Welcome to the Group Insurance Board

November 12, 2025

Meeting will begin at: 8:30 a.m.

WIFI

WI-GUEST

No Password is needed

Please Sign In

- Who? All meeting attendees
- Sheet available at the door

Meeting Materials

- Scan the QR Code
- Available at etf.wi.gov

Please Silence your Cell Phone and Mute your Microphone

Announcements

Item 1 – No Memo

Consideration of:
Open and Closed Minutes of August 13, 2025, Meeting

Items 2A – 2B – Memos Only

Action Needed

- Motion needed to accept the Open and Closed Minutes of the August 13, 2025, Meeting as presented by the Board Liaison.

State of Wisconsin
Ethics Commission

Lobbying and the Code of Ethics for Group Insurance Board members

David Buerger, *Staff Counsel*

About The Ethics Commission

- Partisan Commissioners
  - Two former judges, four other appointees
  - 5-year terms
- Bipartisan Cooperation Required
  - All actions require four votes
- Nonpartisan Staff
- Strict Confidentiality – Advice & Complaints

Responsibilities

- Administer Wisconsin Statutes
  - Chapter 11: Campaign Finance
  - Subchapter III, Chapter 13: Lobbying
  - Subchapter III, Chapter 19: Code of Ethics
- Conduct programs to explain and interpret these laws.
- Compile and make the information provided to us available to the public!

Jurisdiction

- Co-Equal Jurisdiction with District Attorneys, but historically…

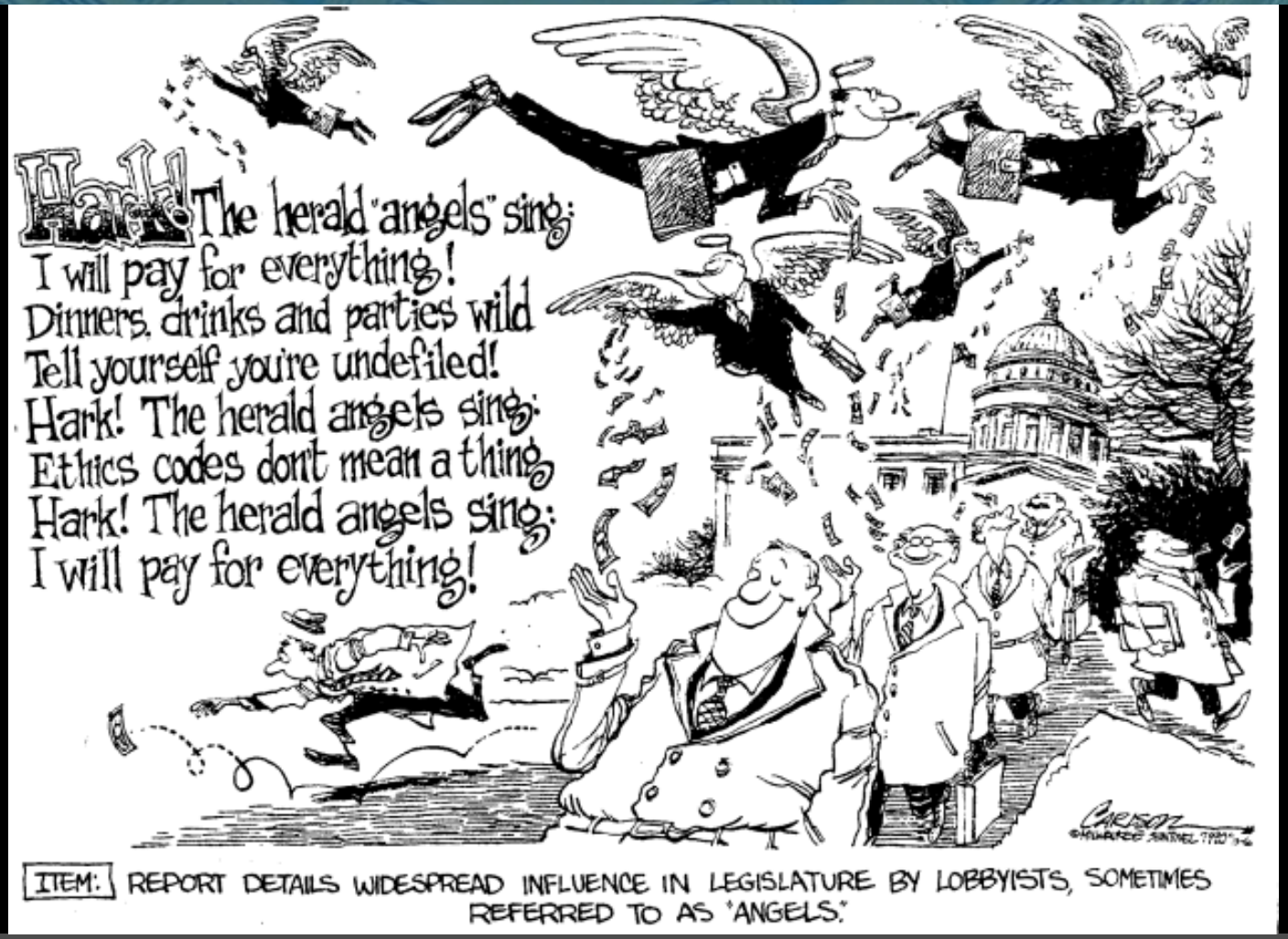
Ethics Commission	District Attorneys
• Legislators, aides, service agencies • Governor, Lt. Governor, appointees, secretaries, deputies, executive assistants, administrators • Justices and judges • Lobbyists and Lobbying Principals (organizations) • Most campaign committees • Any individual holding a state public office	• Code of Ethics for Local Officials • Local candidate and local referendum committees

Important Laws to Know

- Lobbying
  - Wis. Stat. § 13.625 (Restrictions on Lobbyists/Principals)
  - Wis. Stat. § 13.695 (Legislative Liaison Reporting)
- Code of Ethics
  - Wis. Stat. § 19.45 (Code of Ethics for State Public Officials)
  - Wis. Stat. § 19.46 (Conflict of Interest)
  - Wis. Stat. § 19.43-19.44 (Statement of Economic Interests)

Lobbying Laws

Beware of Angels



Who Is a Lobbyist/principal?

WI Lobbying

- Lobbying.wi.gov
- Search by name, type, or interest keywords.
- Download directories in PDF or Excel
- Tracks lobbying on rules, budget bills subjects, legislative proposals, etc.

WHO IS AN AGENCY OFFICIAL?

- "Agency Official"
  - A member, officer, employee or consultant of any agency who **as part of such person's official responsibilities** participates in any administrative action in other than a solely clerical, secretarial or ministerial capacity.

- "Administrative Action"
  - The proposal, drafting, development, consideration, promulgation, amendment, repeal or rejection by any agency of any rule promulgated under ch. 227.

Lobbying: Prohibited Practices

- Wis. Stat. § 13.625
- No lobbyist or lobbying principal may give to an agency official, legislative employee, any elective state official, or candidate for state elective office, or to the candidate committee of the official, employee or candidate:
  - Lodging
  - Transportation
  - Food, meals, beverages
  - Money or any other thing of pecuniary value
- Except…

EXCEPTIONS

- Actual and reasonable expenses for presenting a talk or participating in a meeting. WIS. STAT. §§ 13.621(7)(a), 19.56(3)(a).
- Admission to events to discuss official business of agency. WIS. STAT. § 13.621(7)(b).
  - May not accept food, beverage, etc. included with admission without payment of actual cost.
- Items and services made available to the general public. WIS. STAT. § 13.625(4m)(a).
- Educational/informational materials. WIS. STAT. § 13.625(4m)(i).
- Compensation to employees of lobbying principals who are agency officials solely because of membership on a state commission, board, council, or committee, who receive no compensation other than a per diem or reimbursement of expenses for state service. WIS. STAT. § 13.625(4m)(g).
  - Compensation may not exceed that paid to those similarly-situated.

Other exceptions may apply!

Code of Ethics

Definitions

- "State public office" includes the following positions:
  - All positions regularly appointed by the Governor
  - Constitutional officers and other elected state officials
  - Certain state agency positions
  - General senior executive positions
  - Deputies
  - Assistant deputy secretaries and executive assistants

NOTE: This is not an exhaustive list. If you are unsure if you qualify as a state public official, please contact your agency's legal counsel or the Commission.

Definitions, cont.

- "Immediate family" means:
  - An individual's spouse
  - An individual's relative by marriage, lineal descent, or adoption who receives, directly or indirectly, more than 50% of his or her support from the official, or from whom the official receives more than 50% of his or her support
- "Associated" when used with reference to an organization, includes any organization in which an official or a member of the immediate family:
  - Is a director, officer, or trustee
  - Owns or controls, directly or indirectly, and severally or in the aggregate, at least 10% of the outstanding equity
  - Is an authorized representative or agent

Definitions, cont.

- "Organization" means:
  - Any corporation, partnership, proprietorship, firm, enterprise, franchise, association, trust, or other legal entity other than an individual or body politic.
- "Anything of value" means:
  - Any money or property, favor, service, payment, advance, forbearance, loan, or promise of future employment.
  - Does not include:
    - Compensation and expenses paid by the state
    - Political contributions reported under ch. 11.
    - Hospitality extended for a purpose unrelated to state business by a person other than an organization.

Use of Office for Private Gain

- Wis. Stat. § 19.45(2)
  - No state public official may use his or her public position or office to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated.
- Exceptions:
  - Campaign contributions
  - Candidates/officeholders may solicit for donations to nonprofits
- Acceptance of anything of value given because of your position is a use of office.
- Do NOT use governmental resources for a nongovernmental purpose (e.g., personal, commercial).
- Do NOT ask staff to engage in nongovernmental activity on state time.

EXAMPLE – PERSONAL BENEFIT

Thursday February 25, 1993 THE MILWAUKEE JOURNAL

Ethics in government

Official settles ethics flap by paying $150

Agriculture chief bought airline tickets through wife's travel agency

By JAMES ROWEN
of The Journal staff

State agriculture secretary Alan T. Tracy has paid a $150 forfeiture to the Wisconsin Ethics Board after disclosing that his department paid $1,493 to a travel agency owned by his wife for airline tickets that Tracy used.

Tracy, secretary of the Wisconsin Department of Agriculture, Trade and Consumer Protection, paid the forfeiture Tuesday in a settlement reached Monday with the ethics board.

The settlement came after The Milwaukee Journal earlier this month requested under the Wisconsin Open Records law information about department travel arranged through Uniglobe Professional Travel, according to Jonathan Becker, ethics board attorney.

TRACY

Uniglobe, in the Madison suburb of Middleton, is operated and owned by Kris Tracy, Alan Tracy's wife, ethics board records show.

The forfeiture "was equal to the amount of the commission his wife had made" for writing the plane tickets, Becker said.

The ethics board settlement says that while the travel arrangements with Uniglobe did not impose any improper costs on the state, "Mr. Tracy, to avoid any claim of personal gain, has agreed to forfeit $150."

State law forbids state officials from using their public positions "to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family."

TRACY 'VIOLATED THE LAW'

"I think it's fair to say that he violated the law," said R. Roth Judd, executive director of the ethics board, in an interview Wednesday night.

Judd said that he and Tracy had agreed that the ethics board would make the settlement public Thursday, allowing Tracy enough time to notify the department board in writing.

But Gov. Tommy G. Thompson defended Tracy when a reporter asked him about the forfeiture.

"He volunteered that," Thompson said. "He went to the ethics board because he recognized that there was some question. I think he should be complimented for coming forward and paying a forfeiture."

In paying the forfeiture, Alan Tracy is among several top state agency officials whose recent actions have posed potential conflicts of interest or who have had ethical or personnel difficulties.

Alan Tracy booked the travel through Uniglobe "as a matter of convenience or economy . . . with no thought of personal gain," according to the settlement agreement.

The trips booked through Uniglobe were for Alan Tracy to attend a conference in April 1992 in Louisiana and meetings in Washington, D.C., and Chicago in December 1991.

Tracy said The Journal's open records request triggered his concern about the potentially inappropriate appearance of the booking.

"I felt I should report them to the ethics board," he said in an interview Wednesday.

Tracy explained that he had instructed his secretary not to book travel through Uniglobe because he "did not want there to be a perception that I was traveling . . . throwing business to a family member."

But for reasons of personal convenience, he said, he twice directed his secretary to use Uniglobe and on one occasion booked a trip himself.

TRACY SAYS HE WAS CARELESS

"In retrospect, that was careless, and I'm embarrassed by it," he said.

Travel agencies earn income through commissions on airplane tickets and other travel arrangements provided to customers.

Tracy booked about 30 trips between 1990 and 1992, only three of which he booked through Uniglobe, according to a Feb. 23 letter from the department to The Journal.

State agencies are encouraged to use, but are not required to patronize, four travel agencies that have been placed on an approved list through a competitive bidding procedure, according to the Wisconsin Department of Administration.

Disposal of Impermissible Gifts

- Give the item to the official's agency to use or sell.
  - Agency may not sell the item to any government employee or official.
- Give the item to another state agency or to a public institution, such as a local school, library, or museum, that can use the item.
- Give the item to a charitable organization
  - Not including one with which the official or their immediate family is associated.
- Return the item to the donor.
- If the donor is neither a lobbyist nor an organization that employs a lobbyist, purchase the item (by paying the donor the full retail value) and retain it.

Wis. Stat. § 19.45(14)

Influence and Reward

- Wis. Stat. § 19.45(3)
  - No person may offer or give to a state public official, directly or indirectly, and no state public official may accept from any person, directly or indirectly, anything of value if it could reasonably be expected to influence the state public official's vote, official actions, or judgment, or could reasonably be considered as a reward for any official action or inaction on the part of the state public official.
  - As a general rule officials should not accept anything of more than nominal value from organizations that have a special or specific interest in an item or matter likely to be before the official.

Food, Beverage, Travel, and Lodging

- Wis. Stat. § 19.45(3m)
  - No state public official may accept or retain any transportation, lodging, meals, food or beverage, or reimbursement therefor, except in accordance with § 19.56(3).
- Exceptions (see Guideline ETH-1211):
  - Official talk or meeting
  - Unrelated to holding public office
  - State benefit
  - Reported as an expense by a political committee
  - WEDC/Department of Tourism
- Remember that items from lobbying principals must also meet an exception of the lobbying law to be accepted.

