State of Wisconsin Group Insurance Board Department of Employee Trust Funds

2023 Program Renewals

August 17, 2022



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Minute

1. Overview

- 2. Medical Plans
- 3. Prescription Drug Plan
- 4. Dental Plan
- 5. Aggregate Renewal
- 6. Fund Balance/Reserve
- 7. 2023 Premium Alternatives



2023 Renewal Process

- Medical (Fully-Insured)
 - Process
 - Health Plans (HMOs) followed a managed competition model, using a tier structure for both existing and new plans
 - Access Plan, Medicare Plus and State Maintenance Plan (SMP) followed a traditional rate development approach for the new vendors
 - IYC Medicare Advantage Plan rates were guaranteed from last year's extension
 - Met with majority of plans to discuss tier placement and long-term strategy
- Pharmacy (Self-Insured)
 - Received and reviewed claims experience
 - Met with Navitus to discuss trends and program management strategies
- Dental (Self-Insured)
 - Received and reviewed claims experience
 - Met with Delta Dental to discuss trends and program benefit and network changes
- Reserve Fund
 - In Year 1 of the 3-year buy-down strategy implemented by the Board—to reach the recommended target reserve by 2024 using gradual buy-downs
 - Projected year end 2022 reserve balance lower than anticipated investment gains not sufficient to
 offset losses from Pharmacy
 - Funds not sufficient to continue current strategy through 2024

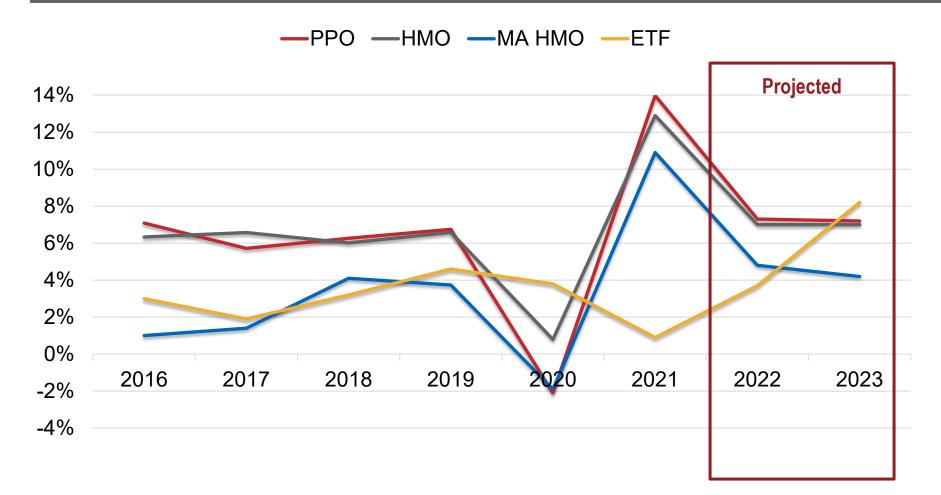
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Historical Medical Trends – Comparison to ETF



The COVID-19 experience was realized by most programs in 2020, while ETF's was negotiated into the 2021 renewal. We are now seeing greater premium increases.



- Health Plans (HMOs)
 - Primarily designed for in-state members
 - Due to WEA Trust leaving the program, there were numerous expansion opportunities
 - Renewal consistent with process from last 7 years, incorporating risk of WEA members
 - Administered by: Aspirus, Dean, GHC-Eau Claire, GHC-SCW, HealthPartners, Medical Associates, MercyCare, Network, Quartz, Security (new in 2023)
 - Tier model "managed competition" approach
- > Access Plan, Medicare Plus and State Maintenance Plan (SMP)
- Mostly utilized for out of state members and in-state members in counties without qualified, Tier 1 plan option.
 - Moved to fully-insured in 2018
 - Was administered by WEA Trust program will now be administered by Dean for Access/SMP and UHC for Medicare Plus if approved by the Board
 - Traditional underwriting approach applied to rate development for new vendors
- IYC Medicare Advantage (MA)
 - Designed for in and out of state Medicare eligible members
 - Administered by: UnitedHealthcare (UHC) with rate guarantees that end with 2023 although the contract lasts through 2025



- ETF needed to:
 - Find plan options for the 37,000 members from WEA Trust East and West (Chipp & Mayo)
 - Find vendor for Access, SMP and Medicare Plus for the 9,800 members enrolled
- > There was tremendous interest in the program resulting in 5 new expansions
 - Dean Prevea360 became East & West (1)
 - GHC-EC became Greater WI & River Region, and partnered with Common Ground (2)
 - HealthPartners became West & Southeast (1)
 - Security returned to the program (1)
- > Additionally, some of the existing networks were altered
- All expansion offers were given Tier 1 rate requirements, based on the expected migration of risk from prior WEA plans (age/sex, risk and region)
- All offers, except Quartz East, moved to Tier 1 for State. Only Dean Prevea360 and GHC-Eau Claire River Region moved to Tier 1 for Locals.
- Dean also provided ETF the best alternative for Access & SMP plans, with UHC providing the best alternative for Medicare Plus

Overall, a very positive result for the program.



Alternate Plans (HMO's) Overall Renewal Process

> Renewal process was slightly modified this year due to the WEA departure.

- > The negotiation process involved the following:
 - March: Segal prepared addendum collection requirements
 - April: ETF reviewed requirements and requested data from Plans
 - April 29: Addendum data submitted to Segal
 - May: Segal compiled data and calculated tier breakpoints
 - May 13: Preliminary Rate Quotes submitted to Segal
 - June: Segal compiled rates and placed Plans into premium tiers
 - June 1: Notified of WEA's departure
 - June 25: Plans notified of their tier placement and offered renewal meeting to discuss
 - June 28: Preliminary bids from new and expansion areas
 - July 6 14: Renewal meetings held with Plans
 - July 22: Best and Final Offers received from Plans this was delayed to allow new and expansion plans additional time

There were numerous meetings, network submissions and analysis around the WEA member migration. All plans and premiums (outside Dane) were impacted.



