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ETFSMBoardFeedback@etf.wi.gov.



Meeting Materials

- Available at etf.wi.gov



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Welcome to the Group Insurance Board

May 13, 2020

Meeting will begin at 8:30 a.m.



Announcements

Item 1 - No Memo



Open and Closed Meeting Minutes of February 5, 2020



Item 2A & 2B - Memo Only



ETF Response to COVID-19 Outbreak

Item 3 – Group Insurance Board

Renee Walk, Lead Policy Advisor
Office of Strategic Health Policy





Action Item

- The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) schedule a supplemental Board meeting to allow for timely response to any emerging COVID-19 related issues.

Background

- Statewide statistics from the Wisconsin Department of Health Services*:
 - 10,611 people have tested positive for SARS-CoV-2
 - 112,748 people have tested negative
 - 1,877 people have been hospitalized due to COVID-19
 - 418 people have died from COVID-19

**Last updated: 5/12/20*

Federal Legislation & Guidance

March 11

- **IRS Notice 2020-15:**
 - Allows HDHP coverage of testing or treatment of COVID-19 pre-deductible
 - Adds temporary safe harbor for telehealth coverage pre-deductible
 - Plans serving the Board are following guidance

March 17

- **HHS/CMS Guidance:**
 - Increased reimbursement rate for Medicare services
 - Broadens access to telehealth services through non-HIPAA-compliant platforms
 - Plans are working to accommodate this change

March 18

- **Families First Coronavirus Response Act (FFCRA):**
 - Requires group health insurance plans to provide access to testing at no cost
 - Law applies to GHIP

Federal Legislation & Guidance

March 27

- **Corona Virus Aid, Relief, and Economic Security (CARES) Act:**
 - Clarifies that test coverage includes office visit to obtain test
 - Permanently expands allowable HSA and FSA expenses

April 21

- **“Phase 3.5” relief bill passed:**
 - Primarily focused on Paycheck Protection Program, but includes another \$75B for hospitals
 - \$25B for state-led testing efforts

TBD

- **“Phase 4”**

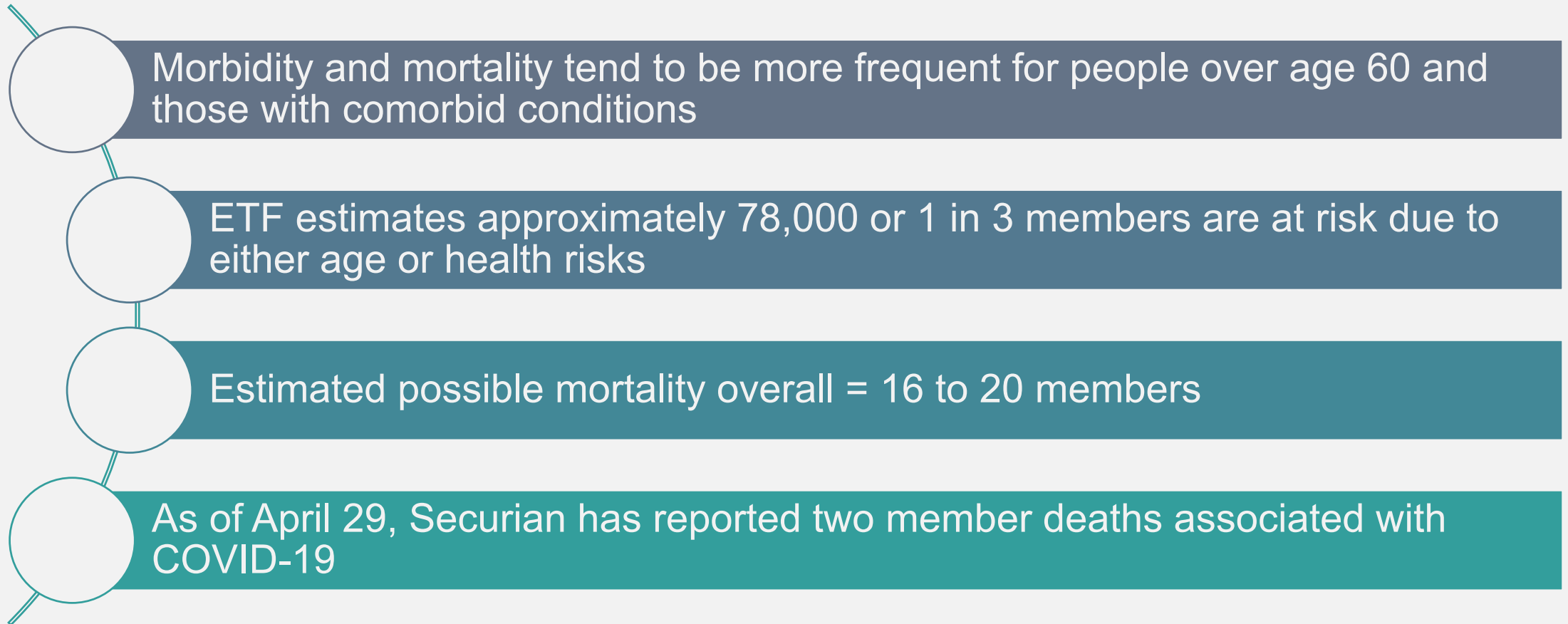
State Legislation

- April 15: 2019 Wisconsin Act 185
 - Coverage of COVID-19 testing
 - Prohibition on prescription drug coverage limits
 - Prohibition on discriminating due to COVID-19 diagnosis
 - Payment for service provided by out-of-network providers

Employer and Member Questions

- Key themes:
 - Travel-related coverage (early March)
 - Furlough and insurance continuation
 - Individual ability to add/change/drop coverage
 - Special enrollment periods
 - Dependent daycare account elections
- ETF has issued guidance and developed a resource landing page
 - <https://etf.wi.gov/etf-response-covid-19>

Anticipated Health Impacts



Anticipated Quality Impacts

Negative Impacts:

- Delays in elective procedures that could result in deterioration
- Possible increases in opioid use
- Depression/anxiety related to isolation

Positive Impacts:

- Increased use in mail order pharmacy
- More access to telehealth

Anticipated Cost Impacts

March – mid-April
stats per health plans:

- 333 members tested
- 14 tested positive
- <5 in hospital
- <5 in ICU
- Telehealth visits total = 6,125

Rate impacts to be
determined, but likely
more significant for
2022 premiums

Working with Segal,
IBM to model costs

Uniform Dental Benefit Impacts

- Substantial reduction in dental claims and related costs

| | Expenditures | | | Claims | | |
|--------------------------|--------------|---------|--------|--------|-------|--------|
| | 2019 | 2020 | Change | 2019 | 2020 | Change |
| March: Week 1 | \$1.13M | \$1.13M | 0% | 8,259 | 7,957 | -3.7% |
| March: Week 2 | \$1.10M | \$974K | -11.2% | 8,116 | 7,011 | -13.6% |
| March: Week 3 | \$1.17M | \$836K | -28.5% | 7,774 | 5,591 | -28.1% |
| March: Week 4 | \$1.05M | \$155K | -85.2% | 7,968 | 1,644 | -79.4% |
| April: Week 1 | \$1.27M | \$265K | -79.1% | 9,170 | 2,441 | -73.4% |

- Tele-dentistry covered

Life Insurance Program Impacts

- Coverage does not exclude pandemics
- Stop-loss safeguard will limit any short-term impacts
- Securian scenario run of 70% infection, 2% mortality rate
 - In this scenario, stop loss limits are reached and cushion is lost
 - Cost to state plan = \$22.8M
 - Cost to local plan = \$22.8M
- Impact of pandemic is not currently expected to de-stabilize plan

Possible Board Program Administration Interventions

Option 1

- Add a COVID-19 response update and discussion in August

Option 2

- Add a supplemental Board meeting to address issues

Option 3

- Designate a Board subcommittee with delegated authority to meet in lieu of full Board

Option 4

- Delegate authority to ETF to act on limited program changes for a set period of time



Action Item

- The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) schedule a supplemental Board meeting to allow for timely response to any emerging COVID-19 related issues.



Questions?

Mid-Year Health Plan Reserves Discussion

Item 4 – Group Insurance Board

Eileen Mallow, Director

Office of Strategic Health Policy

Ken Vieira and Patrick Klein

Segal Consulting





Reserve Update

State of Wisconsin Group Insurance Board
Department of Employee Trust Funds

May 13, 2020

Agenda

- Review 12/31/19 Projected Fund Balances presented at the August 2019 GIB
 - State & Local Breakouts
- Illustrate the Gain/Loss Components
 - Comparing the Preliminary 12/31/19 versus Projected
 - Investment income responsible for \$21.5M of \$27.9M State Fund Balance Gain
- Summary
- Questions

Fund Balance – Projected

State, as of 6/30/2019

- Using ETF transactional data through 6/30/2019, Segal projected the December ending fund balance.

