				Local			
	Medical	Rx	Dental	Total	Medical	Rx	Dental	Total
Projected 12/31/2018	82.4	143.9	2.0	228.3	(0.7)	26.5	0.0	25.8
Projected 12/31/2017	85.5	100.9	(1.5)	184.9	(0.4)	17.5	0.0	17.1
2018 Buy-Down	13.0	16.0	0.0	29.0	0.0	0.0	0.0	0.0
Net Projected 12/31/2018	72.5	84.9	(1.5)	155.9	(0.4)	17.5	0.0	17.1
Total Gain/(Loss)	9.9	59.0	3.5	72.4	(0.3)	9.0	0.0	8.7
Investment	8.1	11.0	(0.1)	19.0	(0.1)	1.5	0.0	0.0
Experience	1.8	48.0	3.6	53.4	(0.2)	7.5	0.0	7.3

# Multi-Year Reserve Draw Strategy

➤ The table below illustrates the recommended draw over the next 3-year period – reaching new policy target in 2021:

State Reserve Multi-year Strategy						
	Balance*	Target**	% of Claims/FI Prem	Surplus***	Draw	Surplus after Draw
2019	\$228.3	\$116.5	8.0%	\$111.8	\$49.1	\$62.7
2020	\$179.2	\$73.7	5.0%	\$105.5	\$52.7	\$52.7
2021	\$126.4	\$73.7	5.0%	\$52.7	\$52.7	\$0.0

Local Reserve Multi-year Strategy						
	Balance*	Target**	% of Claims/FI Prem	Surplus***	Draw	Surplus after Draw
2019	\$25.6	\$16.9	7.1%	\$8.7	\$8.7	\$0.0
2020	\$16.9	\$11.8	4.9%	\$5.1	\$2.5	\$2.5
2021	\$14.3	\$11.8	4.9%	\$2.5	\$2.5	\$0.0

\* Assumes there are no future gains or losses that would impact the fund balance.

\*\* New Reserve Target Policy in 2020. No trend was applied.

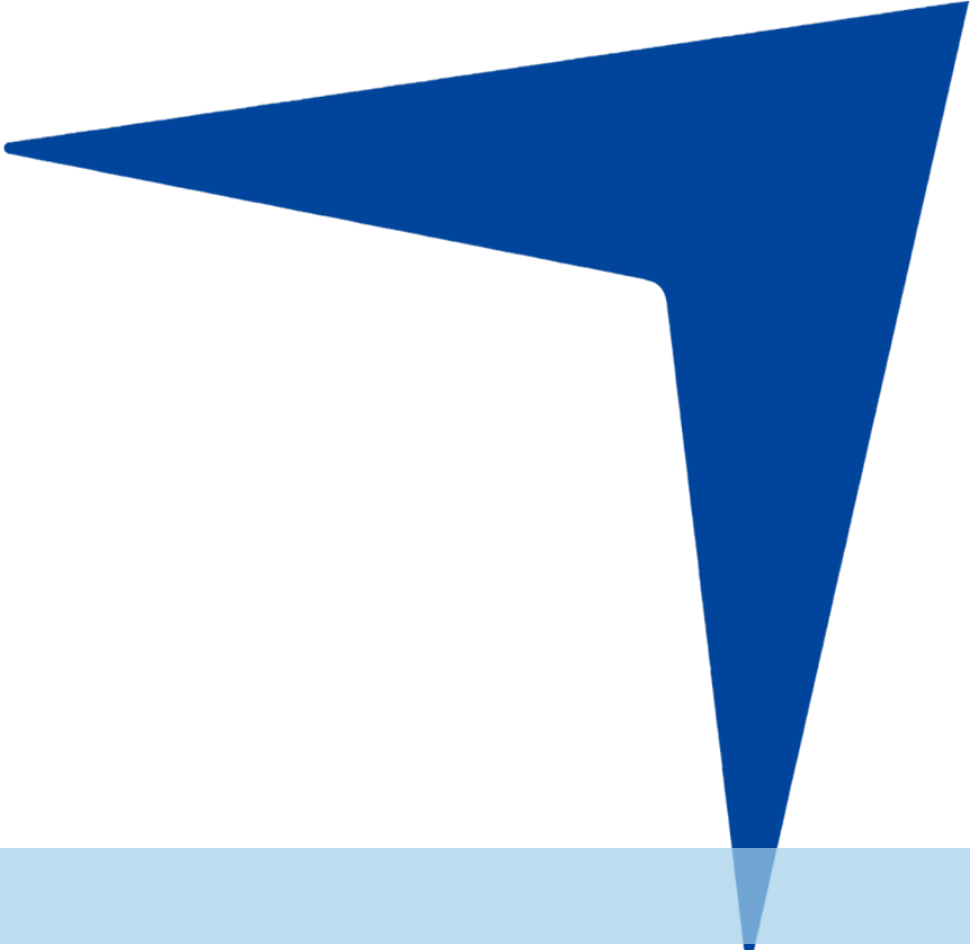
\*\*\* The Surplus refers to the money in the fund that exceeds the Midpoint Target Reserve.