Collect Addendum Reports & Data

Plans are required to provide addendum reports for each group separately: State (Non-Medicare, Medicare, Grads), Local (Non-Medicare, Medicare), High Deductible Health Plan (HDHP), Total Organization (Non-Medicare, Medicare)

> The reports include:

- Enrollment and membership demographics
- Fee For Service claims and capitation encounter experience
- Medical trend assumptions
- Administrative expenses
- Rate development
- Medical loss ratio report
- Large claimant information
- Actuarial certification
- Similar to last year, addendum claims and capitation reports were validated using Merative data warehouse (DAISI)
- Network adequacy reports were submitted and utilized to determine which plans are qualified in each county

Tier Breakpoint Development – Based on Addendum

- Incurred claims and capitation experience are compiled for each plan
- Health Plans PMPMs were adjusted to reflect overstated/understated Cost Per Service from pre-pandemic numbers based on DAISI analysis; this was lower than prior years
- > Adjusted base period claims per member per month (PMPM) are trended forward with projected "limited" trends
- Administrative costs are added up to a threshold— no increase from 2022 amount
- \succ Total PMPMs are then risk adjusted, combining three factors:
 - **1.** Retrospective DAISI risk score (30%)
 - 2. Age/sex score (20%)
 - 3. Region factor (50%)
 - Region factors were updated using the latest marketplace premium variances
- WEA membership was migrated to other plans based on qualification status and ETF experience
- \geq Breakpoints are then set for Tiers 1, 2 and 3 taking into account normalized costs by plan and program budget

The overall Tier 1 breakpoint increase was estimated to be 8.3% for State and 6.7% for Locals.



Compile Tier Placement From Preliminary Bid

- 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 follow by design
- Bids are risk adjusted using an overall risk score comprised of prospective DAISI risk score (30%), age/sex (20%) and region (50%) similar to experience adjustment except risk is prospective vs. retrospective
- > Credits are then applied to reflect quality 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
- > New and expansion plans had risk adjusted rating only

There is no direct link from the Addendum projected rates to the Preliminary Bid.



All plans moved into Tier 1

	2022 Rates	BAFO 2023 Rates	Change From Current	%
Medical Costs	(in Millions)			
Dane	\$547.6	\$603.9	\$56.3	10.3%
Non-Dane	\$518.4	\$554.9	\$36.5	7.1%
Total State	\$1,066.0	\$1,158.8	\$92.9	8.7%

^ Totals may not reconcile due to rounding



WPE (Locals) Tier Placement From Preliminary Bids

- Three years ago, a tier process, similar to that utilized by the State, was implemented for the Locals
 - The primary difference is that Locals, due to their size, combine Dane and Non-Dane to produce one overall statewide model
- > The variability in size necessitates additional smoothing techniques and limitations
- > Catastrophic claims were given additional weight in the development
- Consistent with last year, limitations (adjusted for quality credits) were placed on rate increases and % of State Rate for plans to be in Tier 1/2/3



Local HMO Renewal

> A number of plans did not move to Tier 1 during negotiations:

- Aspirus
- HealthPartners West, Southeast & Robin
- Quartz Central

- Security
- Common Ground (GHC-EC)

	2022 Rates	BAFO 2023 Rates	Change From Current	%				
Medical Cos	Medical Costs (in Millions)							
Locals	\$185.9	\$201.9	\$16.0	8.6%				



Access Plan, SMP Renewals, and Medicare Plus

- If Board approved, Dean would manage the fully-insured Access Plan and SMP plans
- If Board approved, UHC would manage the fully-insured Medicare Plus plan for Medicare eligible retirees
- > The data was provided to both vendors and a traditional rate development was utilized
- BAFO rates from Dean resulted in a 5.2% and 6.2% reduction to the Access Plan and SMP rates respectively
- UHC Medicare Plus BAFO rates resulted in an increase of 9.6%

	2022 Rates	BAFO 2023 Rates	Change from Current	%				
Medical Costs (in Millions)								
State	\$55.92	\$54.87	(\$1.05)	-1.9%				
Local	\$1.25	\$1.27	\$0.02	1.7%				
Total	\$57.17	\$56.15	(\$1.03)	-1.8%				

Totals may not reconcile due to rounding

Securing vendors and negotiating competitive rates was a challenge. ETF vendor partners were extremely engaged during the process.



- ETF contracted with UnitedHealthcare (UHC) for a Medicare Advantage plan starting in 2019
- > Last year, UHC negotiated in good faith and provided rate guarantees for two years
 - The 2023 rate included a \$5.02 increase to \$60.58 from \$55.56, a 9% increase
- Positive experience could not move UHC from their rates
 - If it continues, we expect the Gain Share Arrangement to kick in, which will allow ETF a settlement if the plans MLR is under 90%

	2022 Rates	BAFO 2023 Rates	Change from Current	%			
Medical Costs (in Millions)							
State	\$8.22	\$8.97	\$0.74	9.0%			
Local	\$0.38	\$0.41	\$0.03	9.0%			
Total	\$8.60	\$9.38	\$0.78	9.0%			

Totals may not reconcile due to rounding



2023 Overall Medical Increase by Product

> Overall, State increased 8.2% and Local increased 8.6%, for a total of 8.2%

	2022 Inforce Rates **	2023 Prelim Bids	Negotiation Savings	%	2023 BAFO Rates***	Change From Inforce	%
State (in Millions)							
Medicare Advantage	\$8.2	\$9.0	\$0.0	0.0%	\$9.0	\$0.7	9.0%
Statewide	\$55.9	\$59.0	(\$4.2)	-7.0%	\$54.9	(\$1.0)	-1.9%
НМО	\$1,066.0	\$1,217.1	(\$58.3)	-4.8%	\$1,158.8	\$92.9	8.7%
Total State	\$1,130.1	\$1,285.1	(\$62.4)	-4.9%	\$1,222.7	\$92.6	8.2%