State Health Reserve (in millions)

| | Medical | Pharmacy | Dental | Total |
|---------------------------|----------------|--------------|-------------|----------------|
| Balance 1/1/2019 | 62.0 | 134.7 | 3.5 | 200.2 |
| Revenue | | | | |
| Premiums | 1,123.4 | 170.5 | 60.1 | 1,354.0 |
| EGWP Subsidy | | 43.1 | | 43.1 |
| Investment Income | 4.3 | 8.2 | 0.4 | 12.9 |
| Total Revenue | 1,127.7 | 221.8 | 60.5 | 1,410.0 |
| Expenses | | | | |
| Paid Claims | 1,107.1 | 300.1 | 55.7 | 1,462.9 |
| Admin Costs | 17.5 | 8.2 | 1.2 | 26.9 |
| Rebates | | (59.6) | | (59.6) |
| Total Expenses | 1,124.6 | 248.7 | 56.9 | 1,430.2 |
| Gain/(Loss) | 3.1 | (26.9) | 3.6 | (20.2) |
| Balance 12/31/2019 | 65.1 | 107.8 | 7.1 | 180.0 |

Fund Balance – Preliminary

State, through 12/31/2019

- Below are the preliminary State health insurance plan results for the period ending December 31, 2019.

State Health Reserve (in millions)

| | Medical | Pharmacy | Dental | Total |
|---------------------------|----------------|--------------|-------------|----------------|
| Balance 1/1/2019 | 62.0 | 134.7 | 3.5 | 200.2 |
| Revenue | | | | |
| Premiums | 1,125.1 | 167.8 | 58.8 | 1,351.7 |
| EGWP Subsidy | | 42.0 | | 42.0 |
| Investment Income | 10.7 | 23.6 | 0.1 | 34.4 |
| Total Revenue | 1,135.8 | 233.4 | 58.9 | 1,428.1 |
| Expenses | | | | |
| Paid Claims | 1,106.6 | 296.5 | 55.4 | 1,458.5 |
| Admin Costs | 18.1 | 8.3 | 1.2 | 27.7 |
| Rebates | | (65.7) | | (65.7) |
| Total Expenses | 1,124.7 | 239.1 | 56.6 | 1,420.5 |
| Gain/(Loss) | 11.1 | (5.7) | 2.3 | 7.7 |
| Balance 12/31/2019 | 73.1 | 129.0 | 5.8 | 207.9 |

Fund Balance – Gain/Loss State

- Below is the Gain/Loss for State health insurance plan for the period ended December 31, 2019.

State Health Reserve (in millions)

| | Medical | Pharmacy | Dental | Total |
|----------------------|--------------|-------------|--------------|-------------|
| Balance 1/1/2019 | | | | |
| Revenue | | | | |
| Premiums | 1.7 | (2.7) | (1.3) | (2.3) |
| EGWP Subsidy | | (1.1) | | (1.1) |
| Investment Income | 6.4 | 15.4 | (0.3) | 21.5 |
| Total Revenue | 8.1 | 11.6 | (1.6) | 18.1 |
| Expenses | | | | |
| Paid Claims | 0.5 | 3.6 | 0.3 | 4.4 |
| Admin Costs | (0.6) | (0.1) | (0.0) | (0.7) |
| Rebates | | 6.1 | | 6.1 |
| Total | (0.1) | 9.6 | 0.3 | 9.8 |
| Gain/(Loss) | 8.0 | 21.2 | (1.3) | 27.9 |

- Overall – 2019 gains from investment income and lower pharmacy costs

Fund Balance – Projected

Local, as of 6/30/2019

- Using ETF transactional data through 6/30/2019, Segal projected the December ending fund balance.

Local Health Reserve (in millions)

| | Medical | Pharmacy | Dental | Total |
|---------------------------|--------------|-------------|--------------|--------------|
| Balance 1/1/2019 | (1.5) | 23.7 | (0.2) | 22.0 |
| Revenue | | | | |
| Premiums | 167.4 | 20.8 | 1.4 | 189.6 |
| EGWP Subsidy | | 2.9 | | 2.9 |
| Investment Income | 0.1 | 1.2 | (0.0) | 1.3 |
| Total Revenue | 167.5 | 24.9 | 1.4 | 193.8 |
| Expenses | | | | |
| Paid Claims | 159.2 | 44.8 | 1.3 | 205.3 |
| Admin Costs | 2.5 | 1.0 | 0.0 | 3.5 |
| Rebates | | (9.8) | | (9.8) |
| Total Expenses | 161.7 | 36.0 | 1.3 | 199.0 |
| Gain/(Loss) | 5.8 | (11.1) | 0.1 | (5.1) |
| Balance 12/31/2019 | 4.3 | 12.6 | (0.1) | 16.8 |

Fund Balance – Preliminary

Local, through 12/31/2019

- Below are the preliminary Local health insurance plan results for the period ending December 31, 2019.

Local Health Reserve (in millions)

| | Medical | Pharmacy | Dental | Total |
|---------------------------|--------------|-------------|--------------|--------------|
| Balance 1/1/2019 | (1.5) | 23.7 | (0.2) | 22.0 |
| Revenue | | | | |
| Premiums | 162.1 | 22.4 | 1.4 | 185.9 |
| EGWP Subsidy | | 2.7 | | 2.7 |
| Investment Income | (0.3) | 5.4 | (0.0) | 5.1 |
| Total Revenue | 161.8 | 30.5 | 1.4 | 193.7 |
| Expenses | | | | |
| Paid Claims | 159.9 | 39.1 | 1.4 | 200.4 |
| Admin Costs | 2.5 | 1.1 | 0.0 | 3.6 |
| Rebates | | (7.8) | | (7.8) |
| Total Expenses | 162.4 | 32.4 | 1.4 | 196.2 |
| Gain/(Loss) | (0.6) | (1.9) | (0.0) | (2.5) |
| Balance 12/31/2019 | (2.1) | 21.8 | (0.2) | 19.5 |

Fund Balance – Gain/Loss

Local

- Below is the Gain/Loss for Local health insurance plan for the period ended December 31, 2019.

Local Health Reserve (in millions)

| | Medical | Pharmacy | Dental | Total |
|-----------------------|--------------|------------|--------------|--------------|
| Balance 1/1/2019 | | | | |
| Revenue | | | | |
| Premiums | (5.3) | 1.6 | 0.0 | (3.7) |
| EGWP Subsidy | | (0.2) | | (0.2) |
| Investment Income | (0.4) | 4.2 | 0.0 | 3.8 |
| Total Revenue | (5.7) | 5.6 | 0.0 | (0.1) |
| Expenses | | | | |
| Paid Claims | (0.7) | 5.7 | (0.1) | 4.9 |
| Admin Costs | 0.0 | (0.1) | 0.0 | (0.2) |
| Rebates | | (2.0) | | (2.0) |
| Total Expenses | (0.7) | 3.6 | (0.1) | 2.8 |
| Gain/(Loss) | (6.4) | 9.2 | (0.1) | 2.7 |

- Like State, gains primarily from investment returns.

Multi-Year Reserve Draw Strategy – GIB Approved

- The table below illustrates the draws over the next 3-year period—reaching new policy target in 2022:

State Reserve Multi-year Strategy

| | Balance ¹ | Target ² | % of Claims/ FI Premium | Surplus ³ | Draw |
|------|----------------------|---------------------|----------------------------|----------------------|--------|
| 2019 | \$228.3 | \$116.5 | 8.0% | \$111.8 | \$49.1 |
| 2020 | \$180.0 | \$77.2 | 5.1% | \$102.8 | \$33.0 |
| 2021 | \$157.3 | \$81.0 | 5.1% | \$76.2 | \$48.0 |
| 2022 | \$116.9 | \$85.1 | 5.1% | \$31.8 | |

Local Reserve Multi-year Strategy

| | Balance ¹ | Target ² | % of Claims/ FI Premium | Surplus ³ | Draw |
|------|----------------------|---------------------|----------------------------|----------------------|-------|
| 2019 | \$25.6 | \$16.9 | 7.1% | \$8.7 | \$7.8 |
| 2020 | \$16.9 | \$11.1 | 5.1% | \$5.8 | \$6.5 |
| 2021 | \$11.4 | \$11.7 | 5.1% | -\$0.2 | \$0.0 |
| 2022 | \$12.2 | \$12.2 | 5.1% | \$0.0 | |

¹ Assumes 7% investment return and no additional gains or losses that would impact the fund balance.

² New Reserve Target Policy in 2020, assumed to increase at 5% per year.

³ The Surplus refers to the money in the fund that exceeds the Midpoint Target Reserve at beginning of year.

Summary

- GIB selected strategy spreads out the buy down to smooth future increases
 - 2021 State: 3.4% buy down & 4.0% increase
 - 2022 State: 2.2% buy down & 6.3% increase
- 2019 YE State fund balance is \$27.9M higher than projected primarily driven by a 19.4% investment return versus the 7% assumption
- Dow Jones has decreased 18% YTD (as of 4/16/20), a loss of \$37M, offsetting more than last year's gains
- 2019 gains would result in larger buy down options, but a 2020 loss will likely offset that and result in a slightly lower amount available with potential larger increases needed
- Based on the current information the projected buy downs and increases are still on track but highly dependent on investment returns

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Questions?

2021 Program Agreement & Uniform Benefit Changes



Item 5A – Group Insurance Board

Renee Walk, Lead Policy Advisor

Tricia Sieg, Pharmacy Program Manager

Molly Heisterkamp, Wellness Program Manager

Office of Strategic Health Policy





Action Needed

ETF staff requests the Board to approve:

- Modifications to health plan administrative service requirements as described in Attachments A, B, and C;
- Addition of coverage for biofeedback services for urinary incontinence, as well as language clarifications to Uniform Benefits described in Attachment A;
- Addition of eHealth Solutions for prescribers and members to the pharmacy benefit;
- Continuation of all pilot programs for 2021;
- Addition of one new acupuncture pilot program from Network Health Plan (Network);
- Adoption of Option 1 of the health screening options, replacing the current required screening with four “health check” options; and
- Prohibition of non-Medicare Advantage plans from offering wellness incentives to GHIP members.

