# 2026 Final Benefit and Contract Changes

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ETF requests the Board approve modifications to the Program Agreement (PA), Uniform Benefits (UB) Certificates of Coverage (CoCs), wellness and condition management (CM), and the Uniform Pharmacy Benefits (UPB).



# Background

Initial change concepts for program year 2026 were presented at the November 2024 Board meeting. ETF reviewed potential changes with employer groups, vendors, and Segal (Board's actuary) and identified a final set of proposed benefit changes.



# Health Program Agreement Changes

Memo Pages 1-3



# **Program Agreement Changes**

**Data Integration** 

#### **Performance Standards**

#### (Sample Calculation on Next Slide)

(Ref. GIB | 03.12.25 | 3B, pages 1-2)



### **Performance Standards Modification Sample Calculation**

#### Small Plans

- Penalty: **\$1,000 per percentage** point below 80% target metric
- $\circ~$  Example: Plan scores 75%  $\rightarrow$  5% shortfall × \$1,000 = \$5,000 penalty

#### Medium Plans

- Penalty: \$3,000 per percentage point below 80% target metric
- Example: Plan scores  $75\% \rightarrow 5\%$  shortfall × \$3,000 = **\$15,000 penalty**

#### Large Plans

- Penalty: \$5,000 per percentage point below 80% target metric
- Example: Plan B scores  $75\% \rightarrow 5\%$  shortfall × \$5,000 = \$25,000 penalty



### **Program Agreement Changes Continued**

#### Communications

Adding Language

#### **Care Management Section**

• Diabetes Prevention and Management

(Ref. GIB | 03.12.25 | 3B, pages 2-3)



# Cost-Neutral Benefit Changes

Memo Pages 3-5





Clarifying Language Within Eligibility, Enrollment and Termination

**Aligning Definition of Dependent Student** 

#### **Removing Prior Authorization Requirement**

(Ref. GIB | 03.12.25 | 3B, pages 3-4)



### Cost-Neutral CoC Changes Continued

Awarding Discretion to ETF to Determine "Reasonable Timeframe" for Proof of Claim

Changing Health Plan Following Death of Subscriber or Dependent

Expanding Conditions Eligible Under Biofeedback

(Ref. GIB | 03.12.25 | 3B, pages 3-4)



### Cost-Neutral Wellness and Pharmacy Changes

#### It's Your Health: Diabetes

#### Continuous Glucose Monitoring Coverage All Under the Pharmacy Benefit

(Ref. GIB | 03.12.25 | 3B, pages 4-5)



# Cost Pressures Relevant to Benefit Changes that Increase Cost

Memo Pages 5-9



### **Additional 2026 Cost Pressures**

#### Reserve Fund

#### Dean Health Plan Settlement

#### Premium Increases

#### AOMs in Medicare Part D

#### Well WI for Medicare Advantage (MA)



(Ref. GIB | 03.12.25 | 3B, pages 6-9)

# Alternatives to Mitigate Costs for 2026

Memo Pages 9-10



### Redirect Funds from Well Wisconsin

- Program costs of \$16M per year.
- \$8.5M is for program service fees paid to vendor.
  - Services support over 50,000 members with managing health and preventing chronic illness, including overweight and obesity.
  - Services could be paired with AOMs, and vendor is able to work directly with PBM.
- \$7.5M is for incentives paid to members.
  - Small extrinsic award to support members' relationship with vendor for when members are intrinsically motivated to deepen engagement.
  - \$150 incentive is well below the Wisconsin average of \$737/person.



# Deductible, Copay/Coinsurance Increases

Memo Pages 9-15



# **2025 Plan Designs**

Plan Design	PO1, PO6/P16, and PO8	PO4/P14	HDHP PO1 and PO7/P17
Deductible (Individual/Family)	\$250/\$500	\$500/\$1,000	\$1,650/\$3,300
Out-of-Pocket Limit (Individual/Family)	\$1,250/\$2,500	\$9,200/\$18,400	\$2,500/\$5,000
Coinsurance	10%	0%	10%
Primary Care Office Visit Copay	\$15	100%*	\$15*
Specialist Office Visit Copay	\$25	100%*	\$25*
ER Copay	\$75 (\$60 for P08)	\$60*	\$75*

\* Member pays 100% until deductible



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# **2026 Plan Design Change Options**