	2022 Inforce Rates **	2023 Prelim Bids	Negotiation Savings	%	2023 BAFO Rates***	Change From Inforce	%
Local (in Millions)							
Medicare Advantage	\$0.38	\$0.41	\$0.00	0.0%	\$0.41	\$0.03	9.0%
Statewide	\$1.25	\$1.32	(\$0.05)	-3.7%	\$1.27	\$0.02	1.7%
НМО	\$185.92	\$213.21	(\$11.27)	-5.3%	\$201.95	\$16.03	8.6%
Total Local	\$187.55	\$214.95	(\$11.32)	-5.3%	\$203.63	\$16.09	8.6%

	2022 Inforce Rates **	2023 Prelim Bids	Negotiation Savings	%	2023 BAFO Rates***	Change From Inforce	%
Total (in Millions)							
Medicare Advantage	\$8.6	\$9.4	\$0.0	0.0%	\$9.4	\$0.8	9.0%
Statewide	\$57.2	\$60.3	(\$4.2)	-7.0%	\$56.1	(\$1.0)	-1.8%
HMO	\$1,251.9	\$1,430.3	(\$69.5)	-4.9%	\$1,360.8	\$108.9	8.7%
Grand Total	\$1,317.7	\$1,500.0	(\$73.7)	-4.9%	\$1,426.3	\$108.6	8.2%

Totals may not reconcile due to rounding

* Medicare includes HDHP Medicare and Family 1 contracts

- ** 2022 Inforce Rates are pre-buydown
- *** 2023 BAFO rates are pre-buydown



2023 Overall Medical Increase by Group

Renewal process resulted in a \$73.7 million savings, a 4.9% reduction from 2023 Preliminary Bids (4.9% for State and 5.3% for Locals)

	2022 Inforce Rates **	2023 Prelim Bids	Negotiation Savings	%	2023 BAFO Rates***	Change From Inforce	%
State (in Millions)							
Non-Medicare	\$846.4	\$960.6	(\$46.4)	-4.8%	\$914.2	\$67.8	8.0%
Medicare*	\$82.9	\$96.3	(\$4.2)	-4.3%	\$92.2	\$9.3	11.2%
Grads	\$48.9	\$56.4	(\$3.6)	-6.3%	\$52.9	\$4.0	8.2%
HDHP	\$152.0	\$171.8	(\$8.3)	-4.8%	\$163.5	\$11.5	7.6%
Total State	\$1,130.1	\$1,285.1	(\$62.4)	-4.9%	\$1,222.7	\$92.6	8.2%
Local (in Millions)							
Non-Medicare	\$174.0	\$199.3	(\$10.4)	-5.2%	\$188.9	\$14.9	8.6%
Medicare*	\$4.7	\$5.7	(\$0.5)	-8.8%	\$5.2	\$0.5	10.5%
HDHP	\$8.8	\$9.9	(\$0.4)	-4.2%	\$9.5	\$0.7	7.7%
Total Local	\$187.5	\$214.9	(\$11.3)	-5.3%	\$203.6	\$16.1	8.6%
Grand Total	\$1,317.7	\$1,500.0	(\$73.7)	-4.9%	\$1,426.3	\$108.6	8.2%

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** 2022 Inforce Rates are pre-buydown

*** 2023 BAFO rates are pre-buydown



- A plan must meet at least 90% geo-access in the county for the inpatient hospitals, primary care physicians (includes Internal Medicine, Family Medicine and General Medicine) and chiropractors
- If a geo-access 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
- For a plan to be fully qualified in county, the plan must be a qualified in that county and be Tier 1
- If no plans meet the requirements above for a given country, the SMP will be available



State Maintenance Plan (SMP)

- 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 2023 for State (same as 2022):
 - Florence County
- > SMP will be offered in 4 counties in 2023 for Local (down from 7 counties in 2022):
 - Florence County
 - Marquette County
 - Waupaca County
 - Waushara County

The vast majority of Local membership will not need a SMP in 2023 as a result of expanded networks.



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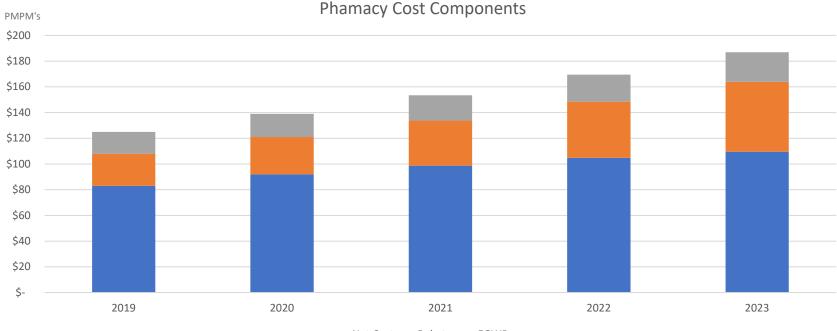
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Historical Pharmacy Spend – PMPM

"Top Line" claims (before credits) projected trend is averaging 10.6% from 2016 – 2023, while Rebates and EGWP subsides have increased on average at 16.5%

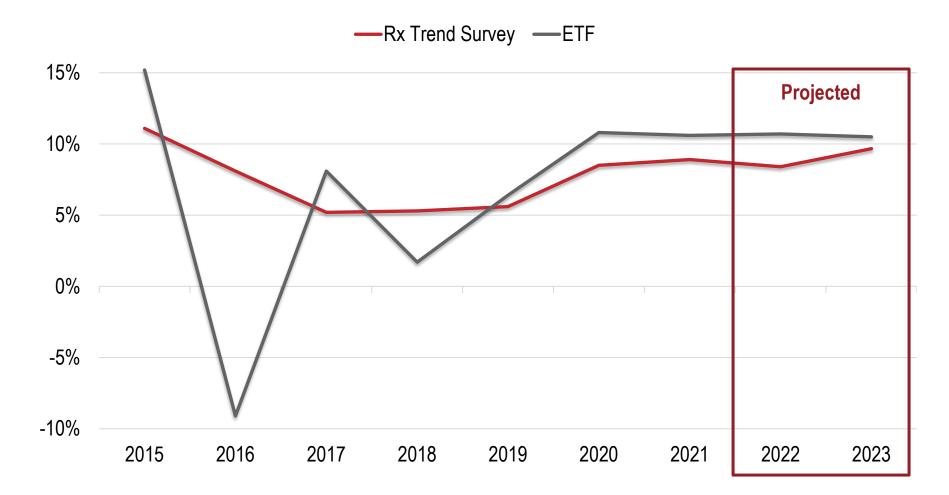
> The net impact is a 4-year total average increase of 7.2% annually



■ Net Cost ■ Rebates ■ EGWP



Historical Pharmacy "Top Line" Trends – Comparison to ETF



ETF increases have generally been higher than norms over past 4 years.