Background

Preliminary change list discussed with GIB in February

Employer review opportunities

- Payroll Council
- March Employers' Meeting

Final review of changes by plans

- 5/5 CHPI Meeting

Final list of changes presented to the Board in May

Health Program Agreement & Benefits Changes

Memo Pages 1 - 4

Recommended Agreement Changes

Section 150: Data Requirements

- Clarifies “second-chance” rule
- Clarifies penalties and detail requirements
- Allows for modified deadline schedule as approved by ETF

Section 205: Enrollment

- Modifies ID card timing to allow for late revisions by employers
- Clarification of disabled dependent verification process

Section 240: Grievances

- New requirement that plans provide redacted, full written decisions from independent medical review to ETF within 30 days of receipt

Changes Not Recommended

- Removal of Shared Decision-making and Low Back Surgery Department Initiatives
 - ETF recommends enhanced monitoring and working with plans on outreach
- Other changes handled via guidance documents
- Complete list of changes in Attachment A, B, and C

Recommended Uniform Benefit Clarifications



Clarification of Definitions

- Usual & Customary Charges



Clarifications to Schedule of Benefits

- Emergency room visit cost sharing
- Preventive v. diagnostic services cost sharing



Clarifications to Benefits & Services

- Utilization review allowed for PT/OT/ST
- Air ambulance reserved for medical necessity only
- Members held harmless for urgent care costs (similar to ER)

Recommended Uniform Benefit Change

Modify the exclusion for biofeedback services to allow for treatment of urinary incontinence

- Utilization expected to be very small
- Segal projects little to no cost impact
- Can help members avoid more serious medical interventions or medications

Changes Not Recommended

- Out of area dependent coverage
- Alternate Care Provision modifications
- Other added specific exclusions
- Complete list of all changes in Attachment A

Pharmacy Program & Benefit Changes

Memo Pages 4 - 5

Recommended Pharmacy Program Changes

eHealth
Solutions

ePrescribing

ePrior Authorization (ePA)

RxBenefit Check

Changes Not Recommended

Other changes recommended in February should be timed with Specialty Drug Board Initiative

- Pharmacogenomics
- Copay Max
- Medical Pharmacy Solutions

In addition, some changes could result in how members receive medications; ETF recommends limiting changes for current year

Pilot Programs

Memo Pages 5 – 8

Current Pilots: Dean

Living Healthy Plus (2019)

- 2019 uptake relatively low
- Recommend continuing with focus on recruitment

Acupuncture (2020)

- First year uptake minimal to date; expected to be impacted by Safer at Home order
- Data will be available in 2021

Current Pilots: Network

Prevent T2 (2020)

- Implementation delayed due to COVID-19
- Will revisit feasibility later in 2020

Delta Evidence-Based Integrated Care Partnership (2020)

- Promotion has begun
- ETF expects an additional year needed to determine impact due to public health crisis

Current Pilots: Quartz

Mobile Back (2019)

- Quartz version of Kiio self-directed exercise app
- 353 ETF members, 3.3% participation
- Total cost in 2019 = \$21,886
- Members reported 56% improvement in overall function
- Members reported 40% average reduction in pain
- 84% satisfaction rate

Current Pilots: WEA Trust

Kiio (2019)

- Self-directed exercises for low back pain
- 420 members, 5.7% participation
- Total cost in 2019 = \$11,240
- 84% improvement in function
- 57% reduction in average pain
- Estimated overall decrease in pain management costs

Livongo (2019)

- Diabetes program that provides smart meters and coaching
- 350 members, 16.7% participation
- Total cost in 2019 = \$172,720
- Early reported improvements across program of blood sugar control

Recommendation for Pilots in 2021

- Add Network Acupuncture program for 2021
 - 4,000 potential eligible members, expected 1% participation rate
 - Members can receive 10 treatments per year
- Maintain other pilots to allow for additional analysis

Wellness Program Changes

Memo Pages 8 - 13

Health Screening Requirement

- Save money, improve health outcomes and align other GHIP offerings
- Shift health screening requirement to “Health Check”
- Participants choose from one of the following:
 - Onsite biometric screening
 - Attest to being up-to-date on preventive care with “health care provider form”
 - 1 health coaching call
 - 1 preventive dental exam

Health Plan Wellness Incentives





Action Needed

ETF staff requests the Board to approve:

- Modifications to health plan administrative service requirements as described in Attachments A, B, and C;
- Addition of coverage for biofeedback services for urinary incontinence, as well as language clarifications to Uniform Benefits described in Attachment A;
- Addition of eHealth Solutions for prescribers and members to the pharmacy benefit;
- Continuation of all pilot programs for 2021;
- Addition of one new acupuncture pilot program from Network Health Plan (Network);
- Adoption of Option 1 of the health screening options, replacing the current required screening with four “health check” options; and
- Prohibition of non-Medicare Advantage plans from offering wellness incentives to GHIP members.

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Questions?

Employer Guidelines Changes



Item 5B - Group Insurance Board

Arlene Larson, Manager of Federal Health Programs & Policy

Office of Strategic Health Policy





Action Needed

- ETF requests the Board approve changes to the State and Local Employer Guidelines and other materials as needed
 - Clarifications to retiree reenrollment eligibility that would be effective immediately
 - Two life event changes for adult dependents that would be effective January 1, 2021

Retiree Reenrollment

- During last fall, ETF received health insurance reenrollment applications from retirees with less than 20 years of WRS creditable service. Questions arose whether they were eligible to reenroll.
- Questions continued this winter when ETF was pulling data for the state retiree Group Health Insurance Program (GHIP) actuarial valuation.

Memo pages 1-2

Action Taken



Statutes

- Reviewed how groups of retirees are eligible to:
 - Continue insurance in retirement, and/or
 - Reenroll if there's a lapse in coverage.



Member Materials

- Reviewed the:
 - It's Your Choice Frequently Asked Questions,
 - Guidelines, and
 - Other resources.

Result

- After review, and querying the WRS and health insurance enrollment systems, a small group of retirees (143- some starting in 1994), have been permitted to reenroll in the GHIP in error.
- Why were they ineligible?

Memo page 2

Retiree with Lapsed Coverage & Less than 20 Years

- Such a State retiree may reenroll during open enrollment if they:
 - Had been insured in the GHIP when they terminated employment, and
 - Within 30 days of termination of employment, began is receiving a retirement annuity or received a lump sum retirement benefit payment.

Memo page 2

Local Retirees & Open Enrollment

- Were insured by a local governmental entity that participated in the GHIP when they terminated employment, and
- The employer continues to participate in the GHIP, and
- Within 30 days of termination of employment, began receiving a retirement annuity or received a lump sum retirement benefit payment.

Memo pages 2-3

Can Local Retirees Rejoin Mid-Year?

They have been continuously insured in the GHIP
(State or Participating Local), and

If eligible and they have post-retirement benefits that
pay for health premiums from their former employer:

When spouse involuntarily loses
employer contribution (30 day
window), or

During IYC, effective when
spouse's State sick leave is
anticipated to be exhausted.

What's Next?



Materials & Training

- ETF will update all resources
- Educational outreach will be provided to staff and employers



Mailings

- ETF will inform affected retirees that if they terminate their current health insurance coverage, they will not be able to reenroll

Life Event Change

A new life event for 2021, permit a subscriber to drop their adult dependent mid-year if:

- The adult child gains a dependent through birth, adoption, paternity decree, etc.
- The adult child is eligible to enroll in other health insurance coverage

Coverage will end:

- The end of the month following the life event, or
- Prior to the adult child's other coverage effective date

Memo page 3

Life Event Change

- A modification of an existing life event, to permit an adult child the authority to be dropped from their parent's family coverage if:
- The Parent refuses to submit an application to drop the dependent and:
 - The child is eligible for and enrolls in other group health insurance coverage,
 - Has concerns about sharing private health information with the parent, and
 - Does not live with the parent.

Memo page 3



Action Needed

- ETF requests the Board approve changes to the State and Local Employer Guidelines and other materials as needed
 - Clarifications to retiree reenrollment eligibility that would be effective immediately
 - Two life event changes for adult dependents that would be effective January 1, 2021

Informational Item - LAHP

Local Annuitant Health Program (LAHP) review in preparation for 2021

- Retiree only group
- Rates and benefits match Local Health Plan as of January 1, 2018
- Supplemental dental benefits offered as of January 1, 2020

Memo page 4

LAHP Analysis

- Medical loss ratio analysis reveals LAHP is underpriced for non-Medicare
- Segal expects to present a different, higher non-Medicare medical premium structure in August
- Uniform Dental Benefit- enrollment change for better customer service
- Staff will communicate expectation with employers, brokers and members

Memo page 4

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Questions?