Use of Confidential Information

- Wis. Stat. § 19.45(4)
  - No state public official may intentionally use or disclose information gained in the course of or by reason of his or her official position or activities in any way that could result in the receipt of anything of value for himself or herself, for his or her immediate family, or for any other person, if the information has not been communicated to the public or is not public information.

Unlawful Benefits

- Wis. Stat. § 19.45(5)
  - No state public official may use or attempt to use the public position held by the public official to influence or gain unlawful benefits, advantages or privileges personally or for others.

Interest in Public Contract

- Wis. Stat. § 19.45(6)
  - No state public official, member of a state public official's immediate family, nor any organization with which the state public official or member of the official's immediate family is associated with, may enter into any contract or lease involving payments of more than $3,000 within a 12-month period from state funds unless the official discloses the association to both the Commission and the department acting for the state in regards to the contract or lease.
  - Does not affect Wis. Stat. § 946.13, which is a much broader restriction on officials acting in an official capacity regarding contracts they have a personal interest in an amount greater than $15,000 per year.

Revolving Door Prohibitions

- Wis. Stat. § 19.45(8): With certain exceptions, no state public official may:
  - For 12 months following the date on which the individual ceases to be a public official, for compensation on behalf of a person other than a governmental entity, make any formal or informal appearance before, or negotiate with, any officer or employee of the department with which the official was associated.
  - For 12 months following the date on which the individual ceases to be a public official, for compensation on behalf of a person other than a governmental entity, make any formal or informal appearance before, or negotiate with, any officer or employee regarding any proceeding, application, contract, claim or charge which was under the former official's responsibility.
  - For compensation, act on behalf of a person other than the state, in connection with any judicial or quasi-judicial proceeding, application, contract, claim, or charge which might give rise to a judicial or quasi-judicial proceeding in which the former official participated personally and substantially as a state public official.

Pay to Play

- Wis. Stat. § 19.45(13):
  - No state public official or candidate for state public office may, directly or by means of an agent, give, or offer or promise to give, or withhold, or offer or promise to withhold, his or her vote or influence, or promise to take or refrain from taking official action with respect to any proposed or pending matter in consideration of, or upon condition that, any other person make or refrain from making a political contribution, or provide or refrain from providing any service or other thing of value, to or for the benefit of a candidate, a political party, any committee registered under ch. 11, or any person making a communication that contains a reference to a clearly identified state public official holding an elective office or to a candidate for state public office.

Conflict of Interest

- Wis. Stat. § 19.46(1): No state public official may:
  - Take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest.
  - Use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated.
  - Except…

OFFICIAL MAY ACT IF…

- The official action affects a whole class of similarly-situated interests; and,
- Neither the interests of the official, a member of the official's immediate family, nor a business or organization with which the official is associated is significant when compared to all affected interests in the class; and
- The action's effect on the interests of the official, of a member of their immediate family, or of an associated business or organization is neither significantly greater nor less than upon other members of the class

Ethics Commission Guideline 1232

OFFICIAL MAY ACT IF…

- The official action is concerning: (1) the lawful payment of salaries or employee benefits or reimbursement of actual and necessary expenses, or (2) the modification of a county or municipal ordinance.
- The impact on the official's interests is remote or speculative.

Statement of Economic Interest

- Wis. Stat. §§ 19.43, 19.44
- Not required for all state public officials.
- Annual requirement (April 30th) and within 21 days of leaving your position.
- Must identify investments, real estate, businesses, and creditors as of the last day of the prior year.
- All direct sources of family income from prior year of $1,000 or more.
- All sources of income from prior year of $10,000 or more received from partnerships, sub S corporations, service corporations, and LLCs (including customers, clients, and tenants) in which your family has a 10% or greater interest.

Where to Find More Information

- **Wisconsin Statutes**
  - https://docs.legis.wisconsin.gov
- **Advisory Opinions**
  - Prompt, Confidential, Authoritative
- **Guidelines**
  - https://ethics.wi.gov

Ethics@wi.gov
https://ethics.wi.gov
Phone: (608) 266-8123
Fax: (608) 264-9319

2026 Open Enrollment Communications

Item 4 – Group Insurance Board

Tricia Sieg, Pharmacy Benefits Program Manager
Office of Strategic Health Policy (OSHP)

Informational Item Only

No Board action is required.

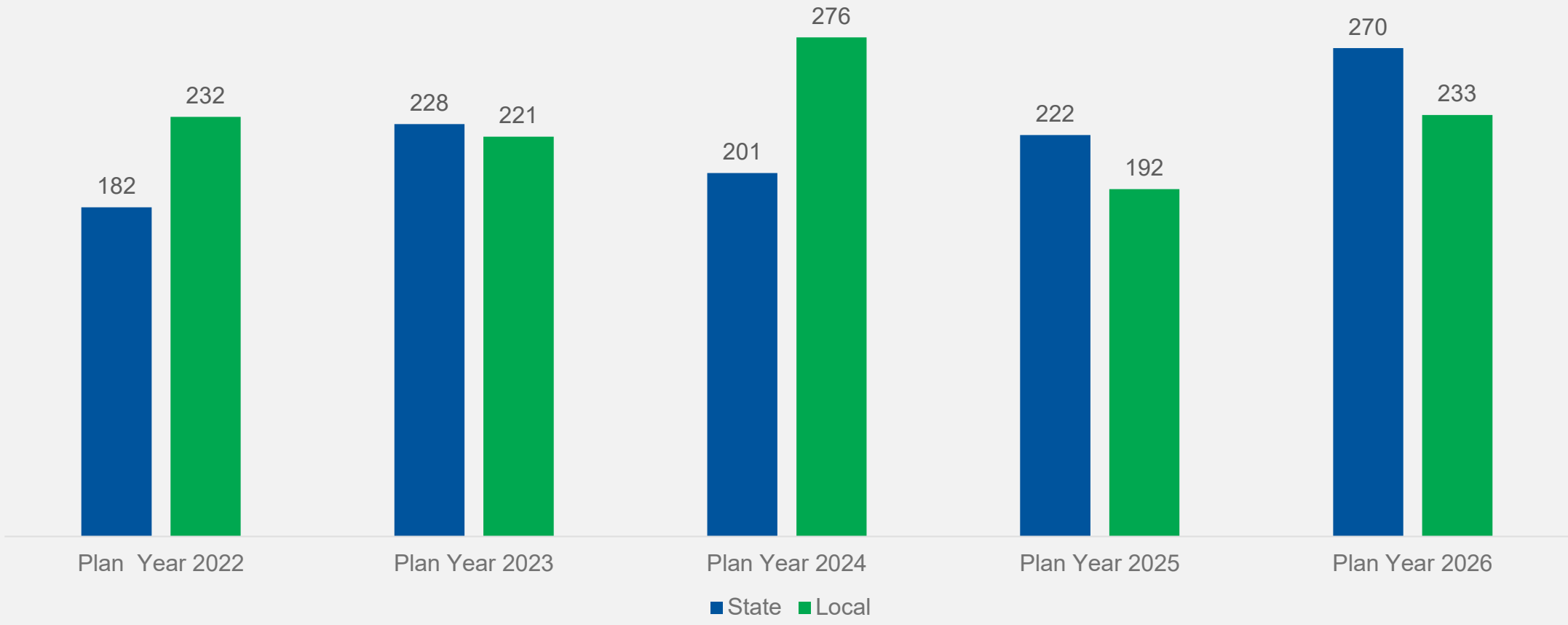
Campaign Highlights

- Health Plan Name Changes
- Medical Benefit Changes
- New Vision Vendor
- New Administrator for Pre-Tax Benefits
- State Maintenance Plan (SMP) Changes for Locals
- Health and Supplemental Plan Premium Changes

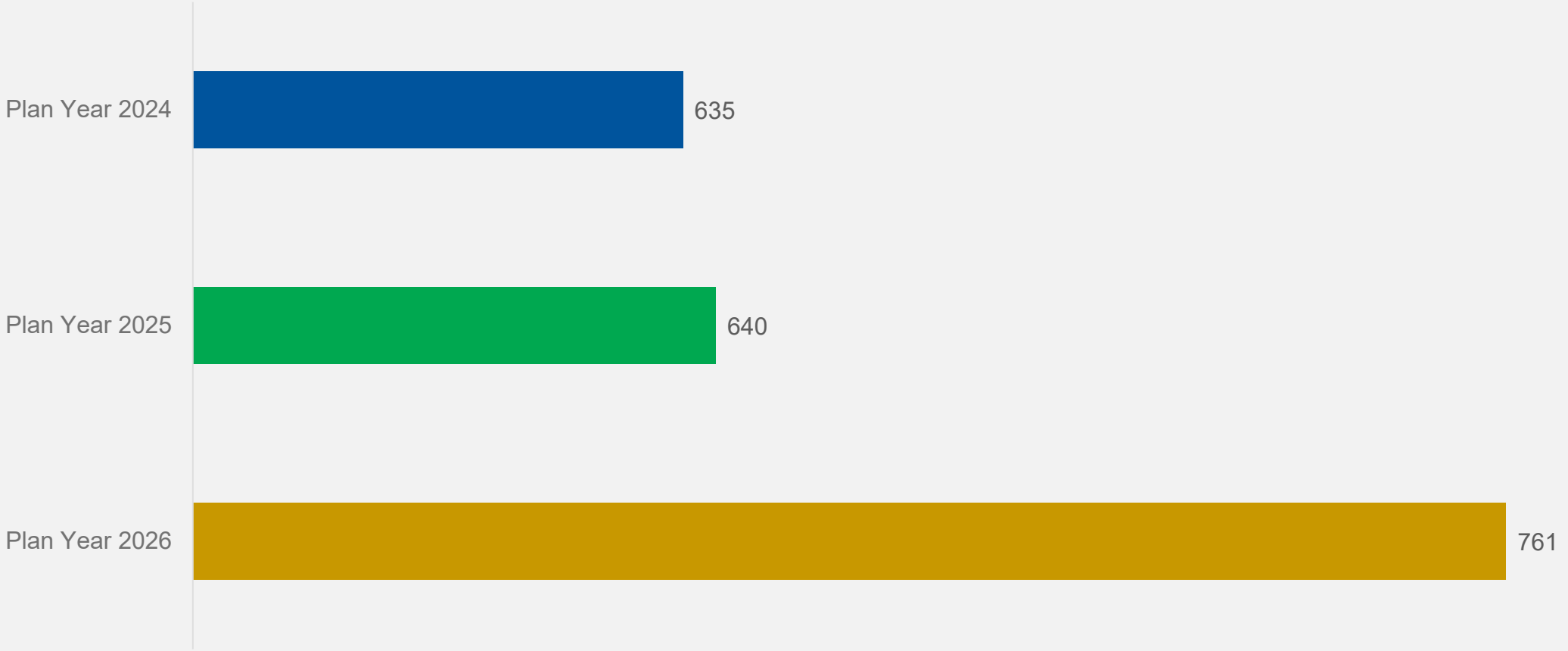
Decision Guide Distribution

Decision Guide Distribution	Plan Year 2023	Plan Year 2024	Plan Year 2025	Plan Year 2026
Number Produced	53,700	57,100	53,500	53,100
Initial Number Mailed to Employers	14,704	15,726	16,000	16,109
Initial Number Mailed to Retirees	31,182	30,938	29,397	29,527

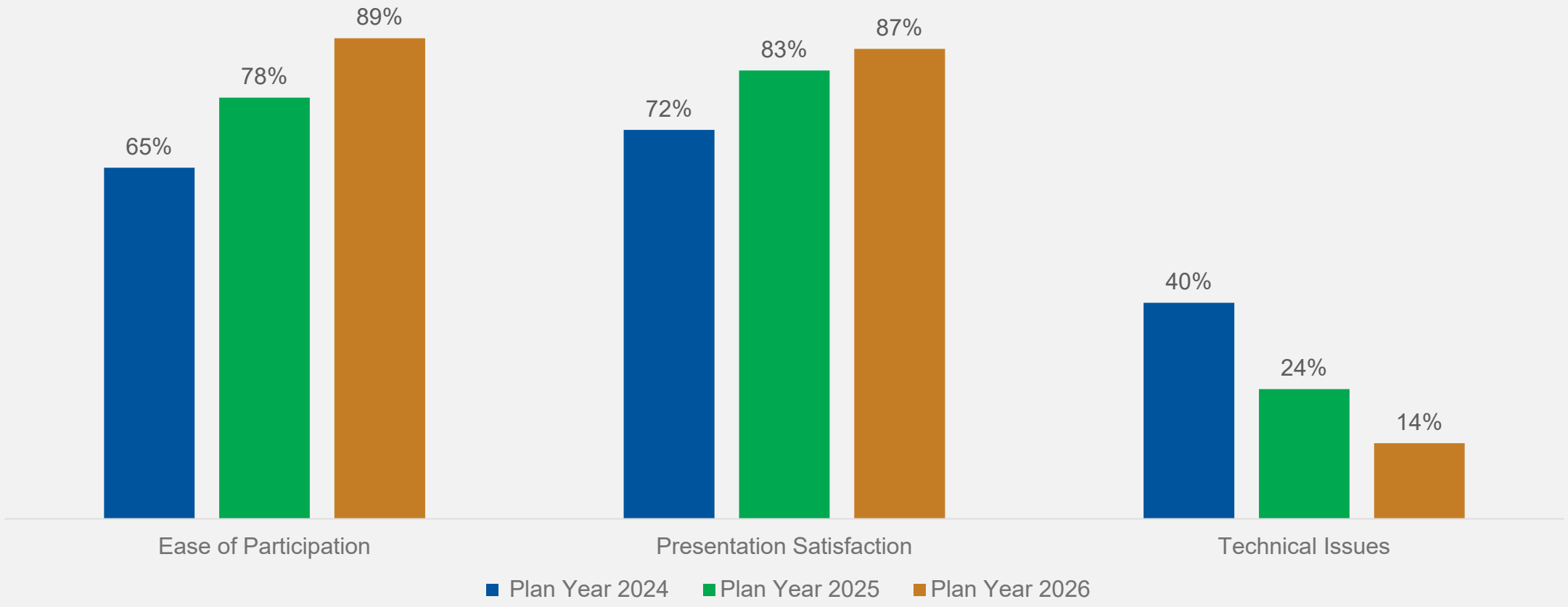
Employer Kickoff Meetings Attendance



Vendor Forums Attendance



Vendor Forum Metrics



Call Center Open Enrollment Metrics

	Plan Year 2022	Plan Year 2023	Plan Year 2024	Plan Year 2025	Plan Year 2026
Open Enrollment Calls	6,873	12,320	6,433	6,499	6,127
Average Wait Time	1:47	10:47	2:48	1:57	2:27
Abandonment Rate	3.09%	20.48%	6.26%	4.6%	4.8%
Average Talk Time	6:35	7:50	6:53	6:39	6:49
Total Calls	17,741	21,889	16,268	15,597	17,224

Other Open Enrollment Communications

- Pre-Open Enrollment Local and State Employer Question and Answer Sessions
- Seminar on 2026 health care coverage options for the University of Wisconsin Retiree Association
- Spoke about 2026 benefits and answered questions at the October DOA Virtual Town Hall Meeting
- OSHP Staff attended 6 benefit fairs on UW Campuses

Questions?