Source: 2022 Segal Health Plan Cost Trend Survey

Prescription Drug Plan

- > Rating groups below are necessary to minimize volatility:
 - State: Regular, Grads, and Medicare
 - Local: Regular and Medicare
- Claims data was received from Navitus and used in our analysis
 - Baseline data utilized the most recent 12 months of claims, June 2021 through May 2022
- Annual top-line claims trend of 9.6% was derived from the weighted average of the Navitus projected claims trends for 2021 and 2022 and the Segal trend survey
- We received and utilized administrative expenses, expected rebates and Medicare Part D subsidies provided by Navitus for the rate development
- As opposed to prior years, the actual net prescription costs were higher than Navitus assumptions, yielding a loss
- The Navitus recast of 2021 and 2022 cost assumptions further drove the composite rate increase of 9.6%

Prescription Drug Plans Rates

> Aggregate rate increase of 10.2% for State

	2022 Single Rate	2023 Single Rate	%
State			
HMO Regular	\$119.94	\$128.50	7.1%
IYC Access	\$119.94	\$128.50	7.1%
State Maintenance Plan (SMP)	\$119.94	\$128.50	7.1%
HDHP Regular	\$103.14	\$110.52	7.2%
IYC Access HDHP	\$103.14	\$110.52	7.2%
State Maintenance Plan (SMP) HDHP	\$103.14	\$110.52	7.2%
HMO Grads	\$56.20	\$64.14	14.1%
IYC Access Grads	\$56.20	\$64.14	14.1%
State Maintenance Plan (SMP) Grads	\$56.20	\$64.14	14.1%
HMO Medicare	\$140.40	\$167.52	19.3%
Medicare Plus (IYC Access & SMP)	\$140.40	\$167.52	19.3%
Overall			10.2%

Prescription Drug Plans Rates *continued*

> Aggregate rate decrease of 4.4% for Local

	2022 Single Rate	2023 Single Rate	% Change
Local			
HDHP Regular	\$106.02	\$102.00	-3.8%
IYC Access HDHP	\$106.02	\$102.00	-3.8%
State Maintenance Plan HDHP	\$106.02	\$102.00	-3.8%
HMO Regular	\$130.90	\$125.92	-3.8%
IYC Access	\$130.90	\$125.92	-3.8%
State Maintenance Plan	\$130.90	\$125.92	-3.8%
HMO / HDHP Medicare	\$186.38	\$166.88	-10.5%
Medicare Plus (IYC Access & SMP)	\$186.38	\$166.88	-10.5%
Overall			-4.4%

Prescription Drug Plans Rates

> Overall, the recommended rate increase for the prescription drug plan is 8.1%

	2022 Inforce (Pre BD)	2023 Premium (Pre BD)	\$ Change	% Change
State (in Millions)				
Non-Medicare, Non-Grad	\$148.8	\$159.4	\$10.6	7.1%
Medicare*	\$58.2	\$69.2	\$11.0	18.9%
Grad Assistants	\$5.6	\$6.4	\$0.8	14.1%
HDHP	\$26.2	\$28.1	\$1.9	7.2%
Total State	\$238.8	\$263.1	\$24.3	10.2%
Local (in Millions)				
Non-Medicare, Non-Grad	\$34.6	\$33.3	(\$1.3)	-3.8%
Medicare*	\$3.7	\$3.3	(\$0.4)	-10.2%
HDHP	\$1.6	\$1.5	(\$0.1)	-3.8%
Total Local	\$39.9	\$38.2	(\$1.8)	-4.4%
Grand Total	\$278.7	\$301.3	\$22.6	8.1%

[^] Totals may not reconcile due to rounding

^{*} Medicare includes Family 1 contracts

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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
 - Delta won a recent RFP to continue services starting 1/1/2022
- Claims data (January 2017 April 2022) was received from Delta Dental and used in our analysis
 - Experience period used was 2021 incurred claims (runout thru April 2022)
- > Assumptions:
 - Annual Trend 3.1% (Segal Trend Survey)
 - Delta Dental's Projected 2022 Plan Design Change Impact 3.7% (Add coverage for composite fillings on posterior teeth)
- Emerging experience aligns with prior projections, thus the rate increase is close to the underlying trend assumption

	2022 Rates	2023 Rates	% Change
Self-Insured Rates			
Single	\$30.20	\$31.16	3.2%
Family	\$75.50	\$77.90	3.2%



Dental Total Cost

> Overall, the recommended rate action for the dental plan is 3.2%

	2022 Inforce (Pre BD)	2023 Premium (Pre BD)	\$ Change	% Change
State (in Millions)				
Non-Medicare, Non-Grad	\$36.6	\$37.8	\$1.2	3.2%
Medicare*	\$10.9	\$11.3	\$0.3	3.2%
Grad Assistants	\$2.8	\$2.9	\$0.1	3.2%
HDHP	\$7.4	\$7.6	\$0.2	3.2%
Total State	\$57.8	\$59.6	\$1.8	3.2%
Local (in Millions)				
Non-Medicare, Non-Grad	\$1.795	\$1.852	\$0.057	3.2%
Medicare*	\$0.085	\$0.087	\$0.003	3.2%
HDHP	\$0.120	\$0.123	\$0.004	3.2%
Total Local	\$1.999	\$2.063	\$0.064	3.2%
Grand Total	\$59.8	\$61.7	\$1.9	3.2%

 \star Segal Consulting 29

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2023 Aggregate Renewal - Medical, Rx, Dental, and Admin

