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Correspondence Memorandum

Date: October 29, 2025
To: Group Insurance Board
From: Douglas Wendt, Supplemental Plans Program Manager
Office of Strategic Health Policy
Subject: Supplemental Plans Guidelines Changes

The Department of Employee Trust Funds (ETF) requests the Group Insurance Board (Board) approve modifications to the Supplemental Insurance Guidelines (ET-7422) for the supplemental dental contract, effective for the 2027 plan year.

Background

The Board oversees several employee-pay-all plans, including supplemental dental, vision, and the accident plan. These are offered to state and local members with no employer contribution and are referred to as "other group insurance plans" [\[Wis. Stat. § 40.03 \(6\)\(b\)\]](#).

State agencies, excluding the Universities of Wisconsin (UWs) and the University of Wisconsin Hospitals and Clinics (UWHC), are required to offer only Board-approved supplemental insurance plans. The UWs and UWHC have the option to offer Board-approved supplemental insurance plans but may enter into their own agreements with vendors to offer different or additional supplemental insurance plans.

Local government employers that participate in the Wisconsin Retirement System can elect to opt in to the supplemental dental, vision, and accident insurance plans.

All state and local retirees are eligible to enroll in supplemental dental and vision. Retirees may convert to an individual accident plan if the retiree had coverage as an active employee at the time of retirement.

ETF requests that the Board review the following recommended changes to the Supplemental Insurance Guidelines (ET-7422):

- Update the title page to reflect that proposals will only be accepted for the supplemental dental plans.

Reviewed and approved by Renee Walk, Director, Office of Strategic Health Policy
Electronically Signed 10/24/2025

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- Update the title page with the contract period of January 1, 2027, through December 31, 2029. The Board approved a change from two- to three-year contracts at the November 2021 meeting ([Ref. GIB | 11.17.21 | 11](#)).
- Add a paragraph to include more detail about the structure of the supplemental programs and the number of employers that participate (ET-7422, p. 3).
- Add instructions that proposed premiums should be divisible by two for bi-weekly payroll deductions by employers (ET-7422, pp. 5 and 12).
- Add statement that new vendor implementation must be complete before the start of the first open enrollment period (ET-7422, p. 5).
- Add clarity that insurer is responsible for working with each employer on enrollment and billing processes. The enrollment processes portion allows flexibility as the new insurance administration system (IAS), My Insurance Benefits, is fully operationalized (ET-7422, p. 5).
- Push back the anticipated implementation date of supplemental plan data into ETF's data analytics warehouse (DAISI) to "before 2030," reflecting the revised IAS implementation timeline (ET-7422, p. 5).
- Add wording prohibiting bundled proposals (ET-7422, pp. 8 and 12). In previous proposal cycles when bundled proposals were submitted, it was difficult for the committees to sort out the information relevant to each benefit. Each benefit has a separate proposal review committee.
- Add requirement that initial proposal submissions must be best and final. The supplemental plans use a simplified procurement process known as an "Invitation to Negotiate." This has created confusion. Contract negotiations would only be conducted with the recommended vendor and not all proposers (ET-7422, p. 8).

Upon the Board's approval, ETF will publish the updated ET-7422 document and post the Invitation to Negotiate for the supplemental dental program on the ETF procurement website.

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

Attachment A: [Supplemental Insurance Guidelines \(ET-7422\)](#)