Thank you

etf

wi_etf

etf.wi.gov

ETF E-mail Updates

608-266-3285
1-877-533-5020

High Deductible Health Plan Research Reports

Wisconsin Group Insurance Board

Prepared by Justin Sydnor, PhD and Iris SooJin Park

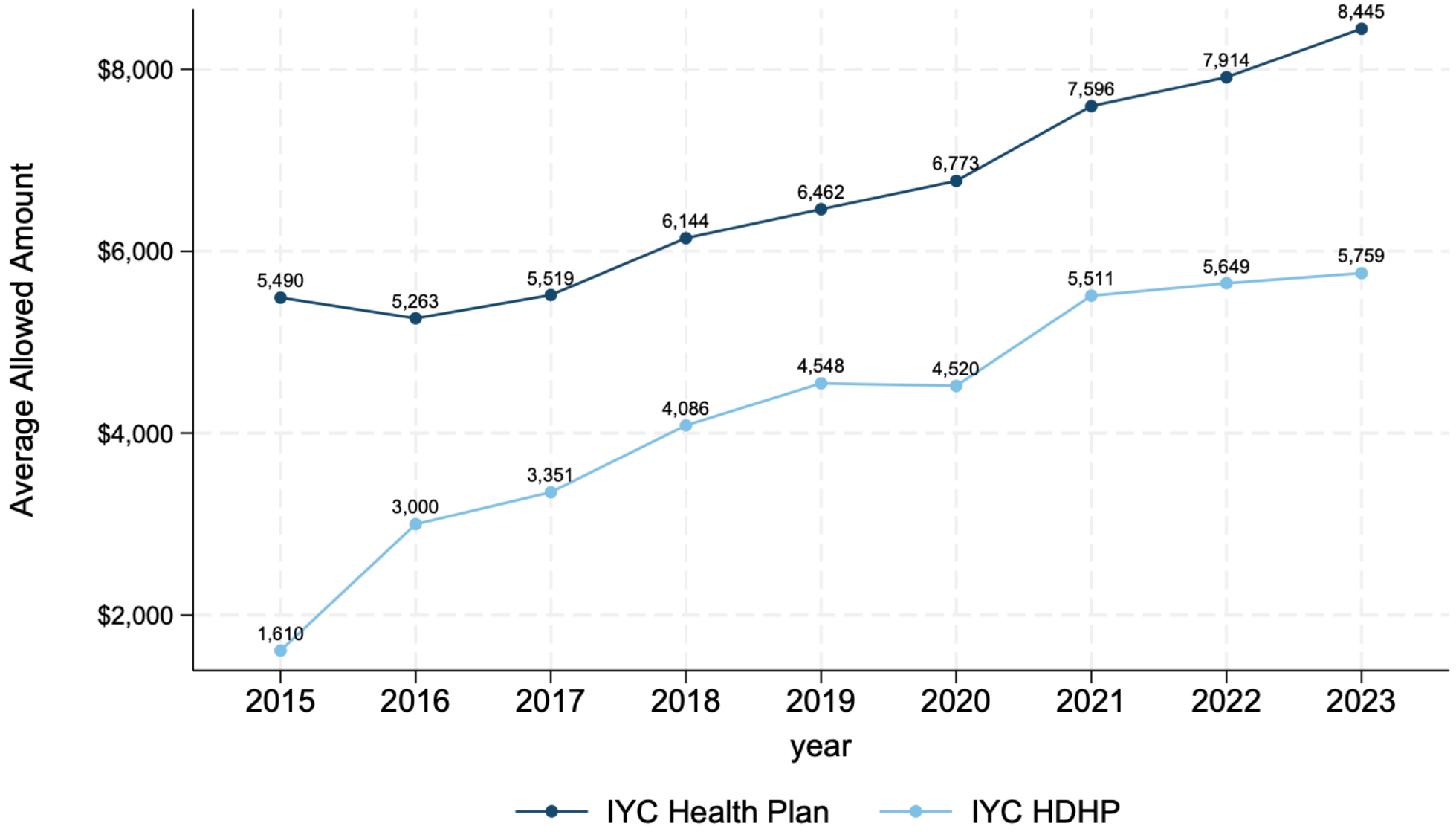
Key questions for our analysis

1. Does enrollment in HDHP appear to *affect* utilization?
   - Savings to the program? Problematic underutilization?
   - **Key takeaway:** Any such impacts appear modest in this program for current enrollees.

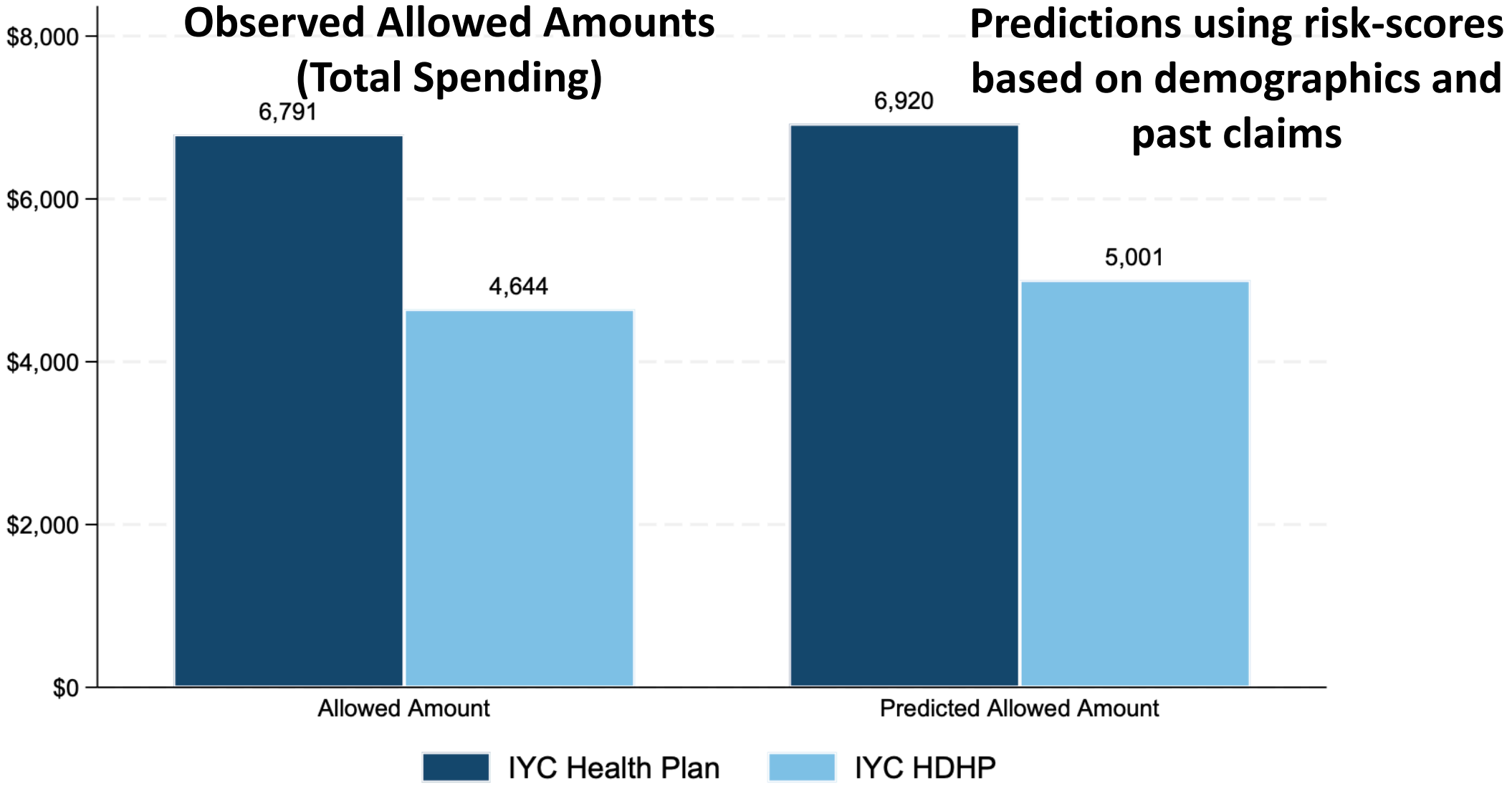
2. What are the financial savings opportunities for HDHP enrollees?
   - Who would benefit financially and by how much?
   - **Key takeaway:** Substantial overall financial benefit to HDHP enrollees, even for those with high expected health needs.

3. What is the impact of decision aids to clarify financial tradeoffs?
   - Field experiment during open enrollment in 2023
   - **Key takeaway:** Decision aids improved understanding of financial savings with HDHP but led to only modest enrollment changes.

HDHP enrollees have substantially lower average yearly allowed amounts



Observable health-risk factors explain most of allowed-amount difference



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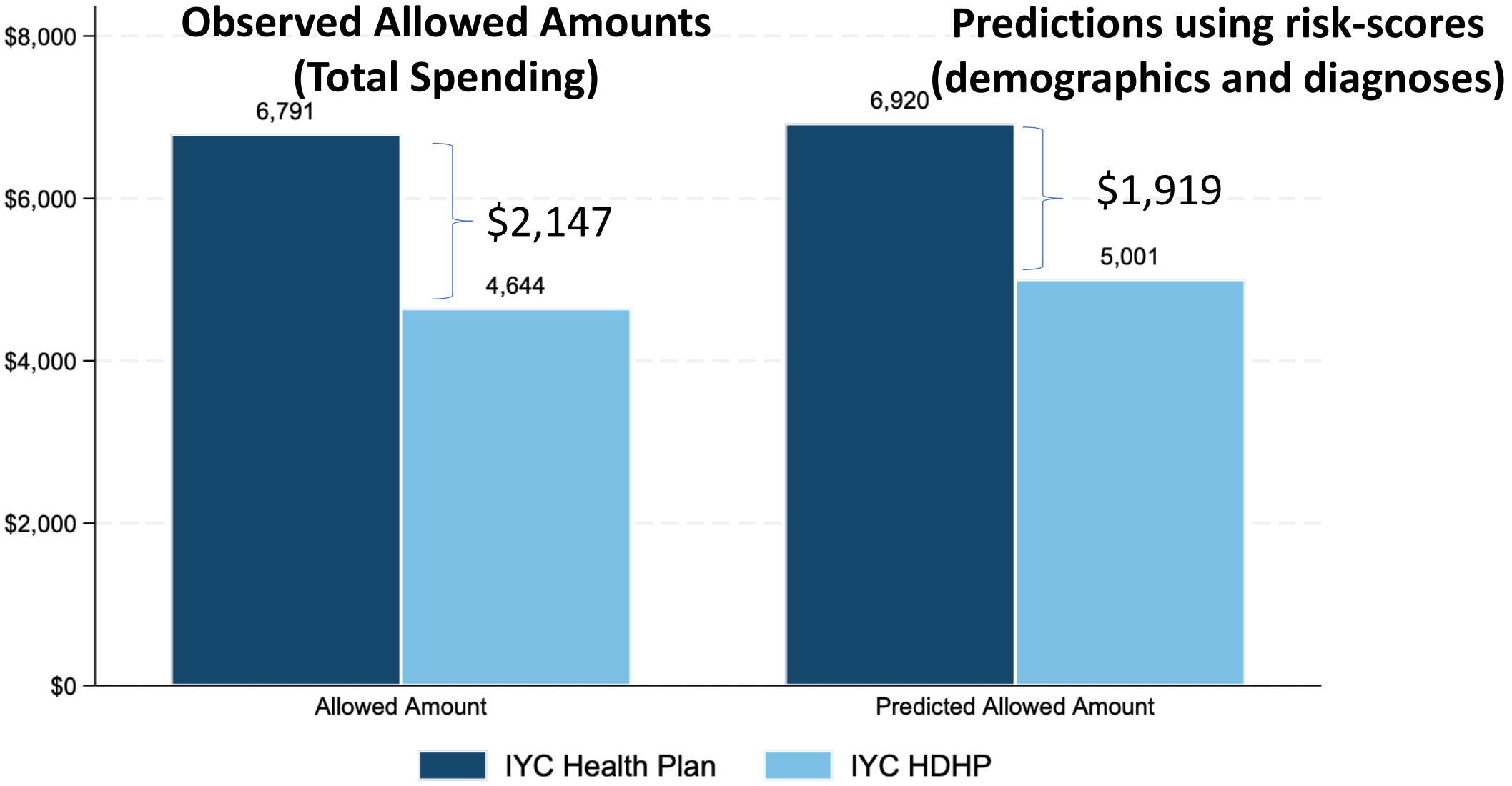
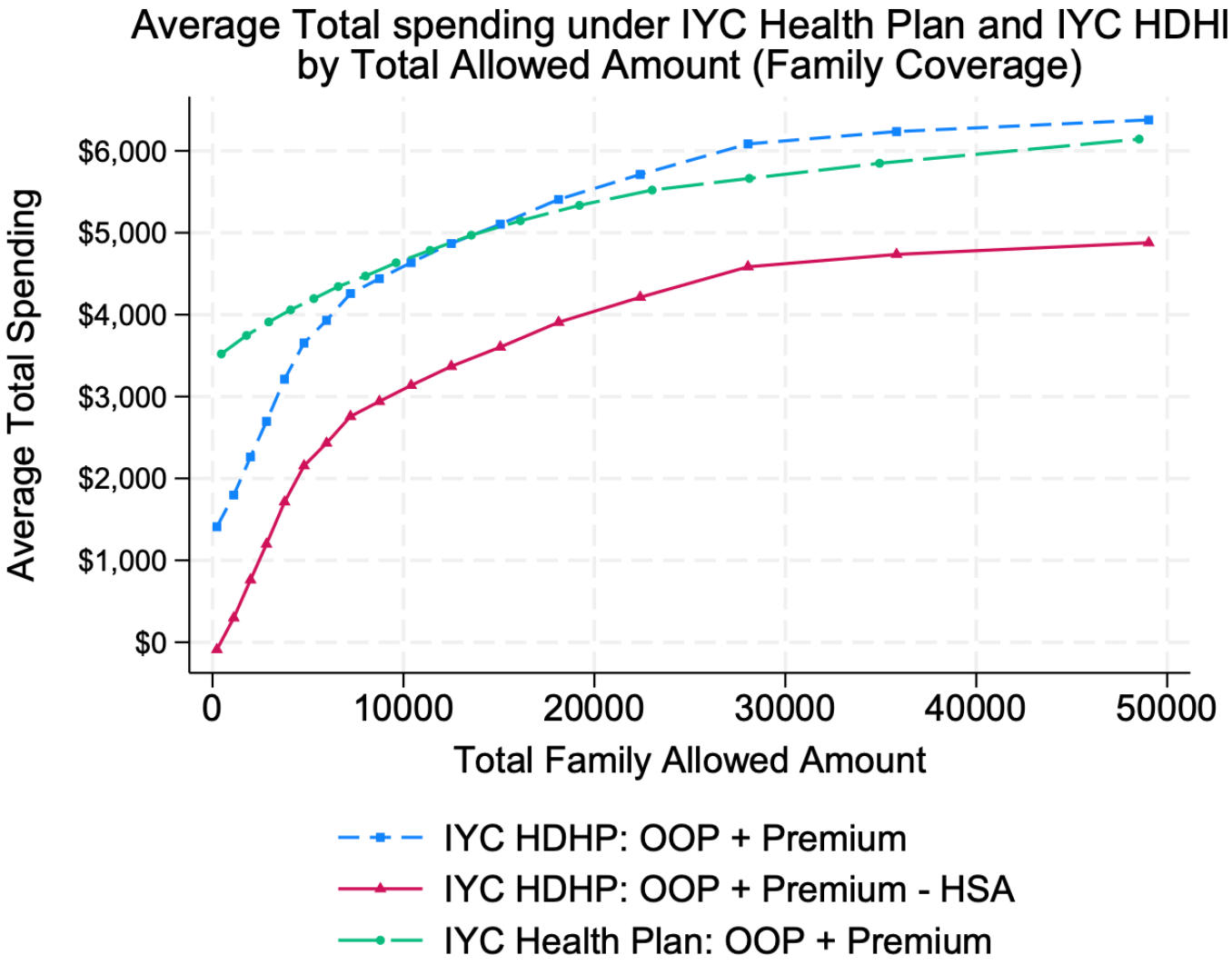