Renewal process resulted in a \$131.1 million Total Premium increase, a 7.8% increase from 2022 Inforce Rates (8.0% for State and 6.1% for Locals)

	2022 Inforce (Pre BD)	2023 Premium (Pre BD)	\$ Change	% Change
State (in Millions)				
Medical	\$1,130.1	\$1,222.7	\$92.6	8.2%
Pharmacy	\$238.8	\$263.1	\$24.3	10.2%
Dental	\$57.8	\$59.6	\$1.8	3.2%
Admin	\$26.8	\$25.0	(\$1.8)	-6.7%
Total	\$1,453.5	\$1,570.4	\$116.9	8.0%
Local (in Millions)				
Medical	\$187.5	\$203.6	\$16.1	8.6%
Pharmacy	\$39.9	\$38.2	(\$1.8)	-4.4%
Dental	\$2.0	\$2.1	\$0.1	3.2%
Admin	\$3.6	\$3.3	(\$0.2)	-6.7%
Total	\$233.0	\$247.2	\$14.2	6.1%
Grand Total	\$1,686.6	\$1,817.6	\$131.1	7.8%

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The fund balance increased \$4.2M in 2021 and is projected to decrease by \$40.5M in 2022

State Health Reserve (in millions)										
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Beg of Year										
Medical	61.4	66.7	69.4	74.8	76.9	84.7	62.0	73.5	86.3	96.5
Pharmacy	77.9	63.1	30.8	6.7	60.1	121.8	134.7	132.4	100.1	90.1
Dental	0.0	0.0	0.0	0.0	(1.2)	0.2	3.5	5.5	19.6	23.7
Total	139.3	129.8	100.1	81.5	135.8	206.6	200.2	211.4	206.1	210.3
Gain/(Loss)										
Medical	5.3	2.7	5.4	2.1	7.8	(22.7)	11.5	12.9	10.2	0.6
Pharmacy	(14.9)	(32.3)	(24.1)	53.4	61.6	13.0	(2.4)	(32.2)	(10.1)	(41.2)
Dental	0.0	0.0	0.0	(1.2)	1.4	3.3	2.0	14.1	4.1	0.1
Total	(9.6)	(29.6)	(18.7)	54.3	70.8	(6.4)	11.1	(5.3)	4.2	(40.5)
End of Year										
Medical	66.7	69.4	74.8	76.9	84.7	62.0	73.5	86.3	96.5	97.1
Pharmacy	63.1	30.8	6.7	60.1	121.8	134.7	132.4	100.1	90.1	48.9
Dental	0.0	0.0	0.0	(1.2)	0.2	3.5	5.5	19.6	23.7	23.8
Total	129.8	100.1	81.5	135.8	206.6	200.2	211.4	206.1	210.3	169.7

[^] Totals may not reconcile due to rounding

^{*} Reserves inclusive of investment income

Fund Balance Local

The fund balance increased \$2.6M in 2021 and is projected to increase \$0.8M in 2022

Local Health Reserve (in millions)										
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Beg of Year										
Medical	1.7	0.6	0.7	0.6	(0.1)	(0.8)	(1.5)	(2.0)	(2.3)	(3.3)
Pharmacy	17.0	20.5	15.6	8.4	14.3	19.9	23.7	21.0	16.8	20.4
Dental	0.0	0.0	0.0	0.0	(0.1)	(0.2)	(0.2)	(0.2)	0.1	0.1
Total	18.7	21.1	16.3	9.0	14.2	18.9	22.1	18.9	14.6	17.2
Gain/(Loss)										
Medical	(1.1)	0.0	(0.0)	(0.7)	(0.8)	(0.7)	(0.5)	(0.3)	(1.0)	0.0
Pharmacy	3.5	(4.9)	(7.2)	5.9	5.6	3.8	(2.7)	(4.2)	3.6	0.8
Dental	0.0	0.0	0.0	(0.1)	(0.1)	0.0	0.0	0.3	(0.0)	(0.1)
Total	2.4	(4.9)	(7.2)	5.1	4.7	3.1	(3.2)	(4.2)	2.6	0.8
End of Year										
Medical	0.6	0.7	0.6	(0.1)	(0.8)	(1.5)	(2.0)	(2.3)	(3.3)	(3.2)
Pharmacy	20.5	15.6	8.4	14.3	19.9	23.7	21.0	16.8	20.4	21.2
Dental	0.0	0.0	0.0	(0.1)	(0.2)	(0.2)	(0.2)	0.1	0.1	0.1
Total	21.1	16.3	9.0	14.2	18.9	22.1	18.9	14.6	17.2	18.1

[^] Totals may not reconcile due to rounding

^{*} Reserves inclusive of investment income

Segal's ending fund balance projection uses ETF transactional data through 6/30/2022

State Health Reserve (in milions)								
	Medical	Pharmacy	Dental	Total				
Balance 1/1/2022	96.5	90.1	23.7	210.3				
Revenue								
Premiums	1,184.1	216.1	60.7	1,461.0				
EGWP Subsidy		55.1		55.1				
Investment Income	0.6	0.4	0.1	1.1				
Total Revenue	1,184.7	271.7	60.9	1,517.2				
Expenses								
Paid Claims	1,164.6	409.4	59.6	1,633.5				
Admin Costs	19.6	9.4	1.2	30.2				
Rebates		(105.9)		(105.9)				
Total Expenses	1184.1	312.9	60.8	1,557.8				
2022 Change in Budget	0.6	(41.2)	0.1	(40.5)				
Balance 12/31/2022	97.1	48.9	23.8	169.7				
2021 Projection				187.1				

[^] Totals may not reconcile due to rounding

A net loss of \$17.4 million

Segal's ending fund balance projection uses ETF transactional data through 6/30/2022

	Local Health Re	serve (in millio	ons)	
	Medical	Pharmacy	Dental	Total
Balance 1/1/2022	(3.3)	20.4	0.1	17.2
Revenue				
Premiums	185.6	38.1	2.1	225.8
EGWP Subsidy		3.5		3.5
Investment Income	(0.0)	0.1	0.0	0.1
Total Revenue	185.6	41.8	2.1	229.5
Expenses				
Paid Claims	183.1	55.6	2.1	240.8
Admin Costs	2.5	0.9	0.0	3.4
Rebates		(15.5)		(15.5)
Total Expenses	185.6	40.9	2.1	228.6
2022 Change in Budget	0.0	0.8	(0.1)	0.8
Balance 12/31/2022	(3.2)	21.2	0.1	18.1
2021 Projection				15.3