	Option 1	Option 2	Option 3	Option 4
Plan Design	PO1, PO6/16, PO8, HDHP PO1, and PO7/17	PO1, PO6/16, PO8, HDHP PO1, and PO7/17	PO1, PO6/16, PO8, HDHP PO1, and PO7/17	PO4/14
Non-HDHP Deductible	\$1,000/\$2,000	\$750/\$1,500	\$500/\$1,000	\$750/\$1,500
Non-HDHP OOPL	\$1,750/\$3,500	\$1,750/\$3,500	\$1,750/\$3,500	NC
Coinsurance	20%	20%	20%	20%
Primary Care Office Visit	\$25	\$25	\$25	NC
Specialty Office Visit	\$40	\$40	\$40	NC
ER Copay	\$200	\$200	\$200	\$200
HDHP OOPL	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	NC
Projected Savings	\$56,112,061	\$49,720,889	\$41,790,236	\$12,965,185



# Weight Loss Drugs and Cost Sharing Considerations

Memo Pages 15-18



### **AOM Cost Analysis with Full Rebates**

Year	Utilizers	AOMs Prescriptions	AOM Cost	Medical Savings	Net Loss
1	13,053	56,129	\$37,185,614	\$6,175,060	-\$31,010,553
2	16,234	84,530	\$59,012,775	\$21,716,516	-\$37,296,259
3	17,078	97,049	\$71,382,889	\$34,977,832	-\$36,405,057
4	17,461	106,382	\$82,425,828	\$48,469,853	-\$33,955,975
5	17,520	113,381	\$92,524,228	\$62,186,799	-\$30,337,428
6	17,355	118,429	\$101,772,140	\$75,948,834	-\$25,822,306



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### **AOM Cost Analysis with Partial Rebates**

Utilizers	AOMs Prescriptions	AOM Cost	Medical Savings	Net Loss
7,406	31,844	\$26,908,178	\$3,503,319	-\$23,404,859
9,315	48,406	\$43,069,498	\$12,373,407	-\$30,696,091
9.602	54.802	\$51.335.325	\$19.912.500	-\$31,422,825
	·			-\$30,187,983
	·			-\$27,725,812
				-\$24,689,201
	7,406	UtilizersPrescriptions7,40631,8449,31548,4069,60254,8029,41258,1748,95059,520	UtilizersPrescriptionsAOM Cost7,40631,844\$26,908,1789,31548,406\$43,069,4989,60254,802\$51,335,3259,41258,174\$57,363,4458,95059,520\$61,774,139	UtilizersPrescriptionsAOM CostMedical Savings7,40631,844\$26,908,178\$3,503,3199,31548,406\$43,069,498\$12,373,4079,60254,802\$51,335,325\$19,912,5009,41258,174\$57,363,445\$27,175,4628,95059,520\$61,774,139\$34,048,327



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# **Pilot Program**

Administer via Well Wisconsin vendor and PBM.

An estimated cost of \$14.4M per year will cover the costs of GLP-1s and \$335K per year for coaching program for 1,000 members.

Vendor can send qualifying participants who complete lifestyle management activities to PBM to fill GLP-1 prescription.

Concern regarding pilot program having similar findings as other published studies and coverage of GLP-1s ending.



# Summary of Recommendations

Memo Pages 18-19



### **2026 Changes Not Recommended**

Commercial pharmacy coverage of AOMs Diverting Funds from the Well Wisconsin Program

Implementing an AOM pilot program

(Ref. GIB | 03.12.25 | 3B, pages 18-19)



# **2026 Changes Recommended**

#### All cost-neutral benefit changes

#### Allow MA members to earn the Well WI incentive

#### Increase ER copays across all plan designs

#### Plan design option 3

(Ref. GIB | 03.12.25 | 3B, pages 18-19)



# **Recommended Option 3**

	Current State	Option 3
Plan Design	PO1, PO6/16, PO8, HDHP PO1, and PO7/17	PO1, PO6/16, PO8, HDHP PO1, and PO7/17
Non-HDHP Deductible	\$250/\$500	\$500/\$1,000
Non-HDHP OOPL	\$1,250/\$2,500	\$1,750/\$3,500
Coinsurance	10%	20%
Primary Care Office Visit	\$15	\$25
Specialty Office Visit	\$20	\$40
ER Copay (across all plans)	\$75	\$200
HDHP OOPL	\$2,500/\$5,000	\$3,000/\$6,000
Projected Savings		\$41,790,236





ETF requests the Board approve the modifications to the Program Agreement (PA), Uniform Benefits (UB) Certificates of Coverage (CoCs), wellness and condition management (CM), and the Uniform Pharmacy Benefits (UPB).



# Questions?

# Thank you