Switching from IYC to HDHP does not reduce preventive visits/screenings

			Estimated Diff HDHP - nonHDHP	
Preventive Service	**N (Person Years)**	**Overall Avg**	**First year w/HDHP**	**Second year w/HDHP**
Adult Preventive	847,678	0.40	0.02	0.04
Flu Vaccine	847,678	0.26	0.02	0.04
Cholesterol Screen	500,428	0.42	-0.03	-0.01
Well Child	86,342	0.50	0.02	0.02
Well Baby	24,107	1.64	-0.02	-0.04

Employee total spending is significantly lower with HDHP



Estimated Average Total Savings

- Single Coverage: $1,234
- Family Coverage: $2,024

Estimated Average Total Savings (Highest 25% of Risk scores)

- Single Coverage: $768
- Family Coverage: $1,014

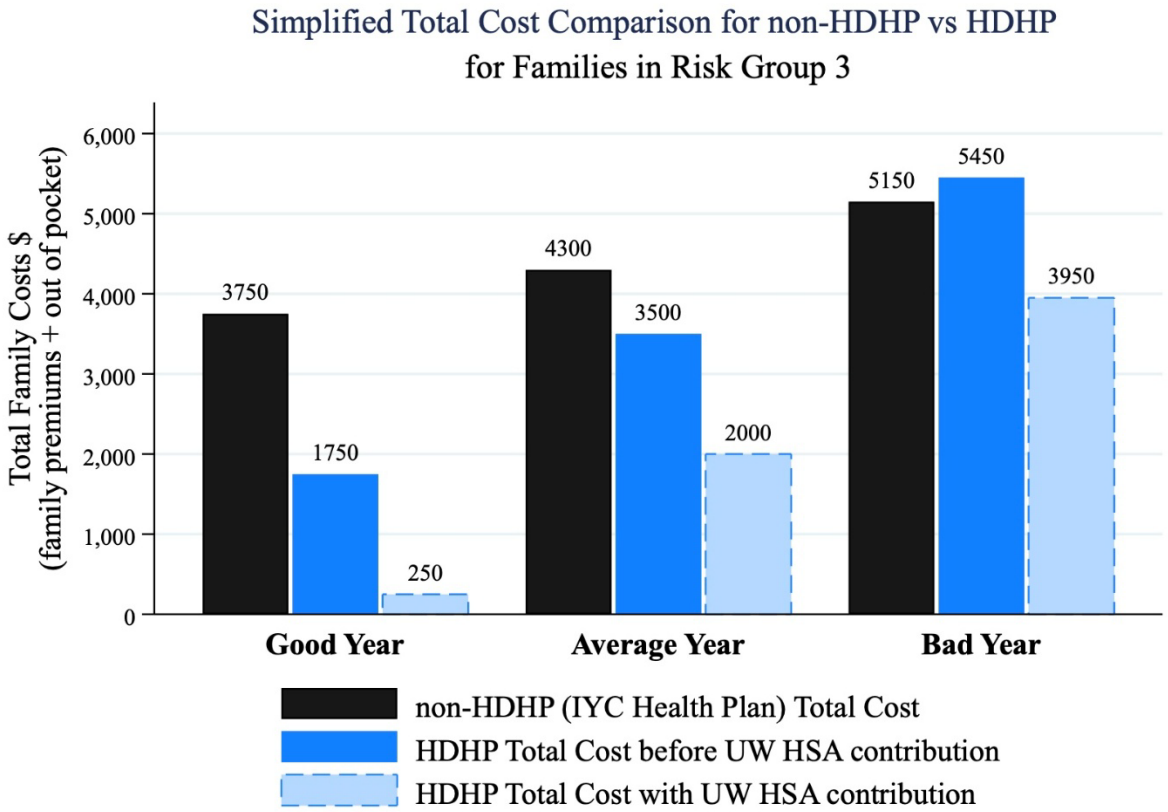
Decision-Aid Study Detail

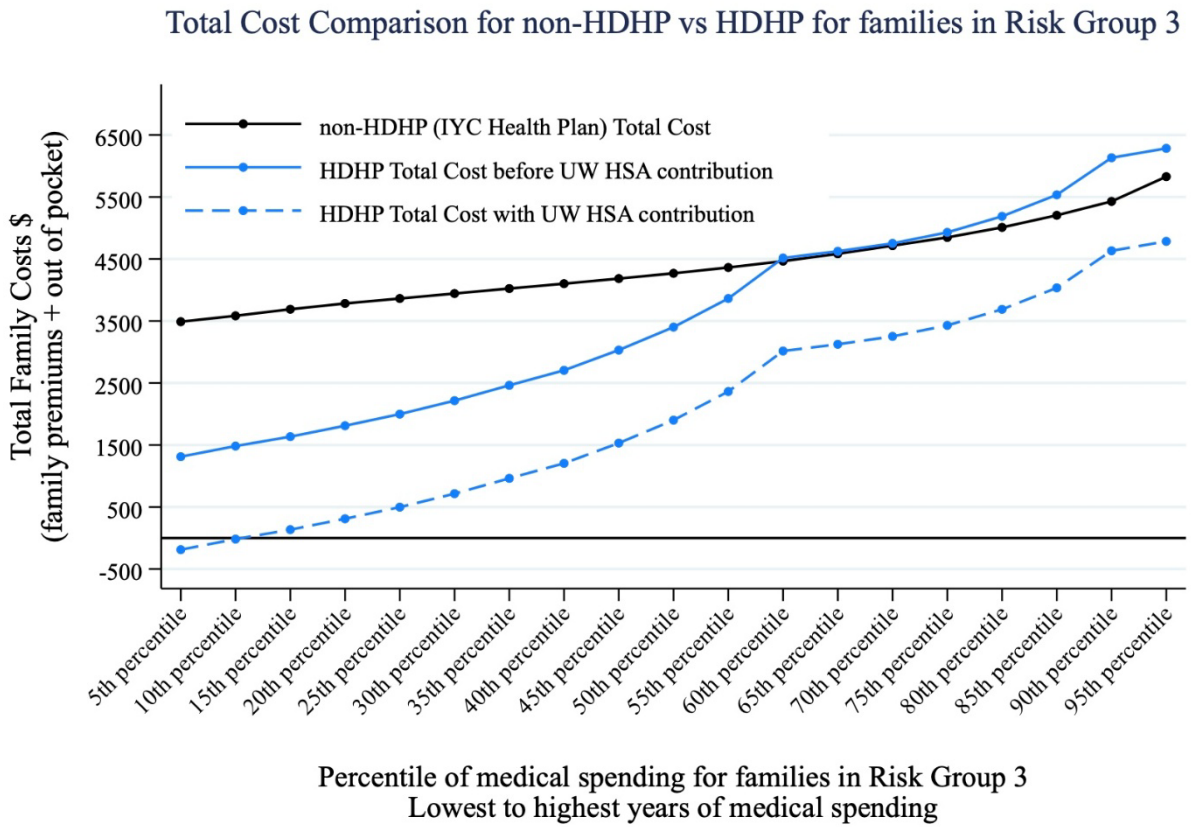
- In fall 2023 open enrollment, UW HR invited HDHP-eligible employees to a study

Participants were randomized into three groups

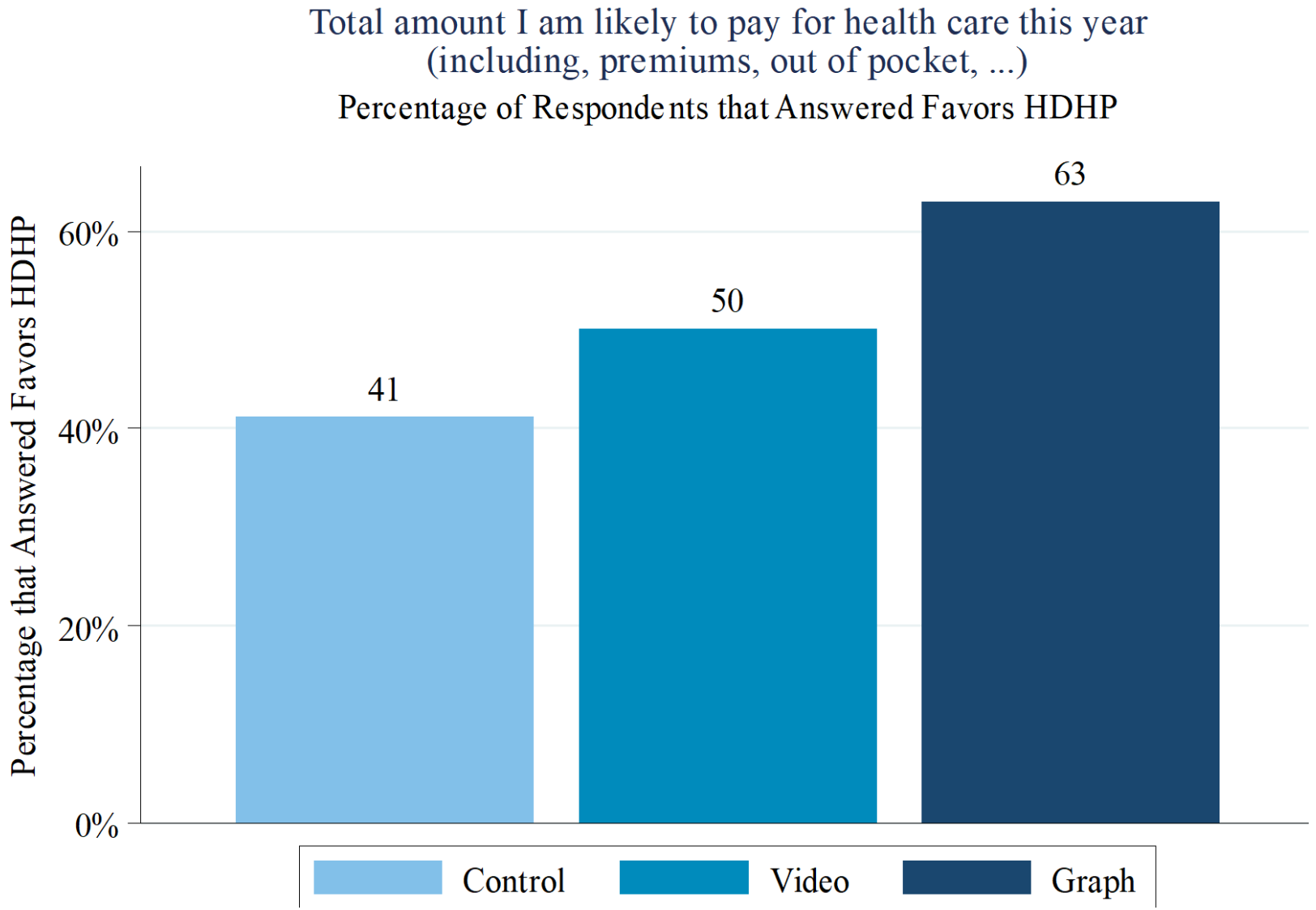
- **Control:** Standard plan information (ETF + UW HR)
- **Video:** Standard info + short video by Prof. Sydnor on plan tradeoffs
- **Graph:** Standard info + video + detailed cost distribution estimates