^ Totals may not reconcile due to rounding

A net gain of \$2.8 million

Gain/(Loss) Summary

> Overall investment experience over last 12-months has been positive

> Poor pharmacy experience is the largest component of the loss for State

> Allocation of rebates and subsidies to locals causes some variation

Projected 12/31/2022 Reserve Gain/(Loss) Analysis (in millions)						
	State	Local				
2021 Projected	187.1	15.3				
2022 Projected	169.7	18.1				
Total Reserve Gain	(17.4)	2.8				
Gain from:						
Investment Income	6.6	1.8				
Pharmacy Experience	(20.4)	1.8				
Dental Experience (0.3) (0.1)						
Medical Experience	(3.3)	(0.7)				

Reserve Policy

- 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 premiums
 - Pharmacy: 8% to 10% of projected claims
 - Dental: 5% to 7% 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
- Last year the board, based on the reserve at that time, approved moving to the new policy over the 3-year period ending in 2024



Reserve Surplus Calculation

- Based on the mid-point reserve target, the State has a surplus of \$76.7M
- Locals also have a surplus of \$4.3M

	Frojected Reserve (in minoris)							
	State				Local			
	Medical	Rx	Dental	Total	Medical	Rx	Dental	Total
Projected Fund Balance 12/31/2022	97.1	48.9	23.8	169.7	(3.2)	21.2	0.1	18.1
Projected 2023 Claims (SI)		449.5	61.4	511.0		61.0	2.2	63.2
Projected 2023 Premiums (FI)	1,222.7			1,222.7	203.6			203.6
New Policy Reserve Target								
3% Medical, 8% Rx, 5% Dental	36.7	36.0	3.1	75.7	6.1	4.9	0.1	11.1
5% Medical, 10% Rx, 7% Dental	61.1	45.0	4.3	110.4	10.2	6.1	0.2	16.4
Mid-Point Reserve	48.9	40.5	3.7	93.1	8.1	5.5	0.1	13.8
Surplus New Policy	48.2	8.4	20.1	76.7	(11.4)	15.7	(0.1)	4.3

Projected Reserve (in millions)

- Segal recommends the State and Local plans utilize a portion of the surplus to buy down premiums
- Also note there is \$17.4M for State and \$2.7M for Locals to move to the lower end of the range

Historical Fund Balance Buy-Downs

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

Fund Buy-Down (in millions)								
		Sta	ite		Local			
Premium		_				_		
Year	Medical	Rx	Dental	Total	Medical	Rx	Dental	Total
2025(TBD)								
2024(TBD)								
2023(TBD)								
2022	0.0	27.0	0.0	27.0	0.0	2.5	0.0	2.5
2021	0.0	10.5	0.0	10.5	0.0	1.7	0.0	1.7
2020	0.0	33.0	0.0	33.0	0.0	6.5	0.0	6.5
2019	0.0	49.1	0.0	49.1	0.0	7.8	0.0	7.8
2018	13.0	16.0	0.0	29.0	0.0	0.0	0.0	0.0
2017	0.0	0.0	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	0.0	0.0
2015	0.0	20.0	0.0	20.0	0.0	5.0	0.0	5.0
2014	0.0	20.5	0.0	20.5	0.0	3.1	0.0	3.1
2013	0.0	32.8	0.0	32.8	0.2	1.0	0.0	1.2
2012	0.0	30.0	0.0	30.0	0.0	1.0	0.0	1.0

> Buy-downs require additional premium in the future years to make up the amount

The buy-down is applied by taking a % of the Rx premium rates across all groups.



- Continue Option 4 from 2022 Board Approval \$43.0M draw; a 7.1% increase
- In 2024, the remaining surplus is applied a 5.4% increase
- No additional draw in 2025 a 7.6% increase

_					
			% of Claims/		
	Balance ¹	Target ²	FI Premium	Surplus ³	Draw
2023	\$169.7	\$93.1	5.4%	\$76.7	\$43.0
2024	\$135.6	\$97.7	5.4%	\$37.9	\$39.7
2025	\$102.6	\$102.6	5.4%	\$0.0	\$0.0

State Reserve Multi-Year Strategy (in Millions)



[^] Totals may not reconcile due to rounding

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

² Reserve Target 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.

The table below targets a 4% increase in 2023 and uses the entire surplus
 In 2024, with no surplus available, results in a larger increase of 11.1%

 \geq In 2025, with no surplus available, the rate increase is 5.0%

			% of Claims/		
	Balance ¹	Target ²	FI Premium	Surplus ³	Draw
2023	\$169.7	\$93.1	5.4%	\$76.7	\$86.5
2024	\$89.1	\$97.7	5.4%	-\$8.7	\$0.0
2025	\$95.3	\$102.6	5.4%	-\$7.3	\$0.0

State Reserve Multi-Year Strategy (in Millions)

> Note that this falls below the midpoint target – but is still within the reserve range



[^] Totals may not reconcile due to rounding

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

² Reserve Target 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.

> The table below targets a 5% increase in 2023 and uses most of the surplus

In 2024, the remaining surplus is applied, leaving an increase of 9.5%

 \succ In 2025, with no surplus available, the rate increase is 5.5%

	Balance ¹	Target ²	% of Claims/ FI Premium	Surplus ³	Draw
2023	\$169.7	\$93.1	5.4%	\$76.7	\$72.3
2024	\$104.2	\$97.7	5.4%	\$6.5	\$8.4
2025	\$102.6	\$102.6	5.4%	\$0.0	\$0.0

State Reserve Multi-Year Strategy (in Millions)



[^] Totals may not reconcile due to rounding

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

² Reserve Target 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.