Supplemental Plan Approvals for Plan Year 2021



Item 6 – Group Insurance Board

Tricia Sieg, Supplemental Plans Program Manager
Office of Strategic Health Policy









Action Needed

ETF requests the approval of:

- 2-year contract with Securian Financial (Securian) for Group Accident Insurance Coverage, available to state employees, local employees and dependents
- 2-year contract with Delta Dental of Wisconsin (Delta) for Supplemental Vision, available to state and local employees, retirees and dependents
- An 18-month contract with Mutual of Omaha and Healthchoice, for Long-Term Care Insurance for state employees, state retirees and dependents

Supplemental Insurance Status

| | 2018 | 2019 | 2020 |
|--|------------------------|-----------------------|--|
|  Dental | 3 providers 6 plans | 1 provider 2 plans | 1 provider 3 plans |
|  Vision | 2 providers 3 plans | 1 provider 1 plan | 1 provider 1 plan |
|  AD&D | 2 providers | 1 provider | 1 provider Accident plan with AD&D |
|  Long-term care | 1 provider | 1 provider | none |

Supplemental Insurance Total Enrollment

| | | 2019 | 2020 | Increase |
|---|------------------------|--------|--------|----------|
|  | Dental | 72,353 | 89,276 | +23.4% |
|  | Vision | 65,469 | 79,118 | +20.9% |
|  | AD&D/ Accident Plan | 7,200 | 13,154 | +82.7% |

Supplemental Proposal Process

November

- Communication sent to Vision, Accident and Long-Term Care state employee providers around the country soliciting proposals for 2021

January

Proposals due:
January 31, 2020

February-April

- Staff reviews proposals
- Proposals sent to actuary for review
- Initiate contract negotiations with finalists

Proposals Received

3 Accident

2 from MetLife
1 from Securian

1 AD&D

1 from Securian

3 Critical Illness

2 from MetLife
1 from Securian

3 Hospital Indemnity

2 from MetLife
1 from Securian

4 Vision

1 from Delta
1 from MetLife
1 from Surency
1 from VSP

2 LTC

1 from Healthchoice
1 from Legacy Services

Recommended Vendors

Group Accident
Insurance with
AD&D

Securian
Financial

Supplemental
Vision

Delta Dental
of Wisconsin

Long-Term
Care

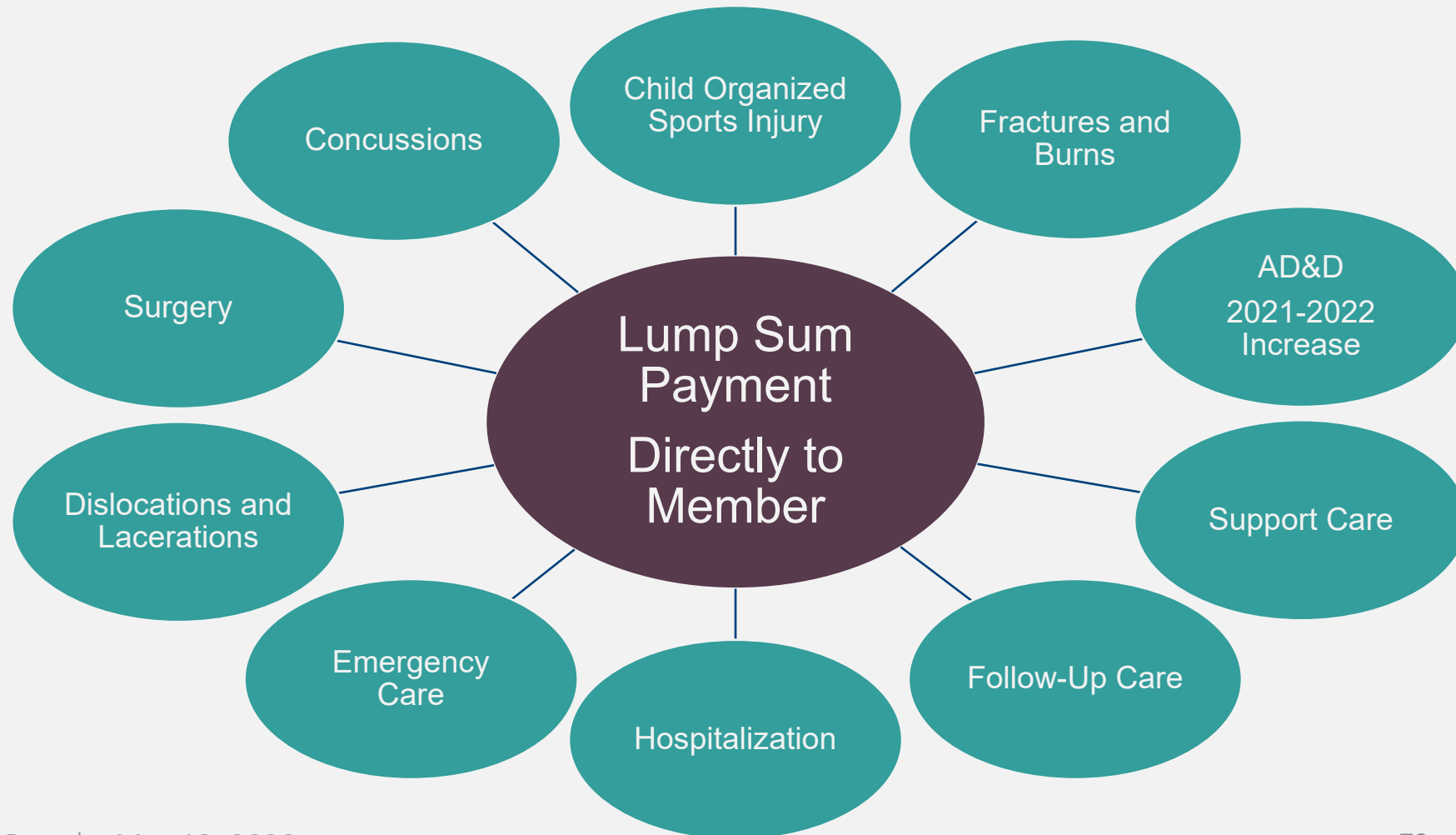
Mutual of
Omaha
Healthchoice



Securian Accident Plan



Securian Accident Insurance



Securian Accident Plan Premiums

| Plan Type | 2020 Monthly Premiums | 2021-2022 Monthly Premiums |
|-------------------|-----------------------|----------------------------|
| Employee Only | \$3.26 | \$4.38 |
| Employee + Spouse | \$4.94 | \$6.26 |
| Employee + Child | \$7.10 | \$8.44 |
| Family | \$10.46 | \$12.32 |

****Less than a \$0.93 an increase per bi-monthly paycheck****





Delta Vision Supplement Vision Plan

Delta Vision Proposal Highlights

- Membership cards mailed to each subscriber
- Customer Service tailored for the ETF's members
- State and Nationwide network of providers
- Ability to offer analytics for membership

2020-2021 Monthly Premiums

| | 2020 | 2021-2022 |
|-------------------------|---------|-----------|
| Active Employees | | |
| Individual | \$6.38 | \$5.72 |
| Individual + Spouse | \$12.76 | \$11.42 |
| Individual + Child(ren) | \$14.38 | \$12.88 |
| Family | \$22.28 | \$20.58 |
| Retirees | | |
| Retiree | \$6.38 | \$5.72 |
| Retiree + Spouse | \$12.76 | \$11.42 |
| Retiree + Child(ren) | 12.76 | \$11.42 |
| Family | \$14.98 | \$13.41 |

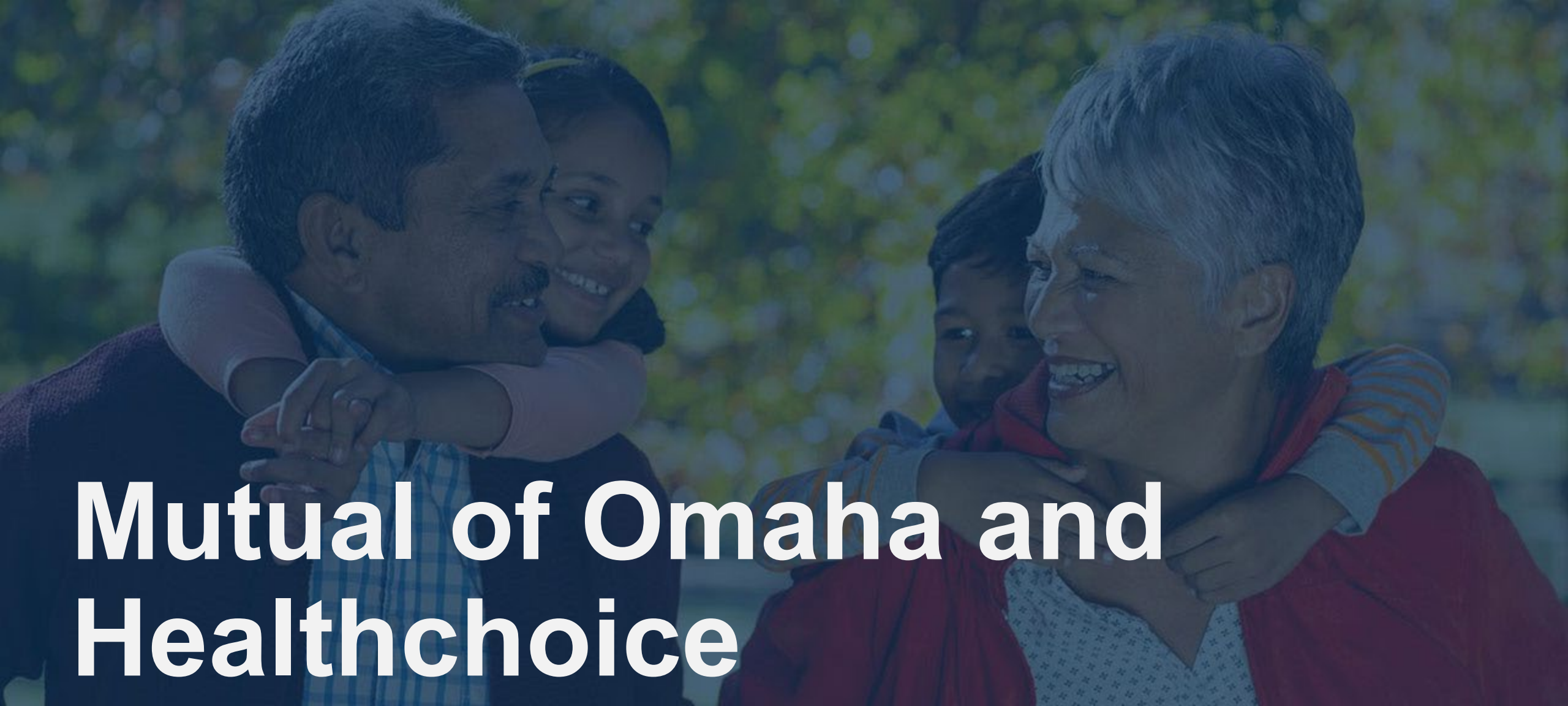
Expanding Accident Plan and Supplemental Vision