Simplified and Detailed Cost Projection Graph (Families in Risk Level 3)



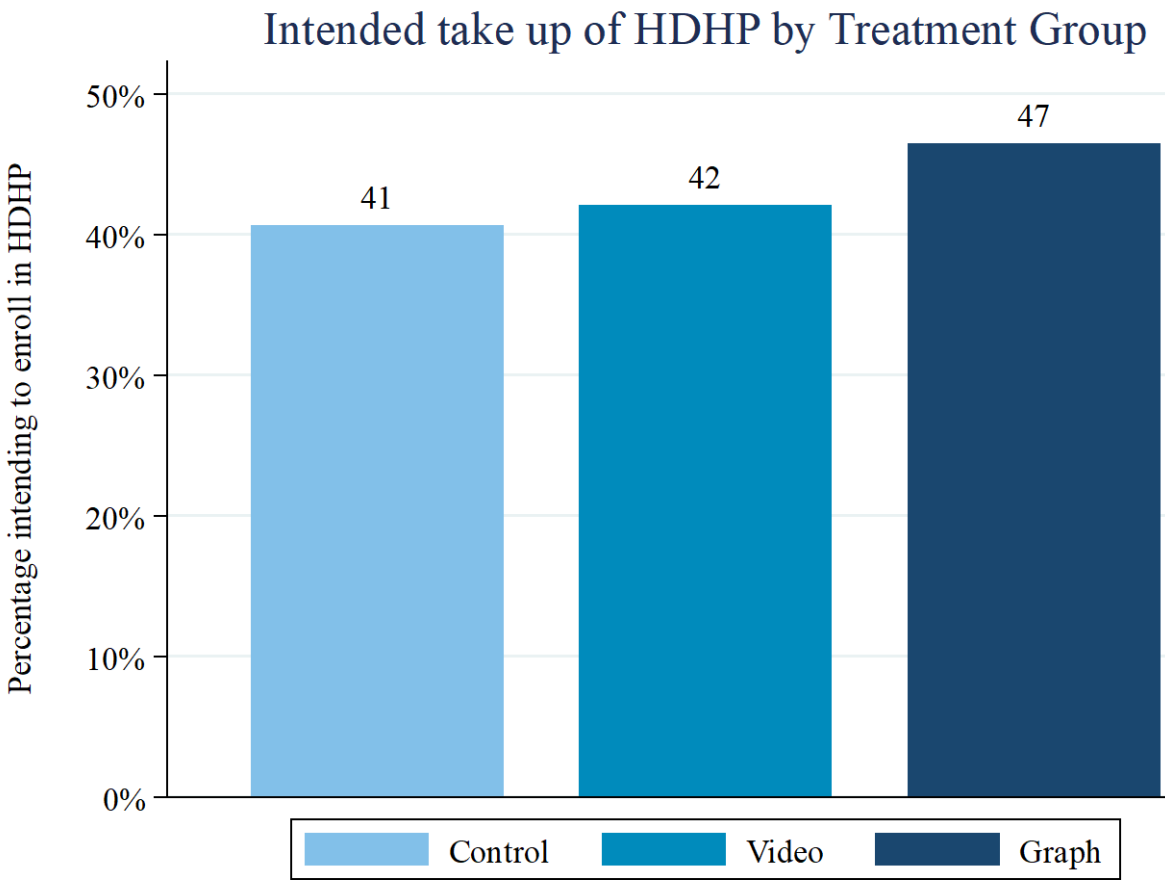


Impact of Decision Aids on Perceived Cost Advantage of HDHP

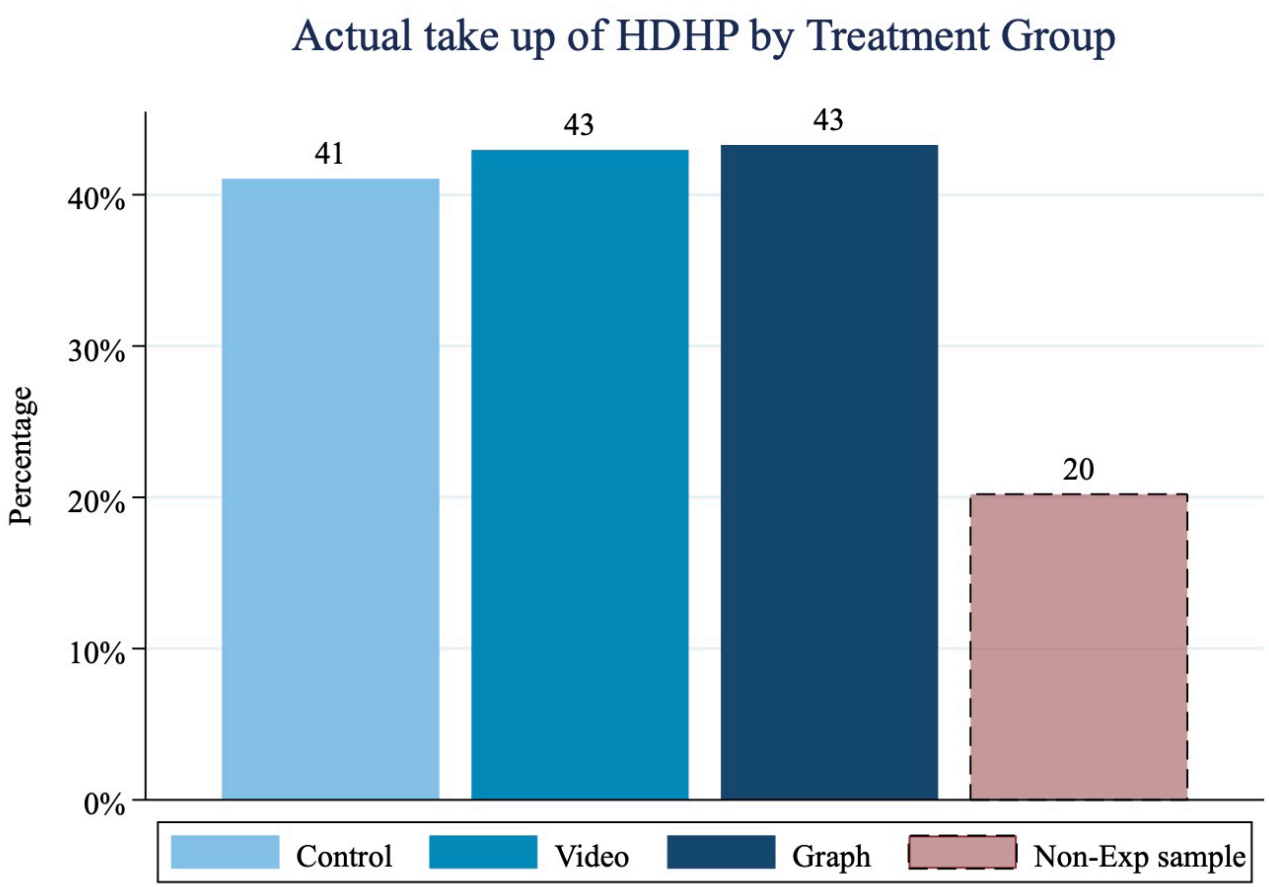


Decision aids only modestly impacted take-up decisions

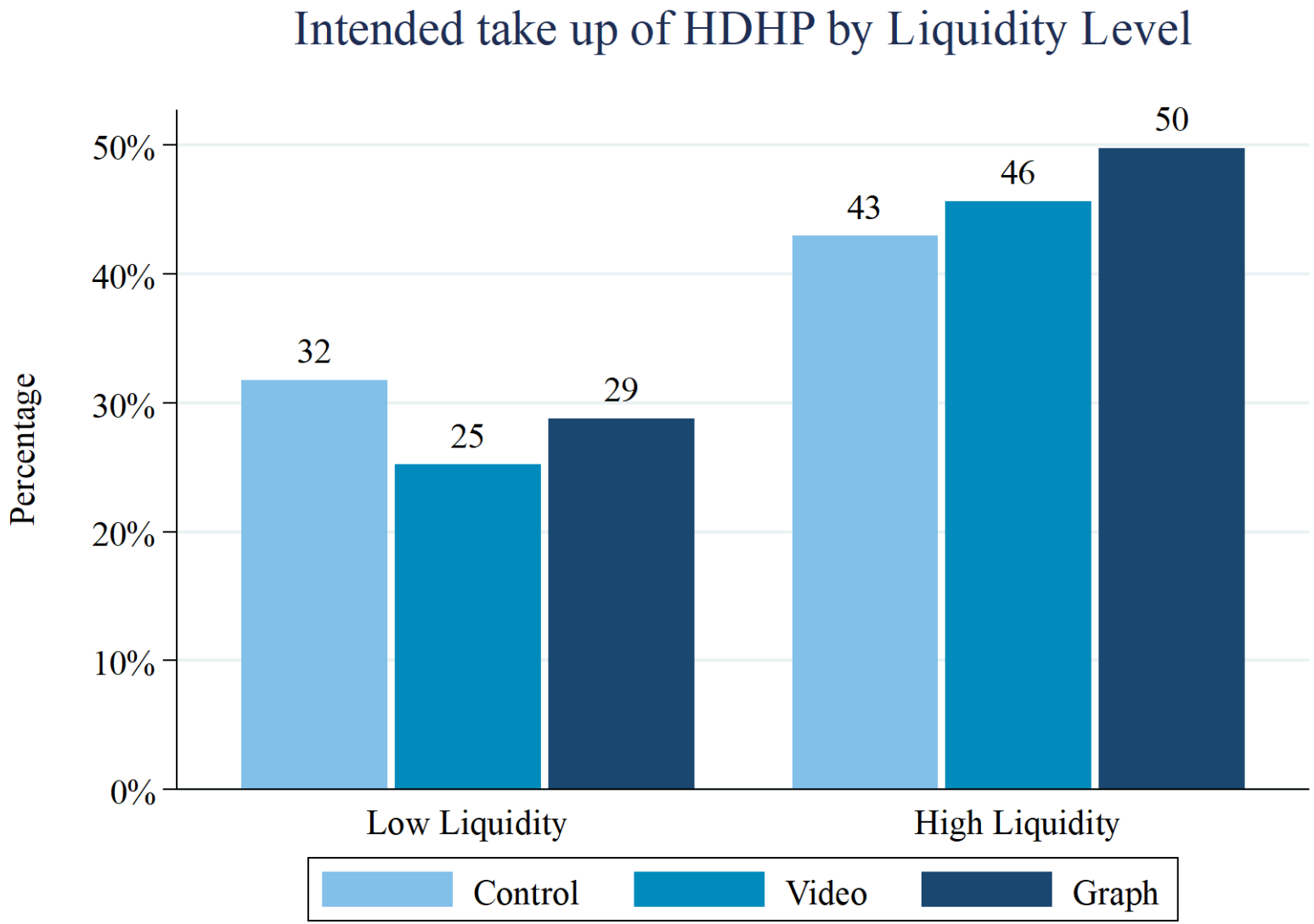
Intended take-up increased +6 ppt



Actual take-up increased +2 ppt



Information may help people tailor decisions to their situation



Why Limited Enrollment Response?

- **HSA concerns:** Participants worried about the difficulty of setting up and managing an HSA.
  - Example survey response: “I do not want to manage an HSA.”

- **Inertia/familiarity:** Participants stayed with the IYC Health Plan out of habit or comfort.
  - Example survey response: “what we have been doing for years”

- **Aversion to out-of-pocket payments:** Surveys and liquidity results suggest strong desire to avoid out-of-pocket payments.
  - Example survey response **“**Hitting the deductible limit of the HDHP sounds daunting for an out-of-pocket cost”

Summarizing – Questions?

1. Does enrollment in HDHP appear to *affect* utilization?
   - Savings to the program? Problematic underutilization?
   - **Key takeaway:** Any such impacts appear modest in this program for current enrollees.