The table below targets a 6% increase in 2023 and uses most of the surplus

> In 2024, the remaining surplus is applied, leaving an increase of 7.5%

 \geq In 2025, with no surplus available, the rate increase is 6.5%

	Polonoo1	Torgot ²	% of Claims/ Fl Premium	Surplus ³	Drow
	Balance ¹	Target ²	FIFIEIIIIIII	Surpius	Draw
2023	\$169.7	\$93.1	5.4%	\$76.7	\$58.0
2024	\$119.5	\$97.7	5.4%	\$21.8	\$23.7
2025	\$102.6	\$102.6	5.4%	\$0.0	\$0.0

State Reserve Multi-Year Strategy (in Millions)

² Reserve Target assumed to increase at 5% per year.



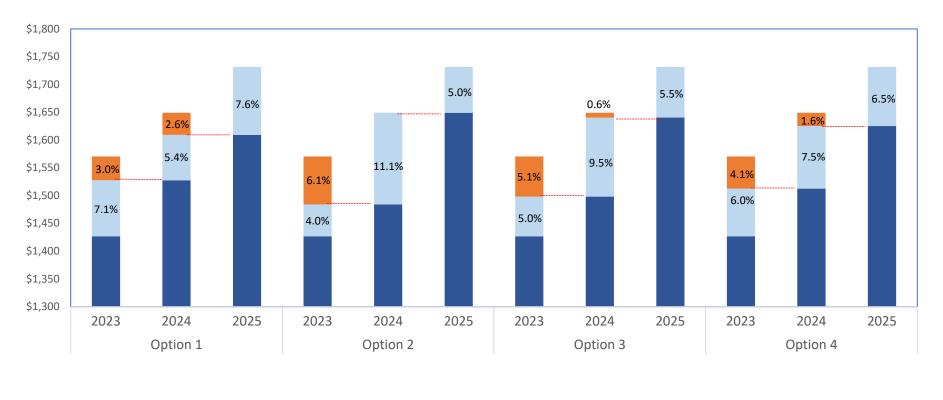
[^] Totals may not reconcile due to rounding

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

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

Projected State Premium Increases – Options 1 through 4

Depending on the option, there will be an additional increases over trend in the future to compensate for the underfunding in prior years



Buy-Down Scenarios (in \$ millions)

■ In-Force Rates ■ Annual Increase

ise 📕 Buy-Down

> Each option produces the same 3-year overall increase of 5.0%



Projected Local Premium Increases

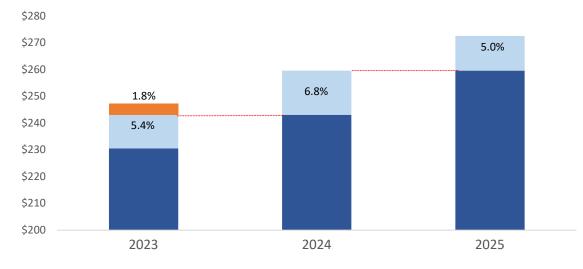
Utilized the entire surplus in 2023

Local Reserve Multi-Year Strategy (in Millions)

			% of Claims/		
	Balance ¹	Target ²	FI Premium	Surplus ³	Draw
2023	\$17.2	\$13.8	5.2%	\$3.5	\$4.1
2024	\$14.2	\$14.5	5.2%	-\$0.2	\$0.0
2025	\$15.2	\$15.2	5.2%	\$0.0	\$0.0

Totals may not reconcile due to rounding

Buy-Down Scenarios (in \$ millions)





- 1. Overview
- 2. Medical Plans
- 3. Prescription Drug Plan
- 4. Dental Plan
- 5. Aggregate Renewal
- 6. Fund Balance/Reserve

7. 2023 Premium Alternatives



2023 Premium Rates – With No Reserve Draw *Total Premium by Group*

- The 2022 premiums reflect a \$26.8 million buy-down for State and \$2.5 million for Locals
- The 2022 inforce after buy-down premiums are expected to increase 10.1% in 2023 before further reserve draw down – Locals increase is 7.2%
- > Premiums include medical, pharmacy, dental, and admin

	2022 Inforce (Pre BD)	2022 Inforce (Post BD)	2022 BD	2023 Premium (Pre BD)	2023 Need	%
State (in Millions)						
Non-Medicare, Non-Grad	\$1,046.7	\$1,030.0	\$16.7	\$1,125.3	\$95.3	9.2%
Medicare*	\$158.9	\$152.3	\$6.5	\$179.0	\$26.7	17.5%
Grad Assistants	\$59.2	\$58.6	\$0.6	\$63.9	\$5.4	9.2%
HDHP	\$188.8	\$185.8	\$2.9	\$202.2	\$16.3	8.8%
Total	\$1,453.5	\$1,426.7	\$26.8	\$1,570.4	\$143.7	10.1%
Local (in Millions)						
Non-Medicare, Non-Grad	\$213.5	\$211.3	\$2.2	\$226.9	\$15.6	7.4%
Medicare*	\$8.9	\$8.6	\$0.2	\$9.0	\$0.3	
HDHP	\$10.7	\$10.6	\$0.1	\$11.3	\$0.7	6.7%
Total	\$233.0	\$230.5	\$2.5	\$247.2	\$16.7	7.2%
Grand Total	\$1,686.6	\$1,657.3	\$29.3	\$1,817.6	\$160.3	9.7%

^ Totals may not reconcile due to rounding



2023 Premium Rates – With Option 1 Reserve Draw

- State draws down the reserve \$43.0 million to reduce the overall increase from 10.1% to 7.1%
- Locals draws down the reserve \$2.5 million to reduce the overall increase from 7.2% to 5.4%
- Aggregate increase after buy-down is 6.8%

