

## STATE OF WISCONSIN Department of Employee Trust Funds

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## Correspondence Memorandum

**Date:** July 18, 2023

**To:** Group Insurance Board

**From:** Tom Rasmussen, Life Insurance and Dental Program Manager

Office of Strategic Health Policy

**Subject:** Uniform Dental Program Experience Report

This memo is for informational purposes only. No Board action is required.

## Background

The Uniform Dental Benefit (UDB), authorized by Wis. Stat. §40.03(6) pursuant to §20.921(1)(a)3 and Wisconsin Administrative Code ETF 10.20 and ETF 40, has remained largely unchanged since the program began with a third-party administrator (TPA) on January 1, 2016. Delta Dental of Wisconsin (Delta Dental) has been the UDB's TPA since 2016. The current contract runs through December 31, 2026, with the option to renew for two additional two-year terms.

Prior to 2016, the dental benefit was managed individually by each of the Board's 18 fully insured health plans in the Group Health Insurance Program (GHIP). At that time, health plans chose the level of dental benefits they offered. At the February 5, 2013, Board meeting, the Board approved developing a uniform dental plan that would replace existing dental plans offered on an optional basis by participating health plans (Ref. GIB | 02.05.13 | 4B).

On January 1, 2016, the UDB began and operated much like it does today; that is, as a program to provide dental coverage for preventive, basic, and diagnostic services. Only state employees, retirees, and dependents enrolled in the GHIP are eligible for the UDB. Active local employees and their dependents are only eligible for the UDB if their local employer offers the GHIP and chooses to offer the UDB to employees.

The UDB includes an annual benefit maximum of \$1,000 per participant; basic diagnostic, and preventative services such as fillings, cleanings, and exams, which have 100% coverage; and orthodontics with a lifetime maximum for participants 19 years and younger of \$1,500.

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**Table 1. 2022 UDB Benefit Summary** 

Benefit	Coverage	
Annual Deductible	\$0	
Annual Benefit Maximum	\$1,000/person	
Waiting Period	None	
Routine Evaluations	100%	
Dental Cleanings	100%	
Fillings	100%	
Sealants	100%	
Bitewing/Panoramic X-Rays	100%	
Fluoride Treatments	100%	
Pulp Vitality Tests	100%	
Periodontal Maintenance	100%	
Caries Assessments	100%	
Non-Surgical Extractions	90%	
General Anesthesia/IV Sedation	80%	
Emergency Pain Relief	80%	
Orthodontics Coverage (under 19 years of age)	50%	
Orthodontics Lifetime Maximum	\$1,500	

There have been minor changes to the program's administration and coverages since its inception in 2016. The changes include:

- 2019:
  - Moving the extraction of erupted teeth from the medical benefit to the dental benefit.
- 2020:
  - Changing coverage of Periodontal Maintenance from 80% to 100%.
  - Coverage of Pulp Vitality tests at 100%.
  - o Coverage of Caries Assessment and Sealant repairs at 100%.
- 2021:
  - Deductible waiver on supplemental dental and wellness program credit for preventive dental.
- 2022:
  - Adding coverage for white posterior fillings.
  - The administration fee was reduced from \$1.14 to \$1.10 per employee, per month.

Most of the program premiums for active state employees and their dependents are paid by the State of Wisconsin. From 2016 through 2019, an active state employee paid \$3 for individual coverage and \$8 for family coverage. In 2020, the premiums increased to \$4 for individual coverage and \$9 for family coverage. In 2021, the premiums decreased back to \$3 for individual coverage and remained at \$9 for family coverage. In 2022, the premium increased to \$4 for individual coverage and remained at \$9 for family coverage. The premiums remained at \$4 for individual coverage and \$9 for family

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coverage in 2023. Retirees and continuants pay the entire coverage cost with no state contribution. Active local employees' rates can vary from local employer depending on the level of contribution the employer pays.

## Plan Year 2022 Highlights

There were 94,406 subscribers in the plan in 2022 compared to 94,352 in the plan year 2021. This continued the trend of increasing subscribers each of the last four years. The plan saw a slight decrease of less than 0.5% in the total member enrollment, with 203,580 members enrolled.

The number of members with a claim remained relatively consistent as in previous years, with 75.3% having a claim. That is up by 1% from the previous year and 5.4% higher when compared to Delta Dental's normative data. Just over 96% of members with a claim did not meet the annual maximum limit. The average number of visits to a provider per covered member equaled 1.9.

**Table 2. UDB Historical Data** 

	2022	2021	2020	2019
Primary Subscribers	94,406	94,352	94,179	92,535
Average Total Members	203,580	204,325	204,206	199,131
Members with Claim (%)	75.3%	74.3%	68.5%	75.8%
Total Claims Paid (\$)	\$58,980,439	\$57,514,964	\$47,819,026	\$56,048,330

The oral health scores of our members for the healthy and moderate categories are higher than average and lower than the average for the serious and no-visit categories. This falls in the eighty-sixth percentile of the national benchmark data from Healthentic's database of over 50 million members.

At the May 12, 2021, Board meeting, the Board approved allowing coverage for composite fillings for both the anterior and posterior teeth beginning for the plan year 2022 (Ref. GIB | 05.12.21 | 8F). Before the approval, composite fillings were covered for front teeth only. There were 47,551 posterior composite fillings treatments in 2022, accounting for 71.4% of all fillings. A total of \$7,635,307 was paid for posterior composite fillings in 2022, accounting for an additional \$135,219 paid because of the change the Board made.

There are 24 performance standards that Delta Dental must report on every quarter, and they must meet or exceed each standard or be assessed a financial penalty. The standards include timeliness, accuracy of enrollment, claims, reporting, customer service, and satisfaction. Delta Dental met or exceeded every standard during the plan year 2022.

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