Gives local governments options to offer employees

Allows local government WRS Retirees the opportunity to participate in supplemental programs

Local governments work directly with vendors to receive payment and for inquiries, does not create more work for ETF frontline staff

ETF will use IYC materials, Local Employer Bulletins and work with local government associations to share news about the programs



Mutual of Omaha and Healthchoice



Mutual of Omaha/Healthchoice Policy

Same policy offered to members during 2019

5% premium discount the entire life of the policy for members, spouses and dependents

Vendor will be able to make the policy available starting mid-July through end of 2021



Action Needed

ETF requests the approval of:

- 2-year contract with Securian Financial for Group Accident Insurance Coverage available to state employees, local employees and dependents
- 2-year contract with Delta Dental of Wisconsin for Supplemental Vision, available to state and local employees, retirees and dependents
- An 18-month contract with Mutual of Omaha and Healthchoice, for Long-Term Care insurance for state employees, state retirees and dependents

Memo page 1



Questions?

Onsite Clinics Review & Discussion



Item 7A – Group Insurance Board

Brian Stamm, Deputy Director

Renee Walk, Lead Policy Advisor

Office of Strategic Health Policy



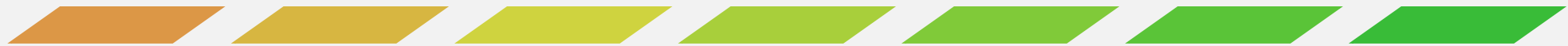


Action Item

- The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) not proceed with implementing onsite or near-site clinics at this time.

Onsite Clinics & Large Employers

33% of large employers (>5,000 employees) offered onsite clinics in 2017



Used primarily to lower costs and recruit new talent



Typically implemented by large manufacturers or tech companies



New Models Expand Scope

- New clinic business models have expanded scope of services
 - Health assessments
 - Health coaching
 - Vaccines
 - Physical therapy
- Goal of expanded services to increase possible return on investment (ROI)

Local Activity

- ETF interviewed WI employers who have implemented onsite clinics
- Findings:
 - Costs are highly variable
 - Some employers quantified ROI, others are either too early in process or relied on vendor data only
 - Some reported ancillary benefits (e.g., productivity, etc.) but couldn't quantify
 - Most used as recruitment tool

Other State References

- Discussed experiences with two states directly:
 - Indiana: “onsite and near-site clinics have not, and will not, save the state money, produce a positive ROI, or reduce risk scores of the general population they serve.”
 - Mostly used for minor acute care (e.g., colds, flu shots, etc.)
 - Kentucky: no impact reported on overall healthcare premiums which continue to rise
 - Reported five clinic sites, 13,664 visits in 2019, at a cost of \$1,580,491

Triple Aim Review: Affordability

- Affordability depends on:
 - Construction/upfront costs
 - Service, labor, and overhead
 - Services delivered at below-market rates
 - Clinic ability to capture sufficient market share
 - Enough members use the clinic

Affordability: Examples

- Assumptions (which are strictly theoretical):
 - Building Costs (BC) = \$1,000,000
 - Operational Costs (OC) = \$1,000,000
 - Discount Percentage (DS%) = 100% (no cost to patients)
- Dane County Results
 - Utilizing \$37,539,444 in total non-HDHP Allowed Amount for office visits
 - Breakeven at 5.33% of market capture (~9,667 visits)
- Greater Madison Area Results
 - Utilizing \$33,178,849 in total non-HDHP Allowed Amount for office visits
 - Breakeven at 6.03% of market capture (~9,456 visits)

Triple Aim Review: Quality of Life

- Studies show onsite clinics can increase preventive care use
 - In one case, 21.8% increase in claims between years one and three of services
 - Used more often by:
 - Hourly employees v. salaried employees
 - Non-diabetic employees v. diabetic employees
 - Non-hypertensive employees v. hypertensive employees
 - High-deductible plan participants v. low-deductible plan participants
- Not just about access—companies with the most effective clinics have also adopted a culture of health and wellness

Triple Aim Review: Desirability

Employee Perspective

- Low-/no-cost care
- Improved access for those near a facility
- Not accessible to all employees

Employer Perspective

- Could improve employee health
- Increased productivity, presenteeism
- Recruitment tool
- Requires well-established culture of wellness and health promotion

Barriers & Limitations

- IRS rules regarding health savings accounts
 - Members with HDHP & HSA cannot receive covered services pre-deductible
- Uniform Benefit offering
 - All members cannot easily access services, but cost would be spread across plan
- Clinic location selection
 - Determining the best or most fair location could be challenging
- Insurance benefit or employment benefit?
 - The Board's multiple insurers make coverage complicated
 - §40.03(6)(c) limits Board ability to sign contracts increasing costs, and interviewed employers did not report cost reductions from clinics
 - Most employers stated that primary benefit was as a recruitment tool, not a health cost savings tool



Action Item

- The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) not proceed with implementing onsite or near-site clinics at this time.



Questions?

Emergency Room Usage

Item 7B – Group Insurance Board

Rachel Carabell, Senior Health Policy Advisor

Molly Heisterkamp, Wellness Program Manager

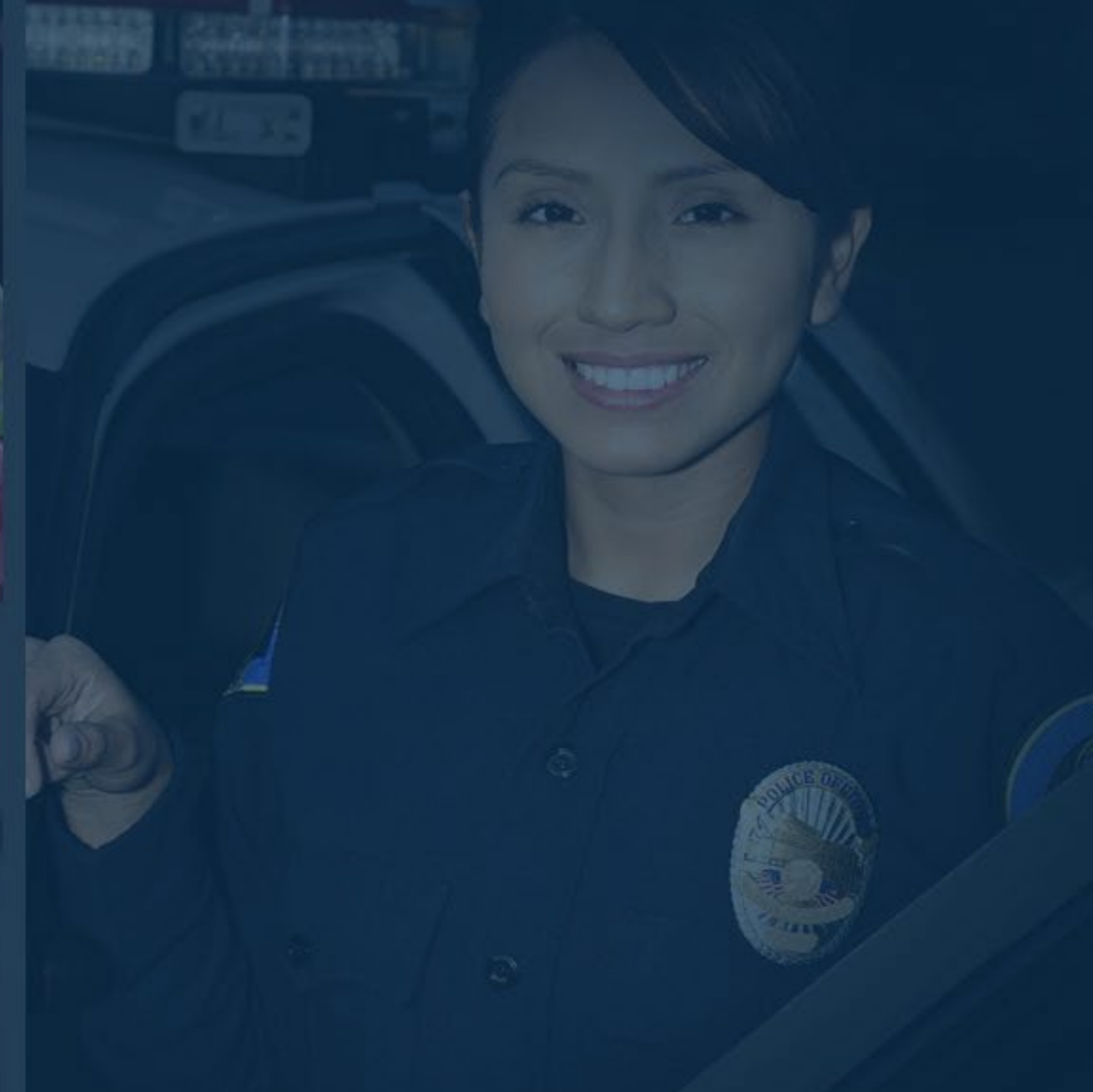
Tom Rasmussen, Life Insurance Program Manager

Office of Strategic Health Policy



Informational Item

- Feedback is appreciated, but no Board action is required.