	2022 Inforce (Post BD)	2023 Premium (Pre BD)	2023 Buydown	2023 Premium (Post BD)	\$ Change	% Change
State (in Millions)						
Non-Medicare, Non-Grad	\$1,030.0	\$1,125.3	(\$26.0)	\$1,099.2	\$69.2	6.7%
Medicare*	\$152.3	\$179.0	(\$11.3)	\$167.7	\$15.4	10.1%
Grad Assistants	\$58.6	\$63.9	(\$1.0)	\$62.9	\$4.3	7.4%
HDHP	\$185.8	\$202.2	(\$4.6)	\$197.6	\$11.7	6.3%
Total	\$1,426.7	\$1,570.4	(\$43.0)	\$1,527.5	\$100.7	7.1%
Local (in Millions)						
Non-Medicare, Non-Grad	\$211.3	\$226.9	(\$3.6)	\$223.4	\$12.0	5.7%
Medicare*	\$8.6	\$9.0	(\$0.4)	\$8.6	(\$0.0)	-0.3%
HDHP	\$10.6	\$11.3	(\$0.2)	\$11.2	\$0.5	5.1%
Total	\$230.5	\$247.2	(\$4.1)	\$243.1	\$12.6	5.4%
Grand Total	\$1,657.3	\$1,817.6	(\$47.1)	\$1,770.6	\$113.3	6.8%

^ Totals may not reconcile due to rounding



2023 Premium Rates – With Option 2 Reserve Draw

- State draws down the reserve \$86.5 million to reduce the overall increase from 10.1% to 4.0%
- Locals draws down the reserve \$4.1 million to reduce the overall increase from 7.2% to 5.4%
- Aggregate increase after buy-down is 4.2%

	2022 Inforce (Post BD)	2023 Premium (Pre BD)	2023 Buydown	2023 Premium (Post BD)	\$ Change	% Change
State (in Millions)						
Non-Medicare, Non-Grad	\$1,030.0	\$1,125.3	(\$52.4)	\$1,072.8	\$42.8	4.2%
Medicare*	\$152.3	\$179.0	(\$22.8)	\$156.3	\$3.9	2.6%
Grad Assistants	\$58.6	\$63.9	(\$2.1)	\$61.8	\$3.3	5.6%
HDHP	\$185.8	\$202.2	(\$9.2)	\$192.9	\$7.1	3.8%
Total	\$1,426.7	\$1,570.4	(\$86.5)	\$1,483.9	\$57.1	4.0%
Local (in Millions)						
Non-Medicare, Non-Grad	\$211.3	\$226.9	(\$3.6)	\$223.4	\$12.0	5.7%
Medicare*	\$8.6	\$9.0	(\$0.4)	\$8.6	(\$0.0)	-0.3%
HDHP	\$10.6	\$11.3	(\$0.2)	\$11.2	\$0.5	5.1%
Total	\$230.5	\$247.2	(\$4.1)	\$243.1	\$12.6	5.4%
Grand Total	\$1,657.3	\$1,817.6	(\$90.6)	\$1,727.0	\$69.7	4.2%

^ Totals may not reconcile due to rounding



2023 Premium Rates – With Option 3 Reserve Draw

- State draws down the reserve \$72.3 million to reduce the overall increase from 10.1% to 5.0%
- Locals draws down the reserve \$4.1 million to reduce the overall increase from 7.2% to 5.4%
- Aggregate increase after buy-down is 5.1%

	2022 Inforce (Post BD)	2023 Premium (Pre BD)	2023 Buydown	2023 Premium (Post BD)	\$ Change	% Change
State (in Millions)						
Non-Medicare, Non-Grad	\$1,030.0	\$1,125.3	(\$43.8)	\$1,081.5	\$51.4	5.0%
Medicare*	\$152.3	\$179.0	(\$19.0)	\$160.0	\$7.7	5.0%
Grad Assistants	\$58.6	\$63.9	(\$1.8)	\$62.2	\$3.6	6.2%
HDHP	\$185.8	\$202.2	(\$7.7)	\$194.5	\$8.6	4.6%
Total	\$1,426.7	\$1,570.4	(\$72.3)	\$1,498.1	\$71.3	5.0%
Local (in Millions)						
Non-Medicare, Non-Grad	\$211.3	\$226.9	(\$3.6)	\$223.4	\$12.0	5.7%
Medicare*	\$8.6	\$9.0	(\$0.4)	\$8.6	(\$0.0)	-0.3%
HDHP	\$10.6	\$11.3	(\$0.2)	\$11.2	\$0.5	5.1%
Total	\$230.5	\$247.2	(\$4.1)	\$243.1	\$12.6	5.4%
Grand Total	\$1,657.3	\$1,817.6	(\$76.4)	\$1,741.2	\$83.9	5.1%

^ Totals may not reconcile due to rounding



2023 Premium Rates – With Option 4 Reserve Draw

- State draws down the reserve \$58.0 million to reduce the overall increase from 10.1% to 6.0%
- Locals draws down the reserve \$2.5 million to reduce the overall increase from 7.2% to 5.4%
- Aggregate increase after buy-down is 5.9%

	2022 Inforce (Post BD)	2023 Premium (Pre BD)	2023 Buydown	2023 Premium (Post BD)	\$ Change	% Change
State (in Millions)						
Non-Medicare, Non-Grad	\$1,030.0	\$1,125.3	(\$35.2)	\$1,090.1	\$60.1	5.8%
Medicare*	\$152.3	\$179.0	(\$15.3)	\$163.8	\$11.4	7.5%
Grad Assistants	\$58.6	\$63.9	(\$1.4)	\$62.5	\$4.0	6.8%
HDHP	\$185.8	\$202.2	(\$6.2)	\$196.0	\$10.1	5.5%
Total	\$1,426.7	\$1,570.4	(\$58.0)	\$1,512.4	\$85.6	6.0%
Local (in Millions)						
Non-Medicare, Non-Grad	\$211.3	\$226.9	(\$3.6)	\$223.4	\$12.0	5.7%
Medicare*	\$8.6	\$9.0	(\$0.4)	\$8.6	(\$0.0)	-0.3%
HDHP	\$10.6	\$11.3	(\$0.2)	\$11.2	\$0.5	5.1%
Total	\$230.5	\$247.2	(\$4.1)	\$243.1	\$12.6	5.4%
Grand Total	\$1,657.3	\$1,817.6	(\$62.1)	\$1,755.5	\$98.2	5.9%

^ Totals may not reconcile due to rounding



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Thank you

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