



2025 Final Recommendations on Agreement and Benefit Changes

Proposed Changes to the Program Agreement Benefits

Proposed Change	Description	Requested By	Recommendation
Program Administration 1. Eligibility	Requesting an adjustment to the two business day processing time for enrollment files received to 10 business days for files produced during Open Enrollment with membership effective January 1 of the next plan year.	Network Health	This is not recommended. As the requested proposed is a non-issue and has been resolved.
E. Communications	Add new language to prescribe a 7 business day turnaround time for all communication and outreach materials reviewed by the Department.	Quartz	Recommend adding language to the Vendor Account Managers Administration Manual.
Changing how Coordination of Benefits inquiry letters are sent to members	Proposes a change to the Coordination of Benefit (COB) investigation activities for State of WI enrollees. Due to the low member response rate and expenses associated with sending and processing returned COB inquiries or calls.	Security Health	This is not recommended. Research still in process as Segal is reaching out to national carriers and waiting on answer. This will be revisited for 2026 plan year.
G. Care Management Section	Adding "population health management" to the opening paragraph for clarity.	ETF	Recommend reviewing this section for clarification.

Proposed Changes to Certificate of Coverage Benefits

Proposed Change	Description	Requested By	Recommendation
F. Covered Services 18. Durable Medical Equipment and Medical Supplies	Aligning language from the Schedule of Benefits into the Certificate of Coverage regarding cost sharing to follow Durable Medical Equipment benefits for hearing aids (a limit of 1 per ear every 3 years). What we are trying to do is avoid the unique cost share set up on hearing aids, as each claim is a manual process. Below is the hearing aid configuration that causes challenge: 1.Member is responsible for deductible 2.Then member pays 20% coinsurance, plan pays 80% up to \$1,000 3.Then the member is responsible for 100% of the remaining total	Network Health	This is not recommended. Further analysis is needed and will be revisited for 2026 plan year.
F. Covered Services 32. Physical, Speech and Occupational Therapy	Changing language to a limit of 25 visits per discipline (Physical, Speech, and Occupational Therapy).	Network Health	Not Recommended at this time. Further data needed within DAISI to review utilization.
4.F.17. Durable Diabetic Equipment and Related Supplies.	Moving coverage of Continuous Glucose Monitors to the Pharmacy Uniform Benefits.	Quartz	This is not being recommended at this time. An RFP regarding the pharmacy vendor will be released this coming year.
5. Exclusions and Limitations 22. Travel and Transportation.	Add clarity to the benefit exclusion as it relates to transportation services, specifically adding medical evacuation.	Quartz	Not Recommended as further examples needed to review if clarifying language in the Exclusions and Limitations section is needed.
Appendix 6 - Certificate of Coverage	Add language accordingly to each benefit/service in the Certificate of Coverage that are not covered or have limits to provide clarity: 1. Jobst compression stocking 2. Infertility (Not Covered) 3. Children eyewear (Not Covered) 4. Home Health 5. Physical, Speech and Occupational Therapy 6. Skilled Nursing Facility	Dean Health	This has been updated to reflect the changes
Out-of-Pocket Limits (OOPL)	Have all services apply to the OOPL. Do not exclude the non-essential health benefits. Removes the confusion for members and carriers (benefit configuration) and removes the additional administration build efforts.	Dean Health	This is not recommended. Per Segal's analysis, this would not be a uniform benefit as this would cost \$2.5M for the State Plan and \$5K-\$10K for the Local Deductible Plan.
Covered Services or Exclusions	Add language specific to either the exclusion for coverage of services related to the diagnosis of sexual dysfunction or for coverage. Current COC is silent on this benefit. (Need clarity on the expectation of coverage or no coverage on this service)	Dean Health	This is not recommended. Further review will be done and will be revisited for 2026 plan year. (Per Segal's analysis, the cost would be no more than \$3M if ETF's utilization followed the national statistics. However, it's unclear what proportion of these would be treated through emerging online companies (HIMS, Roman, etc.) instead of a doctor).

Proposed Change	Description	Requested By	Recommendation
Covered Services - Remove Nutritional Counseling specific to preparation for a covered bariatric surgery	<p>29.Nutritional Counseling</p> <p>Nutritional Counseling is covered when provided by a participating registered dietician or an InNetwork Provider (for Access Plan or other PPO Plan Participants, an Out-of-Network Provider may provide covered services).</p> <p>Nutritional Counseling specific to preparation for a covered bariatric surgery, with Prior Authorization from the Health Plan, is included.</p>	Dean Health	Recommend including nutritional counseling for weight management regardless of bariatric surgery preparation
Request to add to Preventive Service Coverage for 100% In-Network: Mammograms (women in their 40s) look at HRSA	Currently covered in GHIP for ages 50 and older. Review expanding coverage starting at age 40.	ETF	This is not recommended. ETF follows the USPSTF recommendation of covering services graded A and B. Currently, mammograms under age 50 are graded C. The estimated cost of this change would be approximately \$2M per year.
Mammograms 2D and 3D coverage	<p>Add language to specifically identify coverage for 2D and 3D mammograms.</p> <p>2D mammograms offer a two-dimensional picture of the breast. 3D mammograms, also known as tomosynthesis, were approved by the FDA in 2011. This newer technology uses multiple low-dose X-ray images from different angles to create a mammogram picture that allows the radiologist to view the tissue in thin "slices."</p>	ETF	This is not recommended. According to online data, the average cost of a 2D Mammogram Screening is around \$400 and a 3D Mammogram Screening is around \$564. Segal estimates the cost to be \$1.25M annually. This cost could be a wide range depending on the type of mammogram screening chosen.
Colon cancer screening at no cost..review age limit.	Currently covered in GHIP for ages 45 and older. Review expanding coverage starting at age 40.	ETF	<p>This is not recommended. Further review will be done and will be revisited for 2026 plan year.</p> <p>According to Merative/DAISI data, ETF had 0 screenings for members under 50. Segal expects this to be cost negligible due to the very low utilization for members in this age range.</p>