# Net Fund Balance

- Since 2007 there have been frequent buy-downs to move toward the Board Reserve Policy

Premium Year	Net Fund Buy-Down (in millions)					
	State			Local		
	Medical	Rx	Total	Medical	Rx	Total
2021(TBD)	19.0	33.7	52.7	0.0	2.5	2.5
2020 (TBD)	19.0	33.7	52.7	0.0	2.5	2.5
2019	0.0	49.1	49.1	0.0	8.7	8.7
2018	13.0	16.0	29.0	0.0	0.0	0.0
2017	0.0	0.0	0.0	0.0	0.0	0.0
2016	0.0	0.0	0.0	0.0	0.0	0.0
2015	0.0	20.0	20.0	0.0	5.0	5.0
2014	0.0	20.5	20.5	0.0	3.1	3.1
2013	0.0	32.8	32.8	0.2	1.0	1.2
2012	0.0	30.0	30.0	0.0	1.0	1.0

- With this approach, there will be an additional increase over trend of 4-5% in the 2022 plan year to compensate for the underfunding in prior years.

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## **7. 2019 Premium Alternatives**

8. Appendix
  - Plan Descriptions



# 2019 Recommendations – With No Reserve Draw

## Total Premium by Group

- The 2018 premiums include a \$29 million buy-down for the State only.
- The 2018 after buy-down premiums are expected to increase 3.6% in 2019 before further reserve draw down. Local increase is 5.7%.
- Premiums include medical, pharmacy, dental, and admin.

	2018 Inforce (Pre BD)	2018 Inforce (Post BD)	2018 BD	2019 Premium (Pre BD)	2019 Need	%
<b>State</b>						
Non-Medicare, Non-Grad	\$1,068.8	\$1,048.3	\$20.5	\$1,091.6	\$43.3	4.1%
Medicare*	\$174.4	\$168.7	\$5.8	\$168.5	(\$0.2)	-0.1%
Grad Assistants	\$52.0	\$50.9	\$1.1	\$53.5	\$2.6	5.1%
HDHP	\$79.0	\$77.3	\$1.6	\$80.7	\$3.4	4.4%
<b>Total State</b>	<b>\$1,374.2</b>	<b>\$1,345.2</b>	<b>\$29.1</b>	<b>\$1,394.3</b>	<b>\$49.1</b>	<b>3.6%</b>
<b>Local</b>						
Non-Medicare, Non-Grad	\$207.0	\$207.0	\$0.0	\$219.5	\$12.5	6.0%
Medicare*	\$9.8	\$9.8	\$0.0	\$9.7	(\$0.0)	-0.4%
HDHP	\$1.7	\$1.7	\$0.0	\$1.8	\$0.1	7.1%
<b>Total Local</b>	<b>\$218.5</b>	<b>\$218.5</b>	<b>\$0.0</b>	<b>\$231.0</b>	<b>\$12.5</b>	<b>5.7%</b>
<b>Grand Total</b>	<b>\$1,592.7</b>	<b>\$1,563.6</b>	<b>\$29.1</b>	<b>\$1,625.3</b>	<b>\$61.6</b>	<b>3.9%</b>

# 2019 Recommendations – With No Reserve Draw

## Total Premium by Product

- State has a \$49.1 million increase overall driven by Medical and offset by Pharmacy. Given the fund balance surplus, there is an opportunity to buy-down the overall increase. Note \$29 million was from last year's buy-down.
- Similarly, Locals have a \$12.5 million overall increase. Fund balance gains also provides a buy-down recommended for them this year.


	2018 Inforce (Pre BD)	2018 Inforce (Post BD)	2018 BD	2019 Premium (Pre BD)	2019 Need	%
<b>State</b>						
Medical	\$1,059.0	\$1,045.7	\$13.3	\$1,099.3	\$53.6	5.1%
Pharmacy	\$239.3	\$223.5	\$15.8	\$214.0	(\$9.5)	-4.2%
Dental	\$56.5	\$56.5	\$0.0	\$57.7	\$1.1	2.0%
Admin	\$19.4	\$19.4	\$0.0	\$23.3	\$3.8	19.8%
<b>Total</b>	<b>\$1,374.2</b>	<b>\$1,345.2</b>	<b>\$29.1</b>	<b>\$1,394.3</b>	<b>\$49.1</b>	<b>3.6%</b>
<b>Local</b>						
Medical	\$179.3	\$179.3	\$0.0	\$193.0	\$13.7	7.6%
Pharmacy	\$35.1	\$35.1	\$0.0	\$33.4	(\$1.7)	-5.0%
Dental	\$1.3	\$1.3	\$0.0	\$1.3	\$0.0	3.7%
Admin	\$2.7	\$2.7	\$0.0	\$3.3	\$0.5	19.8%
<b>Total</b>	<b>\$218.5</b>	<b>\$218.5</b>	<b>\$0.0</b>	<b>\$231.0</b>	<b>\$12.5</b>	<b>5.7%</b>
<b>Grand Total</b>	<b>\$1,592.7</b>	<b>\$1,563.6</b>	<b>\$29.1</b>	<b>\$1,625.3</b>	<b>\$61.6</b>	<b>3.9%</b>