2. What are the financial savings opportunities for HDHP enrollees?
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3. What is the impact of decision aids to clarify financial tradeoffs?
   - Field experiment during open enrollment in 2023
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State of Wisconsin Group Insurance Board
Department of Employee Trust Funds

Benchmarking Study

November 12, 2025

Segal Consulting

1. Background

2. Benchmarking: Plan Details

3. Benchmarking: Plan Value

4. Exchange Benchmarking

5. Key Findings

Background

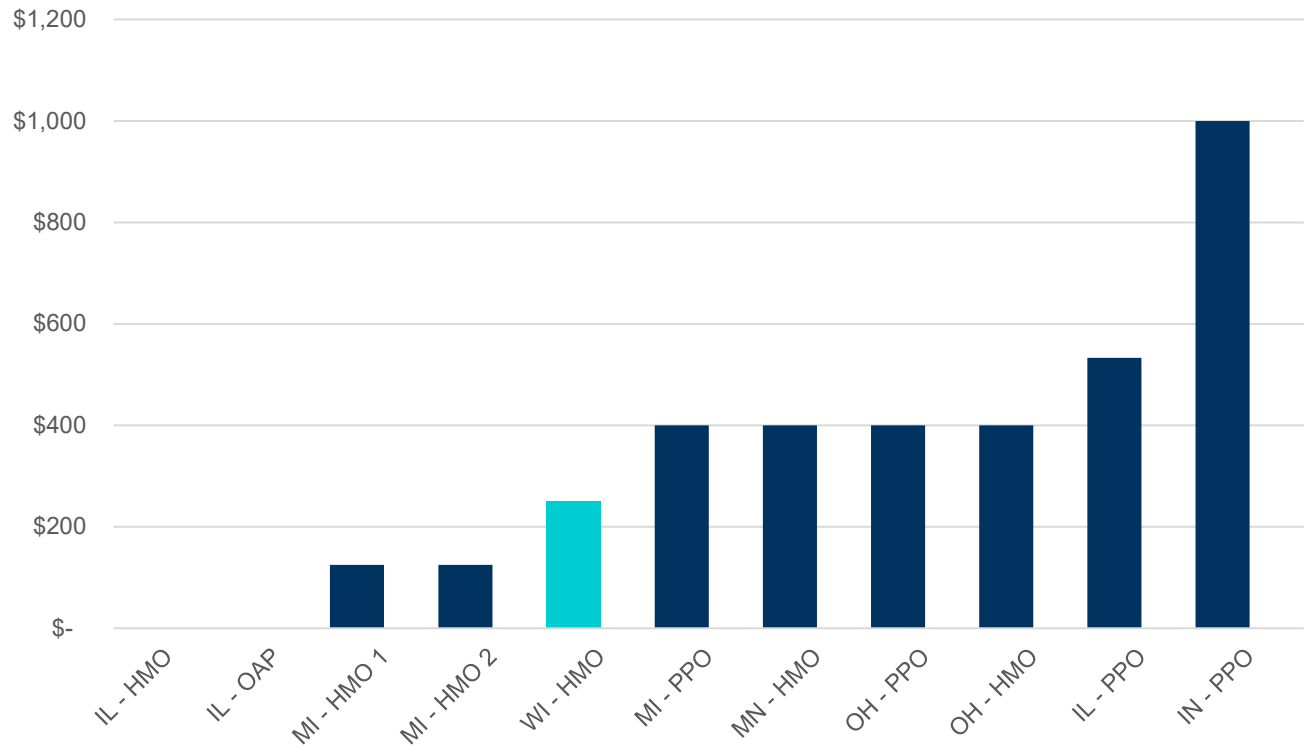
- Wisconsin's health plan features were compared to neighboring state health plans.
  - State IYC Health Plan was compared against non-HDHPs.
  - State IYC HDHP was compared against other HDHPs.
- Benchmark States:
  - Illinois
  - Indiana
  - Michigan
  - Minnesota
  - Ohio
- Medical and Pharmacy benefits, premium rates and member contributions were used in the comparison.
- Data collected:
  - Plan type (PPO, HMO, HDHP, etc.)
  - Plan Designs (Deductibles, Maximum out-of-pocket limits, copays, etc.)
  - Monthly Rates (Total costs/premiums, and employee/state cost share)
- Benchmarked ETF State plans against Wisconsin Exchange too.
- Data is for plan year 2025 across the board.

State Plan Abbreviations

State	Plan Name	Abreviation
Wisconsin	IYC Health Plan	WI - HMO
Wisconsin	IYC HDHP	WI - HDHP
Illinois	HMO Illinois	IL - HMO
Illinois	Aetna OAP Tier 1	IL - OAP
Illinois	Consumer Driven Health Plan	IL - HDHP
Illinois	Quality Care Health Plan	IL - PPO
Indiana	Indiana CDHP - 1 Tier 1	IN - HDHP 1
Indiana	Indiana CDHP - 2 Tier 1	IN - HDHP 2
Indiana	Indiana Traditional Tier 1	IN - PPO
Michigan	Michigan PPO	MI - PPO
Michigan	Michigan HDHP	MI - HDHP
Michigan	Michigan BCN HMO	MI - HMO 1
Michigan	Michigan HAP HMO	MI - HMO 2
Minnesota	Minnesota Advantage CL 2	MN - HMO
Minnesota	Minnesota HDHP CL 2	MN - HDHP
Ohio	Ohio MMO HDHP	OH - HDHP
Ohio	Ohio MMO PPO	OH - PPO
Ohio	Ohio MMO Select	OH - HMO

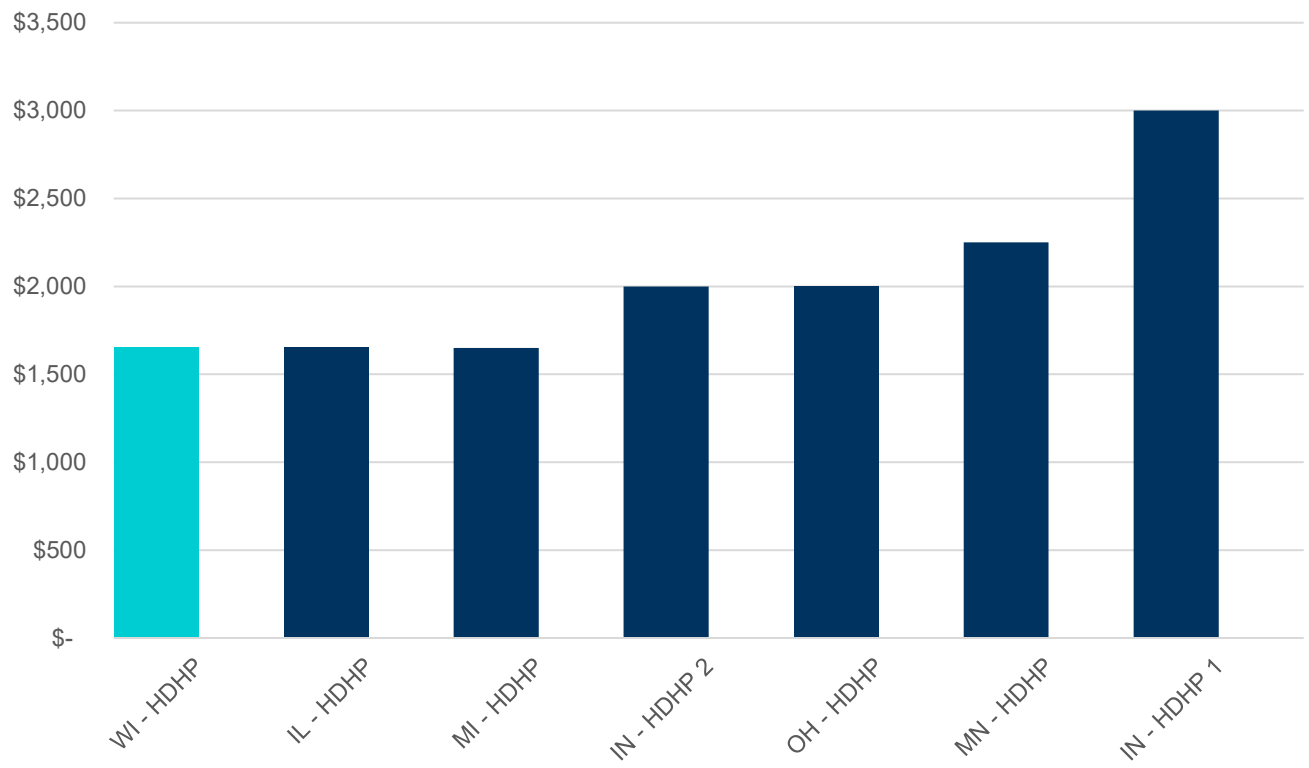
Single Deductible (Non-HDHP)

- Wisconsin's single deductible for the HMO plan is on the lower end for Non-HDHP plans.
- For the following plans, prescription drugs are subject to a deductible:
  - IL HMO and IL OAP have a $150 deductible for prescription drugs.
  - IL PPO has a $175 deductible for prescription drugs.
  - IN PPO has medical and prescription drug deductible combined.



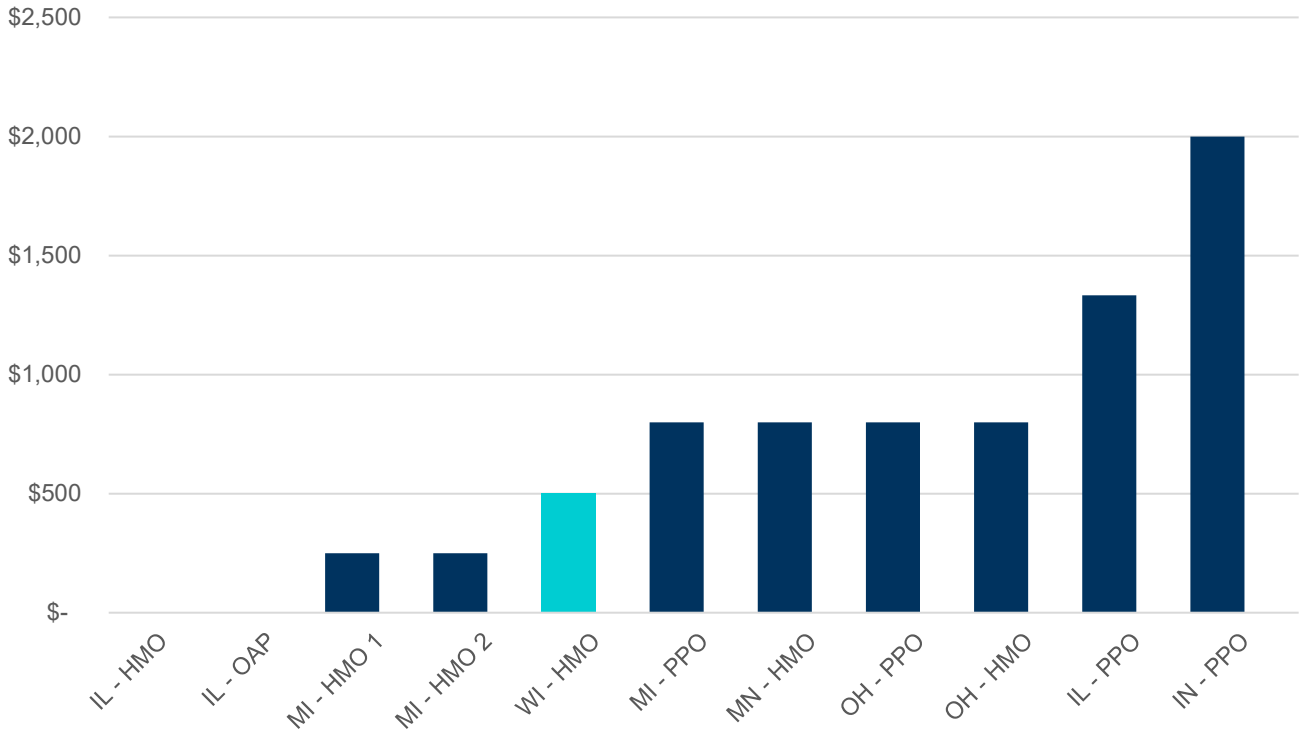
Single Deductible (HDHP)

- Wisconsin's single deductible for the HDHP plan is tied for the lowest for the benchmark among HDHP plans.
- All HDHP plans in the benchmark have a combined medical and prescription drug deductible.



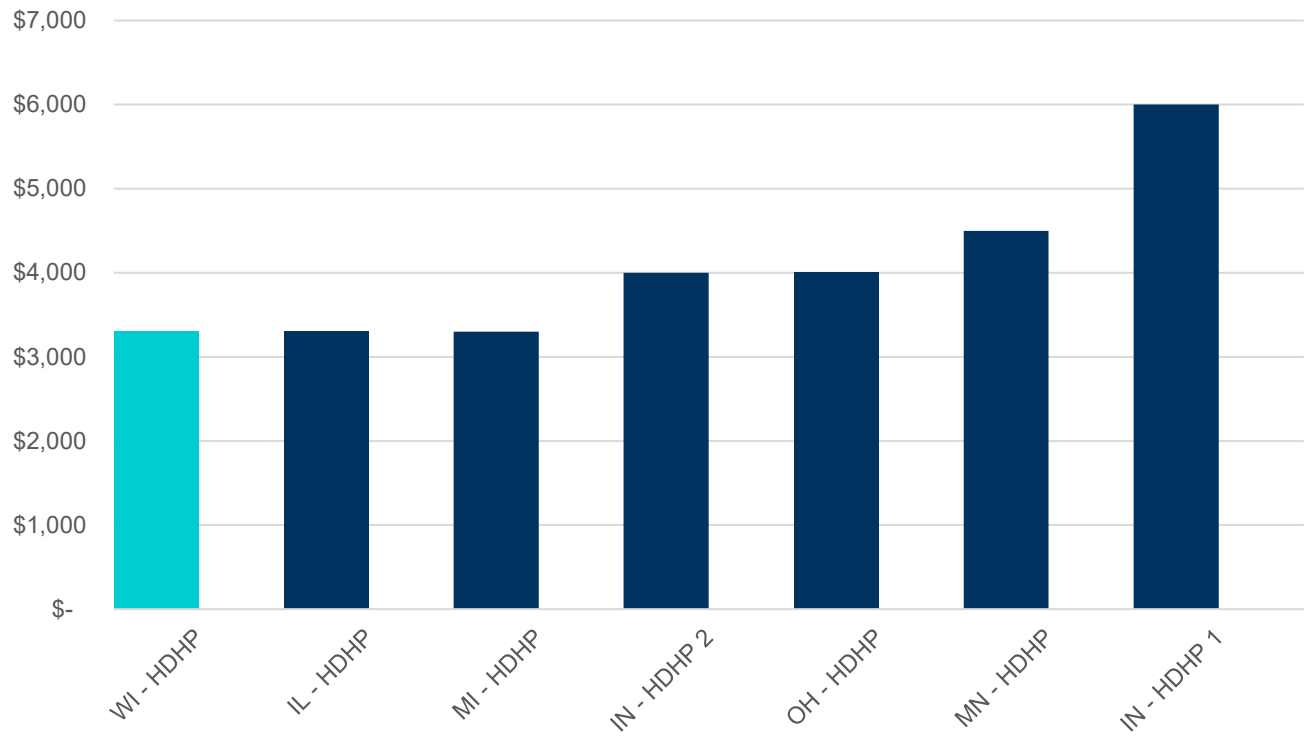
Family Deductible (Non-HDHP)

- Wisconsin's family deductible for the HMO plan is on the lower end for Non-HDHP plans.
- For the following plans, prescription drugs are subject to a deductible:
  - IL HMO and IL OAP have a $150 deductible for prescription drugs.
  - IL PPO has a $175 deductible for prescription drugs
  - IN PPO has medical and prescription drug deductible combined.