Proposed Change	Description	Requested By	Recommendation
Coverage of medically necessary orthoptics	<p>Removing the two visit per lifetime on orthoptic eye training.</p> <p>Orthoptics is the treatment of defective visual habits, defects of binocular vision, and muscle imbalance by reeducation of visual habits, exercise, and visual training.</p>	ETF	<p>This will be recommended to the Board. Office-based Orthoptic training is recommended when home-based therapy has failed. However, more than 12 visits is considered not medically necessary. Since ETF already covers 2 for lifetime, they would essentially be covering 10 more trainings before these would be considered not medically necessary. According to Merative/DAISI data, in 2022, ETF had 88 Orthoptic Eye Training Visits that cost about \$25 each. Since this is such a low cost and utilization, Segal expects it to be cost negligible.</p>
F. Covered Services 11. Case Management/Alternate Treatment	<p>Consider changing the name from Case Mgmt/Alt Treatment to Alternate Care and Treatment.</p> <p>Also update in Misc provisions of UB</p>	ETF/Ombuds	<p>Title will not be changed as section mentions case management.</p>
Review of Speech Generated Devices	<p>There is an intended Medical Policy change for 1/1/24 in which Dean would no longer cover a speech generating device.</p>	Dean Health	<p>Coverage is not recommended. Per Segal's analysis, Speech Generating Devices can be very pricey costing hundreds or thousands of dollars. There are cheaper options available such as text-to-speech apps on a tablet. The utilization rate is very low with an estimation that .12% of the population may need an SGD, with only 11,000-12,000 being sold annually. Assuming a cost of around \$1000 per machine and this very low utilization rate, Segal expects cost ranging up to \$350K.</p>
Glossary: Definition of Local Annuitant	<p>Remove provision that a former local employee with twenty (20) years of creditable service who is eligible for an immediate annuity but defers application is eligible to continue coverage.</p>	ETF	<p>Through an audit, Wis. Stat. 40.02 only permits this provision for former State employees. ETF procedures were adjusted in 2020 so that locals with 20 or more years of service were told they must have an immediate annuity to continue health insurance coverage.</p>

Proposed Change	Description	Requested By	Recommendation
Coverage for Cranial Protheses (Wigs)	A member called on a few occasions to ask if cranial prosthesis was covered. Cranial prosthesis is another term for wig.	Ombuds	This is not recommended at this time. There are community organizations that provide low-cost or free products for those with medical diagnoses.
Coverage for Dry Needling (Acupuncture)	A member asked that we consider specifically paying for dry needling (acupuncture) request to add acupuncture for 2025.	Member	This request was proposed in 2021. This is not recommended at this time.
Coverage for out-of-area college students by HMO's	A member asked that we consider letting the HMOs pay claims for out-of-area college students	Member	This request was proposed in 2022. This is not recommended at this time.
Medical Food (for enteral feeding) Modify the exclusion for Weight Loss, Diet Programs, & Food Supplements, to permit coverage for medical food. Add definition of medical food.	"Medical food" means a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.	Member	This is not recommended. Further analysis is needed and will be revisited for 2026 plan year.

Proposed Changes to Plan Design Spreadsheet Workbook

Proposed Change	Description	Requested By	Recommendation
Exhibit 8 - Plan Design Spreadsheet Workbook	<p>We have been instructed to use this document for plan builds/configuration. Certain services have limits or are not covered, which are not included in the PDSW. As a result, we are using a combination of the SoBs, COC and PDSW for configuration of these plans. Would like to see these services added for 2025:</p> <p>Categories in the SoB that are not included in this document:</p> <ol style="list-style-type: none"> 1. Ambulance 2. Chiro 3. Diagnostic & lab 4. Home Health 5. Inpatient 6. Mental Health Counseling 7. OT/PT/ST 8. Outpatient Cardiac Rehab 9. Outpatient Hospital and Ambulatory 10. SNF 11. Remote Monitoring 12. Vision 	Dean Health	This has been updated to reflect the changes

Proposed Changes to Schedule of Benefits

Proposed Change	Description	Requested By	Recommendation
P04/P14 - DME \$500 OOP	<p>Recommend removing the separate DME \$500 OOP. Have DME apply to Deductible/Coinsurance OOP.</p> <p>We receive several calls into our Customer Care Center regarding this. Members are confused with the separate \$500 OOP and how the deductible applies first, then they pay 20% coinsurance up to an additional \$500 OOP.</p>	Dean Health	This is not recommended. Further review will be done with the Local Employer Manual and will be revisited for 2026 plan year.

Proposed Changes to Well Wisconsin Benefits

Proposed Change	Description	Requested By	Recommendation
Well Wisconsin Changes	Child dependents have access to Well WI for weight management.	ETF	Not recommended at this time
Well Wisconsin Changes	Exclusion of Medicare Advantage members.	ETF	Not recommended at this time