Background

Memo Page 1

Strategic Priorities

IBM analysis indicates high emergency room usage by Group Health Insurance Program members

- Early 2020 – Part 1: Education and communication
- 2022 – Part 2: Access and benefit design



Overview & Opportunities

Memo Pages 1 - 3

Avoidable Emergency Room

Non – Emergent

Emergent – Primary Care Treatable

Emergent – Emergency Care Needed, but Preventable

Emergent – Emergency Care Needed and Not Preventable

Primary DAISI Findings

\$105M in ER claims in one-year period (5% of total claims)

ER claims cost 8x more than primary care setting (\$1,732 vs. \$216)

67% of ER visits are potentially avoidable

Trends similar across health plans, regions, and employers

Opportunity in areas outside Madison

Avoidable use is highest for children

Highest use during weekend hours

Triple Aim Impact of Education

If 5% of care is redirected:

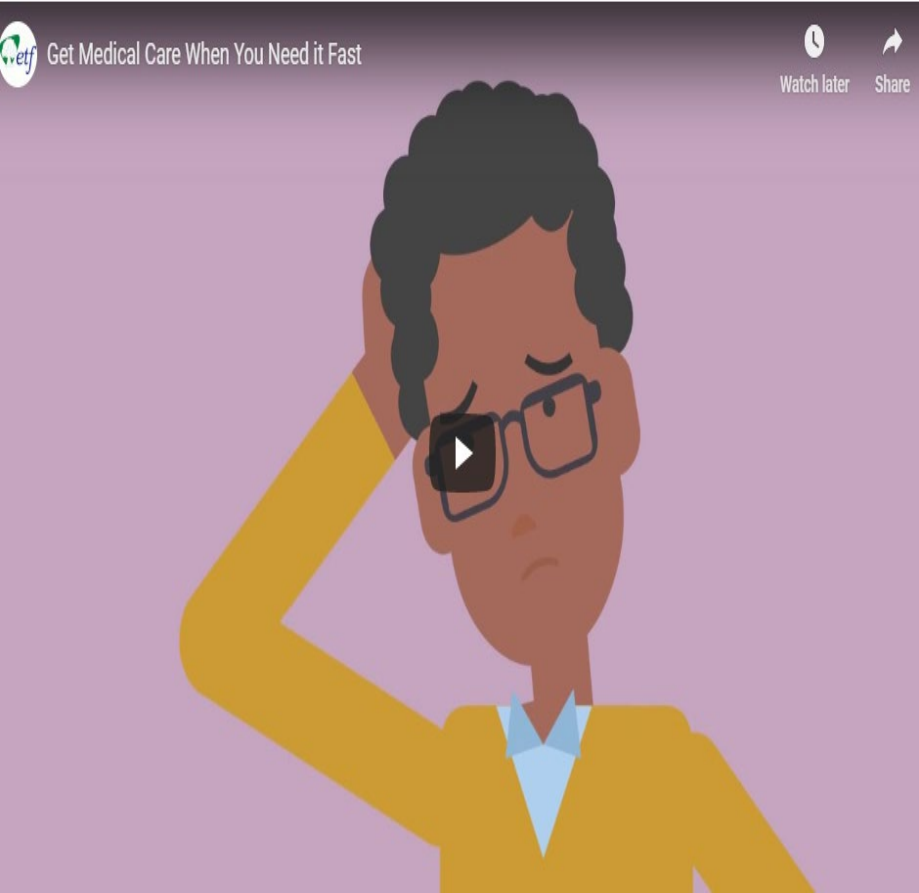
- Cost: \$1.6M savings
- Health: less stress and anxiety
- Quality: increased satisfaction with faster care and less out-of-pocket expenses



Current Activity & Challenges

Memo Pages 3 – 4

Get Medical Care When You Need It Fast



▶ **Get Ready For Care**
eLearning Watch the "Get Care When You Need It Fast" video at etf.wi.gov/videos

You never know when you'll need medical care. Fill out this worksheet so you are better prepared when the unexpected happens.

📱 Save your answers in an easy to find place on your phone

👤

Who's Your Primary Care Provider?

Family Member: _____

Provider and/or Clinic: _____

Office Number: _____

👥

Who Are Your Emergency Contacts?

Name: _____

Phone Number: _____

📍

Find Your Nearest...

Urgent Care: _____ **Hours:** _____

Emergency Room: _____

📱

Add These Numbers to Your Phone

Nurse line: _____ **Dentist:** _____

Pharmacy: _____ **Other:** _____

Health Plan: _____ **Other:** _____

▶ **Get Medical Care When You Need It Fast**
eLearning Watch the video at etf.wi.gov/videos

💻

Telehealth

Benefits

- Available anywhere, usually 24/7
- Free or low cost
- Fast, usually less than 30 minutes
- Can be used for you & your kids
- Can prescribe medications

When to use it: cold & flu, cough, sore throat, stomach issues, insect bites, sinusitis, rashes, allergies, bronchitis, bladder infections, pink eye and more.

Did you know? Some health providers offer mental health and dermatology services through virtual visits. Check with your health plan.

Things to Think About

- Need a reliable internet connection
- Shouldn't be used for long-term or serious conditions
- May suggest in-person visit

☎️

Nurse Line

Benefits

- Available 24/7, anywhere
- Free
- Fast, usually less than 30 minutes
- Medical advice on many topics

When to use it: A nurse will help you decide if there are treatments you can do at home, symptoms to watch for or if you need in-person care.

Things to Think About

- No video, you can only chat over the phone
- When busy, you may have to wait for a nurse to call back
- Can't prescribe medicine

👨‍⚕️

Doctor's Office

Benefits

- Access to your full medical record
- Easier specialist referrals, if needed
- Costs less than urgent care
- More likely to follow up

When to use it: When you feel like you need in-person care or you are dealing with a long-term condition.

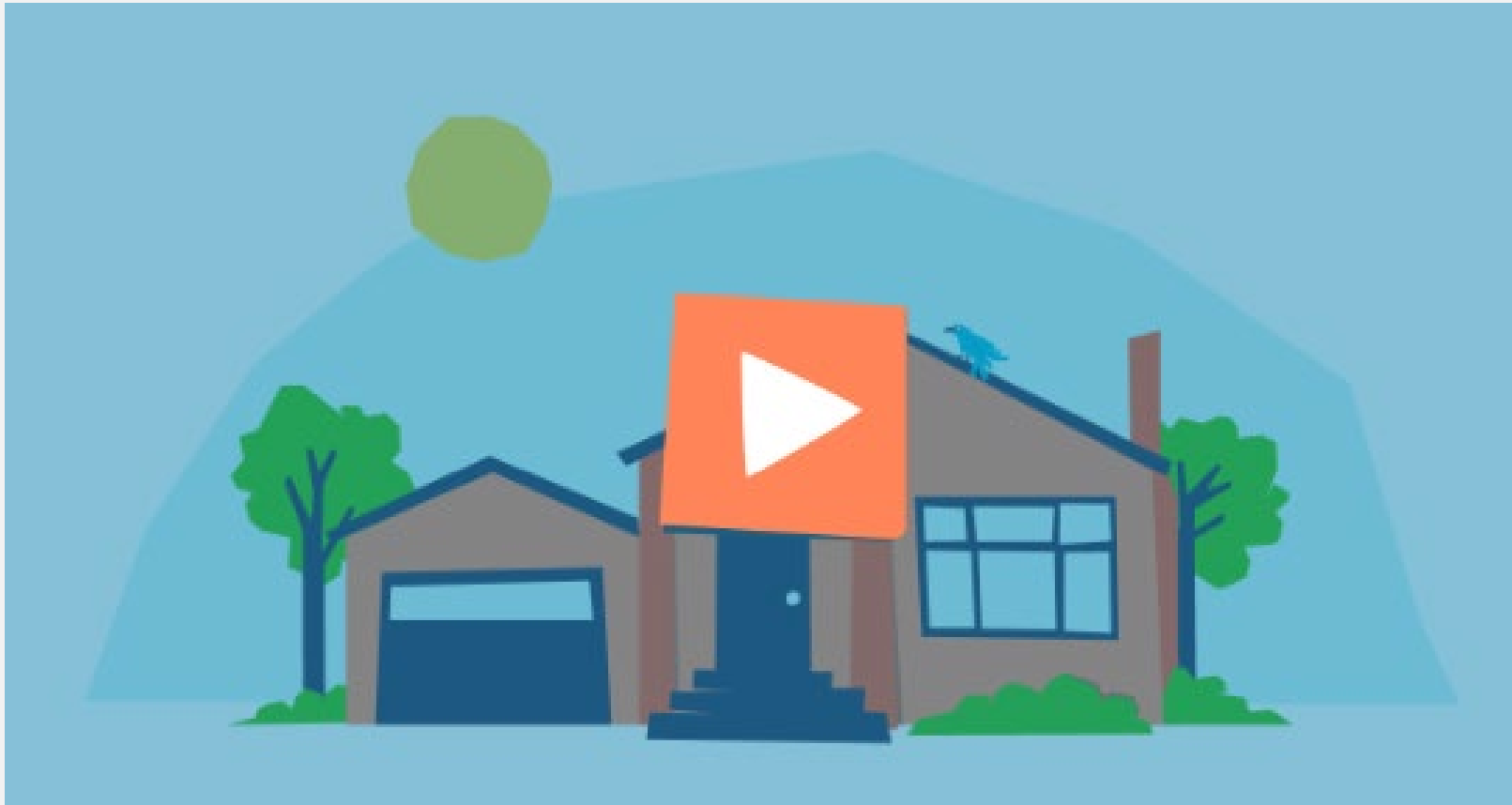
Did you know? You may be able to get a same-day appointment due to cancellations. Always call your doctor's office first before heading to urgent care.