# 2019 Recommendations – With Reserve Draw

## Total Premium by Product

- Recommending that State draws down the reserve \$49.1 million to offset the increase, using the Pharmacy rates.
- A buy-down of \$8.7 million is recommended for Locals to reduce the overall increase 4%, from 5.7% to 1.7%.

	2018 Inforce (Post BD)	2019 Premium (Pre BD)	2019 Buydown	2019 Premium (Post BD)	\$ Change	% Change
<b>State</b>						
Medical	\$1,045.7	\$1,099.3	\$0.0	\$1,099.3	\$53.6	4.9%
Pharmacy	\$223.5	\$214.0	(\$49.1)	\$164.9	(\$58.5)	-27.4%
Dental	\$56.5	\$57.7	\$0.0	\$57.7	\$1.1	2.0%
Admin	\$19.4	\$23.3	\$0.0	\$23.3	\$3.8	16.5%
<b>Total</b>	<b>\$1,345.2</b>	<b>\$1,394.3</b>	<b>(\$49.1)</b>	<b>\$1,345.2</b>	<b>\$0.0</b>	<b>0.0%</b>
<b>Local</b>						
Medical	\$179.3	\$193.0	\$0.0	\$193.0	\$13.7	7.1%
Pharmacy	\$35.1	\$33.4	(\$8.7)	\$24.6	(\$10.5)	-31.4%
Dental	\$1.3	\$1.3	\$0.0	\$1.3	\$0.0	3.5%
Admin	\$2.7	\$3.3	\$0.0	\$3.3	\$0.5	16.5%
<b>Total</b>	<b>\$218.5</b>	<b>\$231.0</b>	<b>(\$8.7)</b>	<b>\$222.3</b>	<b>\$3.8</b>	<b>1.7%</b>
<b>Grand Total</b>	<b>\$1,563.6</b>	<b>\$1,625.3</b>	<b>(\$57.8)</b>	<b>\$1,567.4</b>	<b>\$3.8</b>	<b>0.2%</b>

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## **8. Appendix**

- **Plan Descriptions**

# Questions & Discussion

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*Thank you!*

# 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 OOP/L</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>• OOP/L: 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 OOP/L</li> <li>• 70%/30% Coinsurance</li> <li>• Emergency Room Visit: \$75 copay, then in-network deductible and coinsurance</li> <li>• OOP/L: 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> </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> </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> </ul>	<ul style="list-style-type: none"> <li>• Preferred Pharmacy: \$50 Copay</li> <li>• Non-Preferred Pharmacy: 40% (\$200 max)</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 OOP</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 OOP</li><li>• OOP: 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)</li><li>• 50%/50% Coinsurance</li><li>• Emergency Room Visit: \$75 after deductible, 50%/50% coinsurance thereafter</li><li>• OOP: 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></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></ul>
Specialty Medications	<ul style="list-style-type: none"><li>• Preferred Pharmacy: \$50 Copay</li><li>• Non-Preferred Pharmacy: 40% (\$200 max)</li></ul>	<ul style="list-style-type: none"><li>• Preferred Pharmacy: \$50 Copay</li><li>• Non-Preferred Pharmacy: 40% (\$200 max)</li></ul>

# 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>
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 Access Health Plan Designs

Medical Benefit	In-Network Provider	Out-of-Network Provider
<b>IYC Access Health that is offered with Local 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 Local 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>	

➤ **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></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></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></ul>	<ul style="list-style-type: none"><li>• Preferred Pharmacy: \$50 Copay</li><li>• Non-Preferred Pharmacy: 40% (\$200 max)</li></ul>

# State Maintenance Plan Designs

Medical Benefit	In-Network Provider	Out-of-Network Provider
<b>SMP Local 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 Local 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>
<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

# 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></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></ul>
Specialty Medications	<ul style="list-style-type: none"><li>• Preferred Pharmacy: \$50 Copay</li><li>• Non-Preferred Pharmacy: 40% (\$200 max)</li></ul>	<ul style="list-style-type: none"><li>• Preferred Pharmacy: \$50 Copay</li><li>• Non-Preferred Pharmacy: 40% (\$200 max)</li></ul>

# IYC Medicare Plus Plan Design

<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