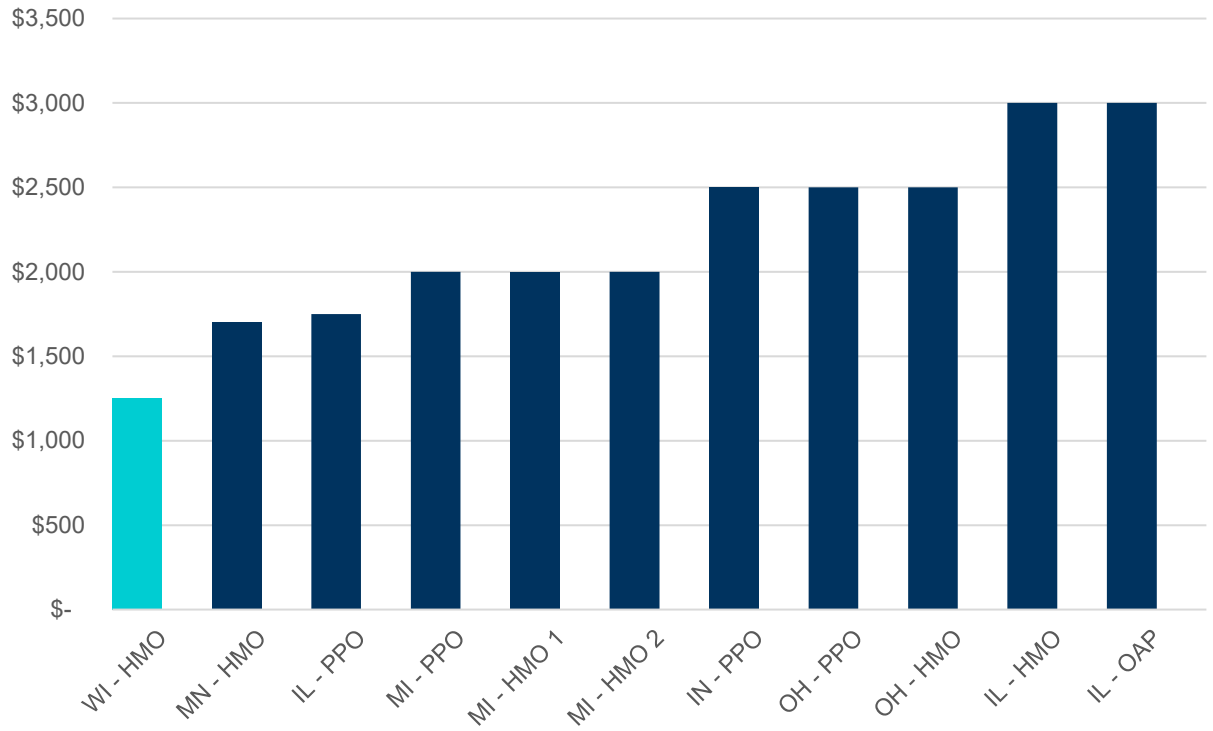
Family Deductible (HDHP)

- Wisconsin's family deductible for the HDHP is tied for the lowest for the benchmark among HDHP plans.
- All HDHP plans in the benchmark have a combined medical and prescription drug deductible.



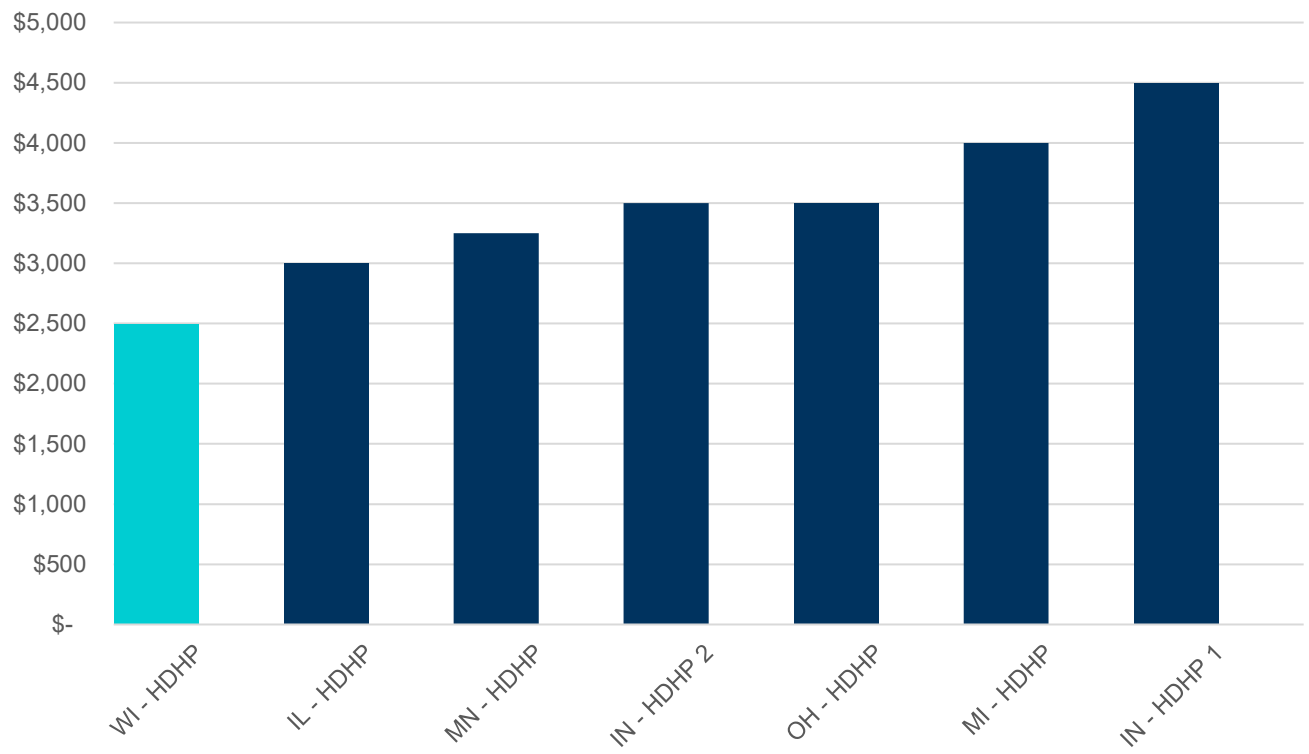
Single Maximum Out-of-Pocket (MOOP) (Non-HDHP)

- Wisconsin's HMO plan has the lowest single MOOP in the benchmark among Non-HDHP plans.
- All benchmark plans have a combined MOOP with medical and prescription drugs except those listed below.
  - WI HMO: $600 for Rx Tiers 1 & 2, and $9,200 for Tiers 3 &4.
  - MN HMO: $1,050 for Rx.
  - OH PPO and OH HMO: $3,500 for Rx.



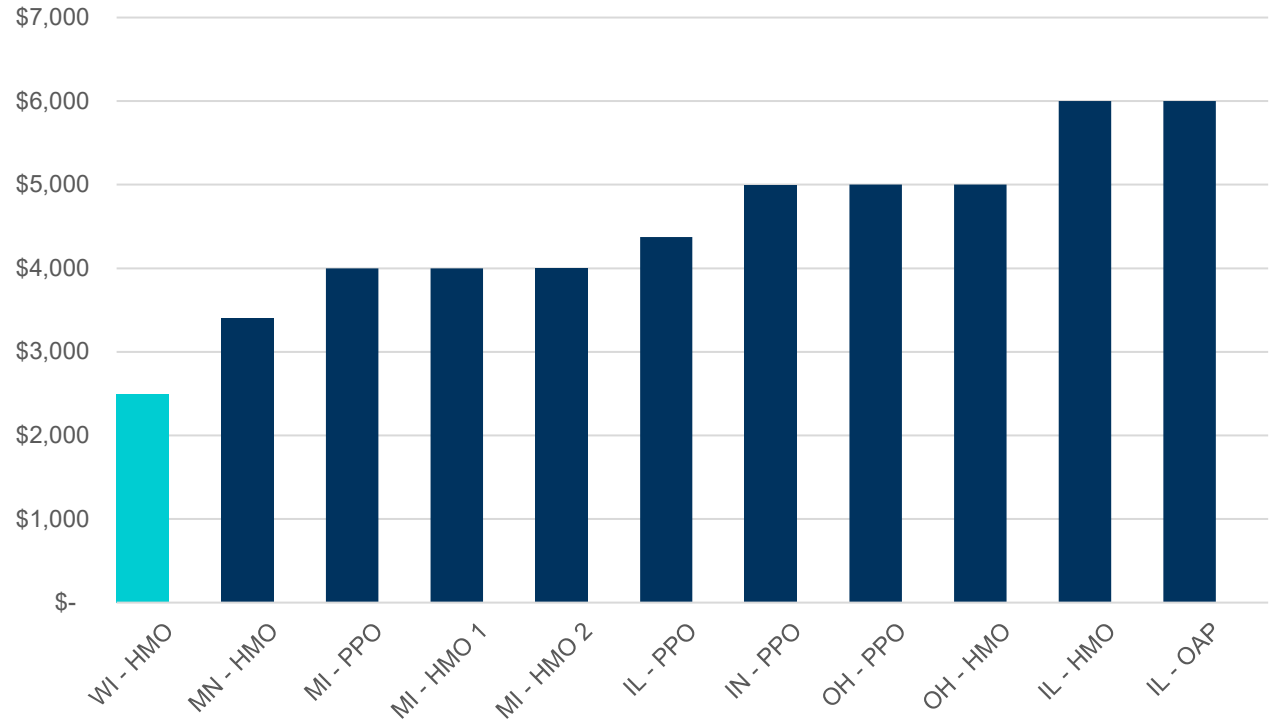
Single Maximum Out-of-Pocket (HDHP)

- Wisconsin's HDHP has the lowest single MOOP in the benchmark for HDHP plans.
- All HDHP plans in the benchmark have a combined MOOP for medical and prescription drugs.



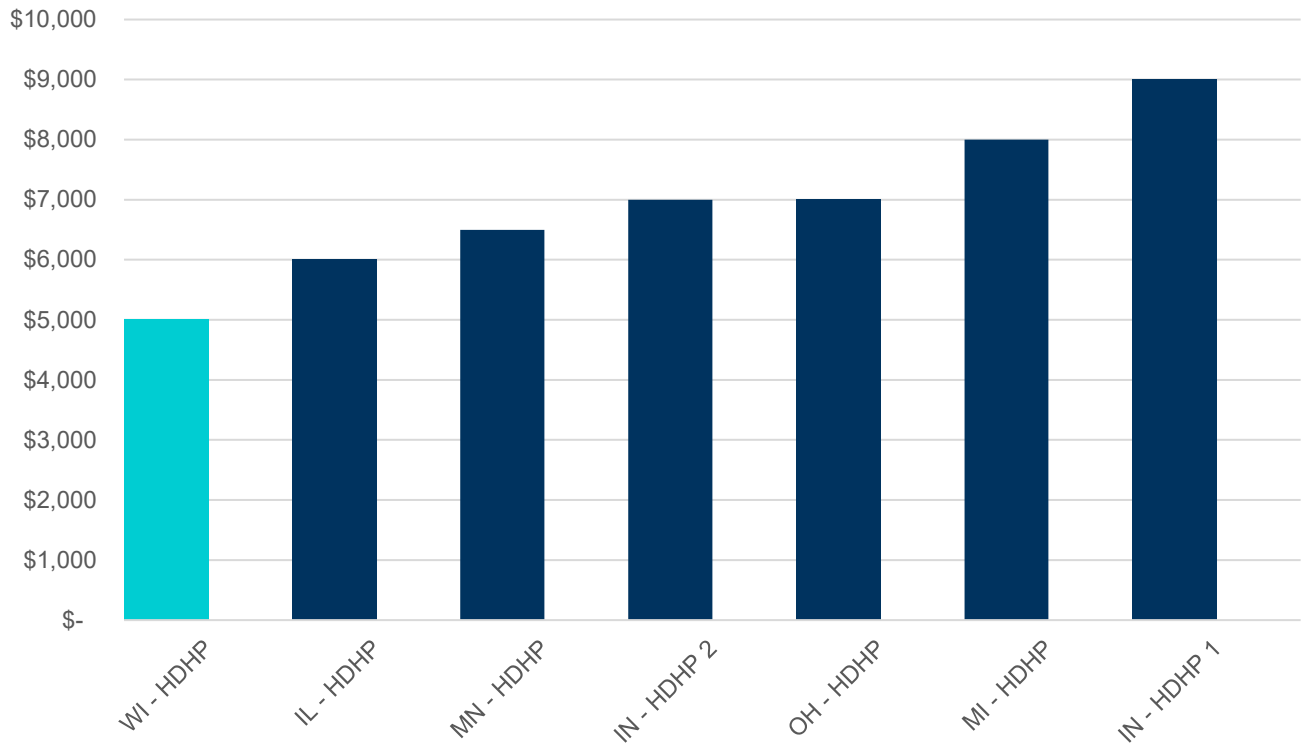
Family Maximum Out-of-Pocket (Non-HDHP)

- Wisconsin's HMO plan has the lowest family MOOP in the benchmark among Non-HDHP plans.
- All benchmark plans have a combined MOOP with medical and prescription drugs except those listed below.
  - WI HMO: $1,200 for Rx Tiers 1 & 2, and $18,400 for Tiers 3 &4.
  - MN HMO: $2,100 for Rx.
  - OH PPO and OH HMO: $7,000 for Rx.