Things to Think About

- Limited to office hours
- May take a while to get an appointment
- Costs more than a virtual visit or calling the nurse line



Health Care in Your PJs



Challenges

Source for member information

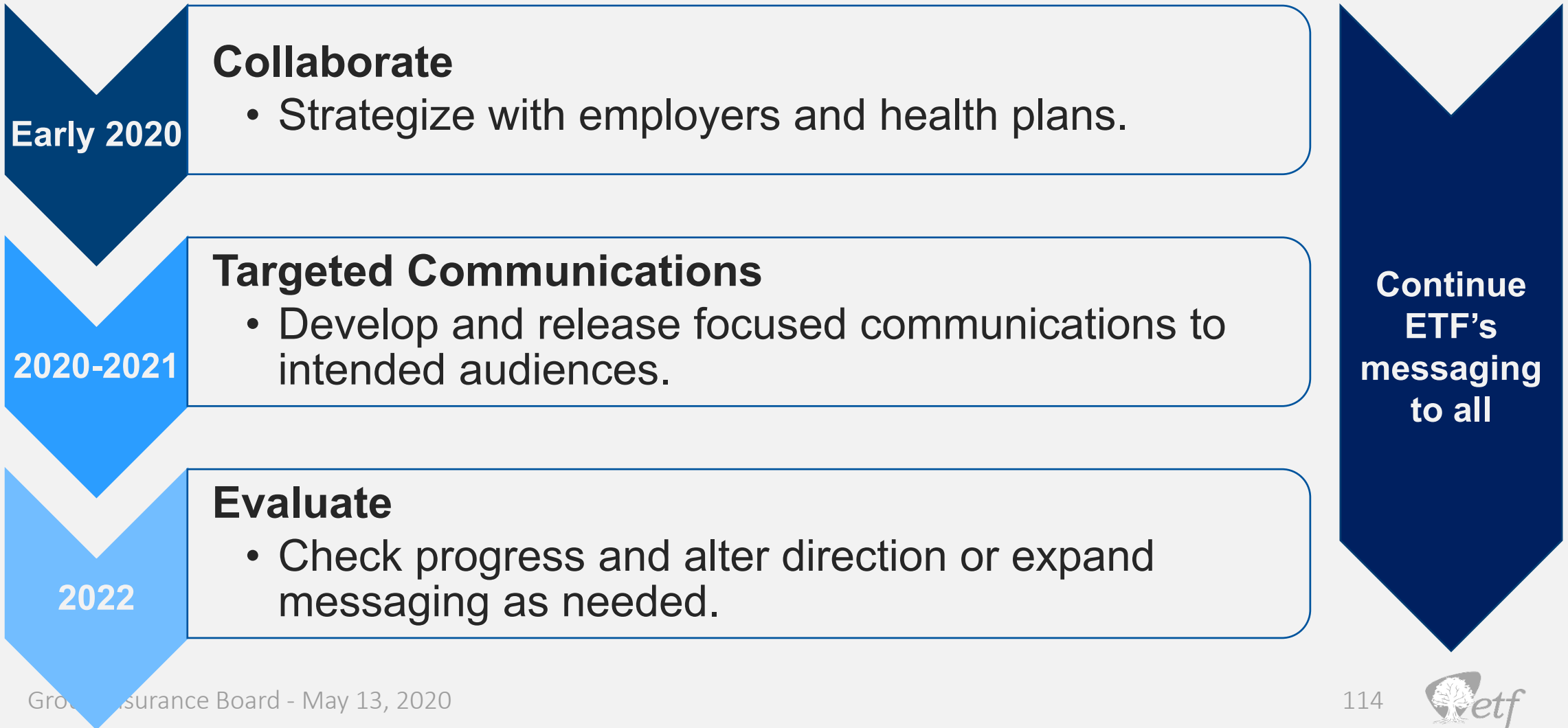
Competing priorities



Future Activities

Memo Pages 4 – 6

ER Education Timeline





Questions?

State and Local ICI Actuarial Valuations



Item 8 – Group Insurance Board

Jim Guidry, Director, Benefit Services Bureau

Paul Correia, Milliman, Inc.

Dan Skwire, Milliman, Inc.



Action Items

- **ETF recommends the Board approve the State ICI Actuarial Valuation as of December 31, 2019 and adopt Milliman's premium rate baseline scenario which would result in a 0% premium increase for the 2021 plan year**
- **ETF recommends the Board approve the Local ICI Actuarial Valuation as of December 31, 2019 and adopt Milliman's baseline scenario to continue the local ICI plan premium holiday for the 2021 plan year.**

State ICI Program Reserves

- 2018 Fund Balance - 79% of liabilities
 - Fund balance - \$71.5 million
 - Liabilities - \$90.5 million
- 2019 Fund Balance - 100.2% of liabilities
 - Fund balance - \$90.3 million
 - Liabilities - \$90 million
- Board approved 20% premium rate increases for 2016-2020 plan years
 - Goal 100% fund balance/liability ratio
- Board adopted reserve target policy – November 2019
- Established reserve target of 135% of actuarial liabilities

Local ICI Program Reserves

- 2018 Fund Balance - 652% of liabilities
 - Fund balance - \$38.9 million
 - Liabilities - \$5.9 million
- 2019 Fund Balance - 663% of liabilities
 - Fund balance - \$39.6 million
 - Liabilities - \$5.9 million
- Local ICI program premium holiday in effect since 2012
- Board adopted reserve target policy – November 2019
- Established reserve target of 150% of actuarial liabilities

Actuarial Valuation of ICI Plans As of December 31, 2019

**Group Insurance Board
State of Wisconsin
May 8, 2020**

Paul L. Correia, FSA, MAAA
Milliman, Inc.

Actuarial Valuation of ICI Plans

Limitations of Analysis

- We relied on information provided by ETF and The Hartford. If it is inaccurate or incomplete, our results may be affected.
- The valuation uses actuarial assumptions that are individually reasonable and that, in combination, offer our best estimate of anticipated experience.
- To the extent that actual experience varies from the assumptions, the emerging costs of the plan will vary from the projections we have prepared.
- The calculations in this presentation are consistent with our understanding of ETF funding requirements and goals. Additional determinations may be needed for other purposes.
- Milliman's work product was prepared exclusively for ETF for a specific and limited purpose. It is not for the use or benefit of any third party for any purpose.
- I, Paul Correia, am a Consulting Actuary with Milliman and a member of the American Academy of Actuaries. I meet the Academy's qualification standards to render the actuarial opinion contained herein.

Agenda

1. State Income Continuation Insurance (ICI) Plan
 - Valuation results
 - Valuation assumptions
 - Funding analysis
2. Local ICI Plan
 - Valuation results
 - Valuation assumptions
 - Funding analysis

State ICI Valuation Results

State ICI Valuation

Benefit Components

- Standard Benefits: Replace 75% of income and cover up to \$64,000 of annual earnings.
- Supplemental Benefits: Replace 75% of income and cover annual earnings from \$64,000 to \$120,000.
- \$75 Add-on: Additional benefit of \$75 per month to disabled employees whose disability lasts longer than 12 months, to help these employees with medical fees.

State ICI Valuation

Liability Balances as of December 31, 2019

| Liability Component | Standard Benefit | Supplemental Benefit | \$75 Add-On | Total Liability Amount |
|-------------------------|---------------------|----------------------|------------------|------------------------|
| Open Claims | \$78,956,941 | \$1,977,183 | \$246,449 | \$81,180,573 |
| IBNR Claims | \$4,699,884 | \$117,691 | \$14,670 | \$4,832,244 |
| Loss Adjustment Expense | \$3,967,407 | \$99,349 | \$12,384 | \$4,079,139 |
| Total | \$87,624,231 | \$2,194,223 | \$273,503 | \$90,091,957 |

- Open Claims: Members disabled prior to December 31, 2019 whose claims were reported to ETF on or before that date.
- Incurred but not Reported (IBNR) Claims: Members disabled on or prior to December 31, 2019 whose claims had not yet been reported to ETF as of that date.
- Loss Adjustment Expenses: Future expenses related to the ongoing management and payment of ICI claims.

State ICI Valuation

Comparison to Prior Year

| Liability Component | December 31, 2018 | December 31, 2019 |
|-------------------------|---------------------|---------------------|
| Open Claims | \$81,523,030 | \$81,180,573 |
| IBNR Claims | \$4,937,750 | \$4,832,244 |
| Loss Adjustment Expense | \$4,088,460 | \$4,079,139 |
| Total | \$90,549,241 | \$90,091,957 |

- The total liability decreased from \$90.5 million as of December 31, 2018 to \$90.1 million as of December 31, 2019
- The December 31, 2019 liability for open claims was calculated using new claim termination and estimated offset assumptions (provided in the appendix to this presentation). The impact of these new assumptions is a slight decrease in the estimated liability for open claims, with all else being equal.

State ICI Valuation

Retrospective Adequacy Study

| Claim Duration | Estimated Annual Margin |
|----------------|-------------------------|
| 1 – 12 months | 3.9% |
| 13 – 24 months | 9.1% |
| 25 – 36 months | 2.4% |
| 37 – 48 months | 2.2% |
| 49 – 60 months | -1.1% |
| 61 + months | 1.1% |
| Total | 2.6% |

- Study period: 2015 through 2019
- Positive margin of 2.6% indicates the liability was adequate to cover the runout of open disability claims during the study period

State ICI Valuation

Historical State ICI Fund Balances

| | December 31, 2017 | December 31, 2018 | December 31, 2019 |
|---------------------|-------------------|-------------------|-------------------|
| Asset Balance | \$60,974,319 | \$71,493,483 | 90,324,627 |
| Actuarial Liability | \$87,020,256 | \$90,549,241 | 90,091,957 |
| Surplus / (Deficit) | (\$26,045,936) | (\$19,055,758) | \$232,670 |

- In 2015, the Board approved annual rate increases of 20% each year from 2016 until 2020.
- These rate increases have helped return the State ICI plan to a positive funding position.
- The State ICI fund balance now contains a modest level of surplus as of December 31, 2019.
- In 2019, the Board approved a fund reserve target of 135% of the actuarial liability for the State ICI plan.

State ICI Valuation

Funding Analysis

| Modeled Scenario | Expected Year for Target Reserve | Expected Surplus at End of Target Year | Expected Surplus at End of 2025 |
|---|----------------------------------|--|---------------------------------|
| The Baseline scenario assumes that current contribution rates are held level in all years. State ICI fund balances are assumed to earn 7.0% interest every year. | 2022 | \$39.9 M (135%) | \$88.6 M (166%) |
| Scenario 1 assumes a 10% rate increase in 2020, then rates are held level in future years. State ICI fund balances are assumed to earn 7.0% interest every year. | 2022 | \$51.3 M (145%) | \$114.8 M (186%) |
| Scenario 2 assumes a 20% rate increase in 2020, then rates are held level in future years. State ICI fund balances are assumed to earn 7.0% interest every year. | 2021 | \$40.1 M (138%) | \$141.0 M (205%) |
| Scenario 3 assumes that current contribution rates are held level in all years, and that the State ICI fund decreases by 18% in 2020, then earns 7.0% interest in 2021 and beyond. | 2025 | \$56.9 M (142%) | \$56.9 M (142%) |

Local ICI Valuation Results

Local ICI Valuation

Liability Balances as of December 31, 2019

| Liability Component | Standard Benefit | Supplemental Benefit | \$75 Add-On | Total Liability Amount |
|-------------------------|--------------------|----------------------|-----------------|------------------------|
| Open Claims | \$5,143,700 | \$142,205 | \$27,043 | \$5,312,948 |
| IBNR Claims | \$302,692 | \$8,368 | \$1,591 | \$312,651 |
| Loss Adjustment Expense | \$334,117 | \$9,237 | \$1,757 | \$345,111 |
| Total | \$5,780,509 | \$159,810 | \$30,391 | \$5,970,710 |

Local ICI Valuation

Comparison to Prior Year

| Liability Component | December 31, 2018 | December 31, 2019 |
|-------------------------|--------------------|--------------------|
| Open Claims | \$5,369,502 | \$5,312,948 |
| IBNR Claims | \$303,645 | \$312,651 |
| Loss Adjustment Expense | \$293,190 | \$345,111 |
| Total | \$5,966,337 | \$5,970,710 |

- The total liability increased slightly from December 31, 2018 to December 31, 2019
- The December 31, 2019 liability for open claims was calculated using new claim termination and estimated offset assumptions. The impact of these new assumptions is a slight decrease in the estimated liability for open claims, with all else being equal.

Local ICI Plan

Historical Fund Balances

| | December 31, 2017 | December 31, 2018 | December 31, 2019 |
|---------------------|-------------------|-------------------|-------------------|
| Asset Balance | \$38,951,707 | \$38,914,553 | 39,603,652 |
| Actuarial Liability | \$5,659,211 | \$5,966,337 | 5,970,710 |
| Surplus / (Deficit) | \$33,292,495 | \$32,948,215 | \$33,632,942 |

- The Local ICI plan has run a large surplus for many years.
- Premium contributions have been waived since 2012.
- Funding analysis indicates premium waiver can be continued for the near future.

Appendix

New Valuation Assumptions

Claim Termination Rates

Prior Assumption: 1987 Commissioner's Group Disability Table (1987 CGDT) adjusted for ICI experience.

New Assumption: 2012 Group Long-Term Disability Valuation Table (2012 GLTD) adjusted for ICI experience.

| Disability Duration (Months) | Prior Assumption Adjustment Factors to 1987 CGDT | New Assumption Adjustment Factors To 2012 GLTD |
|------------------------------|--|--|
| 1 – 9 | 2.50 | 1.25 |
| 10 – 12 | 2.50 | 2.50 |
| 13 – 24 | 2.50 | 1.25 |
| 25 – 36 | 2.40 | 0.98 |
| 37 - 48 | 2.20 | 0.98 |
| 49 – 60 | 2.00 | 0.98 |
| 61 - 72 | 1.80 | 0.96 |
| 73 – 84 | 1.60 | 0.96 |
| 85 – 96 | 1.40 | 0.96 |
| 97 – 108 | 1.20 | 0.96 |
| 109 + | 1.00 | 0.96 |

Estimated Offsets from SSDI Benefits

Probability of being approved for Social Security Disability Income (SSDI) benefits:

| Disability Duration (Months) | Prior Assumption | New Assumption |
|------------------------------|------------------|----------------|
| 1 – 12 | 69% | 67% |
| 13 – 24 | 45% | 58% |
| 25 – 36 | 17% | 45% |
| 37 – 48 | 8% | 35% |
| 49 - 60 | 5% | 9% |
| 61 + | 0% | 0% |

Estimated future SSDI offset amount as percentage of gross benefit amount:

- **Prior assumption: 44%**
- **New assumption: 45%.**

Reducing the Local ICI Fund Balance

- Options
 - Move funds out of the program
 - Recruit new employers into the program
 - Let the fund balance decline on its own

Transfer Funds out of Local ICI

- Transfer Funds or Premium Refunds
 - Limitation on Board Authority
 - Wis. Stat. §40.03(6)(e)
 - Apportion the excess moneys to reduce premium payments in following years;
 - Establish reserves to stabilize costs in subsequent years
 - 2011 AG Opinion interpreting §40.03(6)(e)
 - The exclusive mechanism for the treatment of the group insurance reserves is provided in §40.03(6)(e)

Increase Employer Participation Into Local ICI Program

- Local employer participation is voluntary
 - Governing board resolution
- Only 17% of local employers participate currently
- Increase in participation would help accelerate decline in fund balance
- Larger risk pool to spread premium rates when rates reestablished
- Employers may be reluctant
 - Satisfied with current benefit offerings/relationships
 - May offer better benefits
 - May not wish to offer the benefit
 - Cannot afford the premiums when reestablished and drop out of the program
 - Governing boards may not approve

Allow Local ICI Fund Balance to Decline on its Own

- Claims payments increase 72% since 2015
- Net income decreasing
- 48% increase in claims volume since 2015
- Reserve % begins to decline after 2021
- Adding new employers could help accelerate this decrease

| Local ICI Claims and Net Income | | |
|---------------------------------|-------------|-------------|
| Year | Claims | Net Income |
| 2019 | \$1,649,420 | \$693,249 |
| 2018 | \$1,427,926 | -\$46,583 |
| 2017 | \$1,333,948 | \$1,530,943 |
| 2016 | \$1,339,006 | \$1,219,356 |
| 2015 | \$954,741 | \$1,155,651 |

Action Items

- **ETF recommends the Board approve the State ICI Actuarial Valuation as of December 31, 2019 and adopt Milliman's premium rate baseline scenario which would result in a 0% premium increase for the 2021 plan year**
- **ETF recommends the Board approve the Local ICI Actuarial Valuation as of December 31, 2019 and adopt Milliman's baseline scenario to continue the local ICI plan premium holiday for the 2021 plan year.**

The background is a dark blue gradient with numerous out-of-focus light spots in shades of blue and purple, creating a bokeh effect.

Questions?

Operational Updates

Item 9A through 9M – Memo Only



Future Items for Discussion

Item 10 – Memo Only

Eileen Mallow, Director

Office of Strategic Health Policy



Adjournment



Item 11 - No Memo





**HILL FARMS STATE
OFFICE BUILDING**
4822 Madison Yards Way

STATE OF WISCONSIN
HILL FARMS STATE
OFFICE BUILDING

Dept. of Administration
Division of Hearings & Appeals
Dept. of Employee Trust Funds
Dept. of Financial Institutions
Department of Safety &
Professional Services
Department of Transportation
Higher Educational Aids Board
Public Service Commission

← Parking
4822 Madison Yards Way



Next Meeting:
August 19, 2020