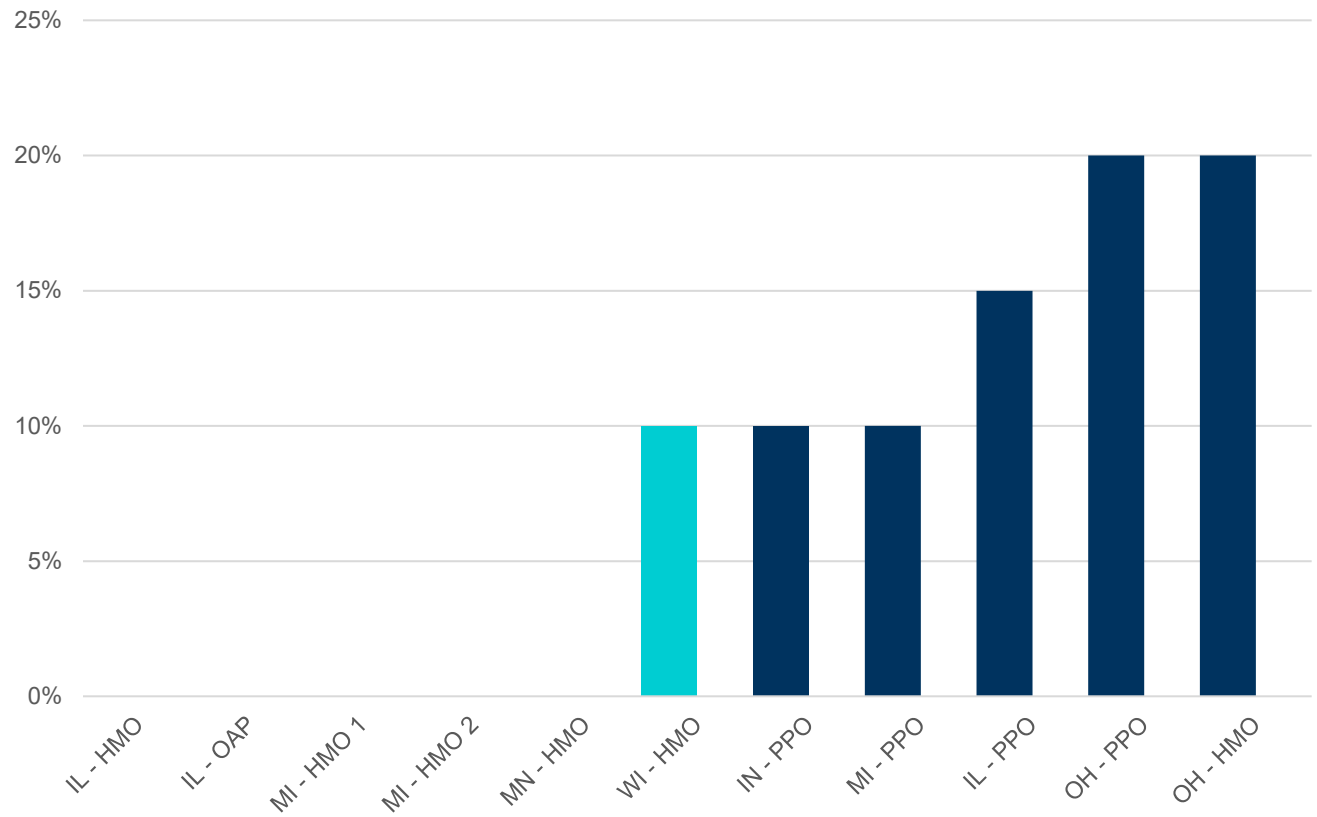
Family Maximum Out-of-Pocket (HDHP)

- Wisconsin's HDHP plan has the lowest family MOOP in the benchmark among HDHP plans.
- All HDHP plans in the benchmark have a combined MOOP for medical and prescription drugs.



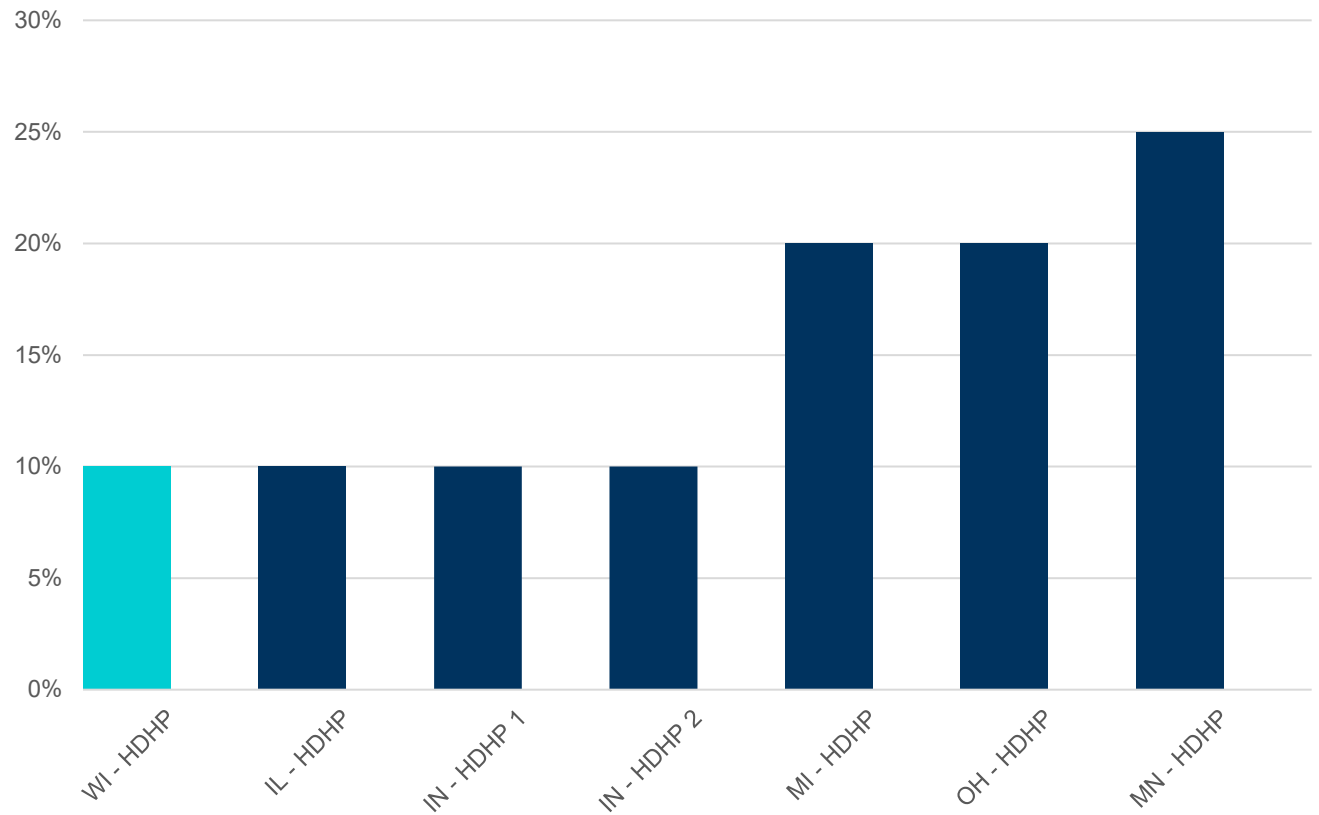
Coinsurance (Non-HDHP)

- Wisconsin's HMO plan has equal coinsurance to the lowest of the Non-HDHP plans in the benchmark that have a coinsurance. The plans with 0% coinsurance use strictly copays.



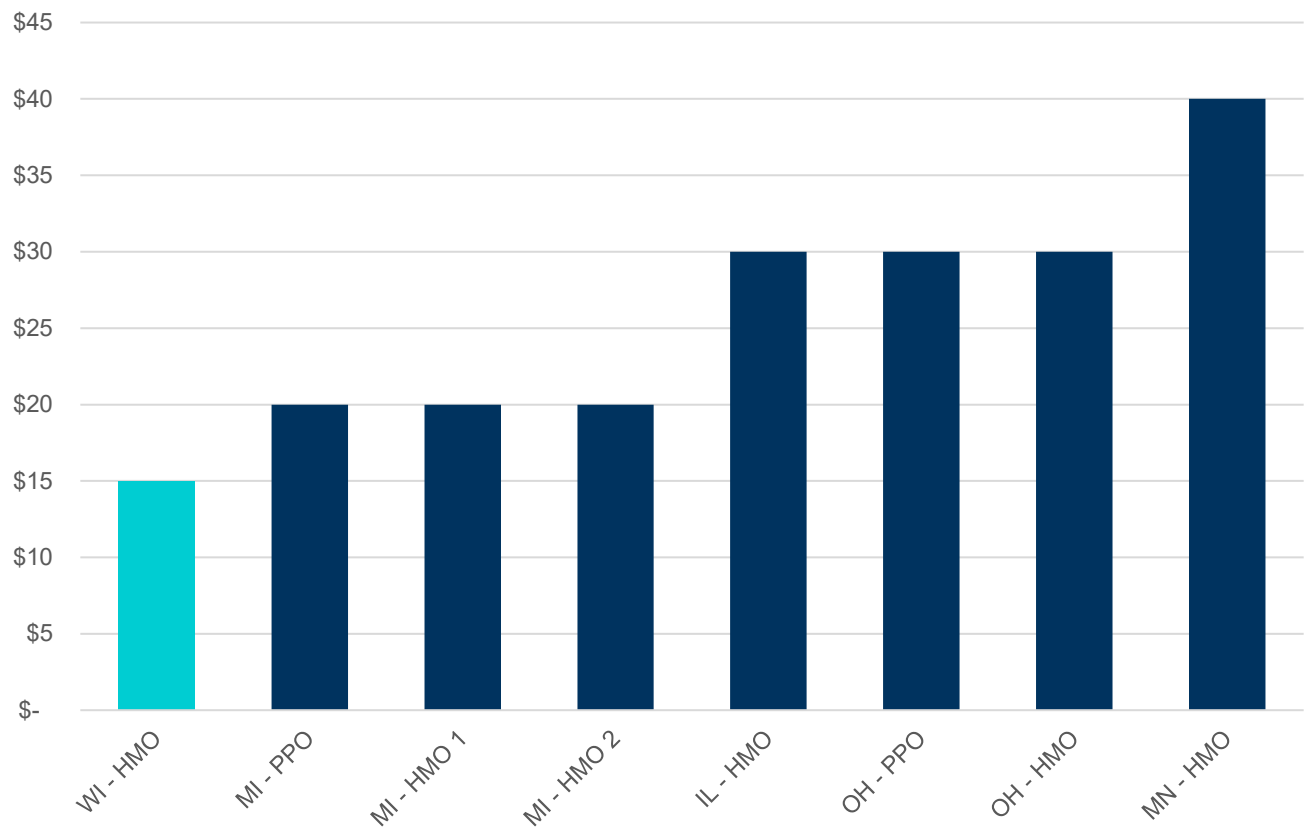
Coinsurance (HDHP)

- Wisconsin's HDHP is equal to the lowest coinsurance in the benchmark HDHP's.



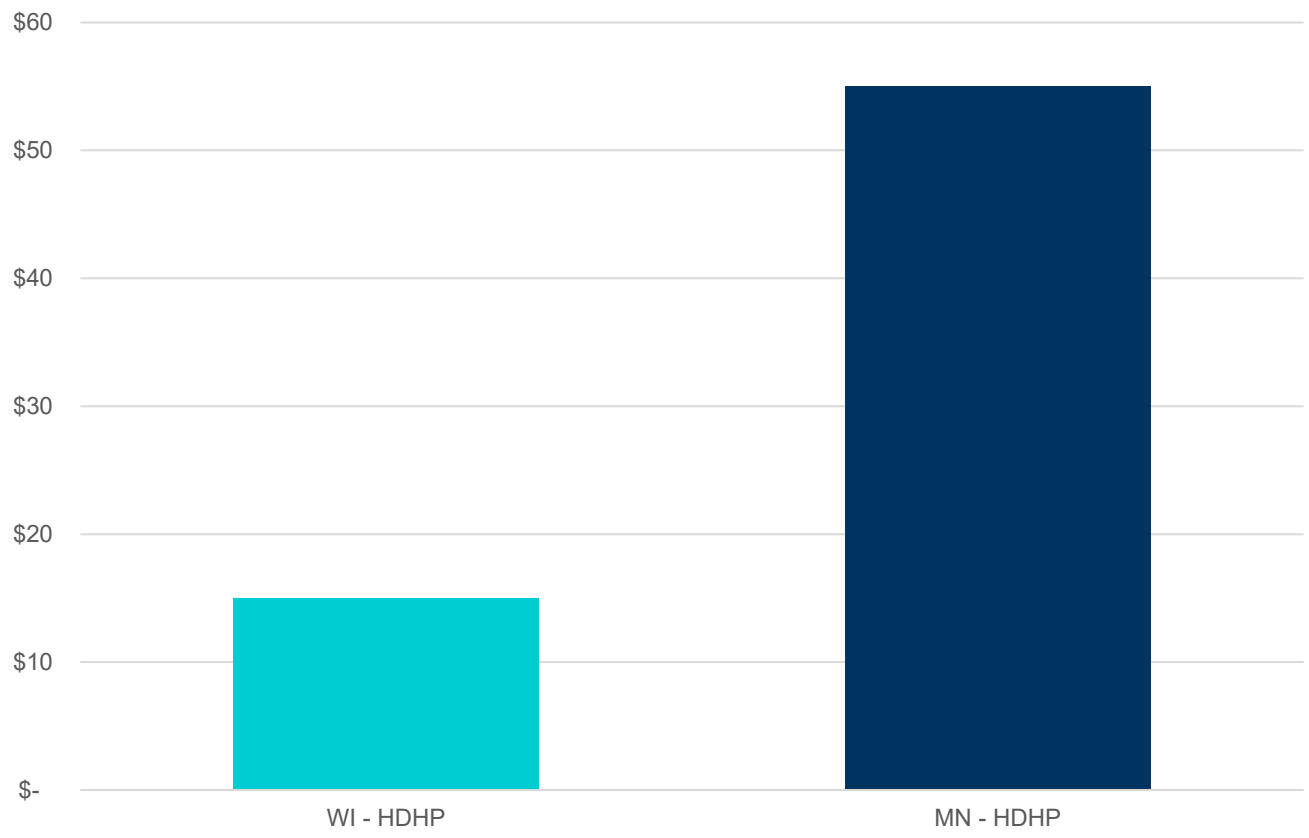
Primary Care Physician Copay (Non-HDHP)

- Wisconsin's HMO plan has the lowest PCP copay compared to the other Non-HDHP plans.



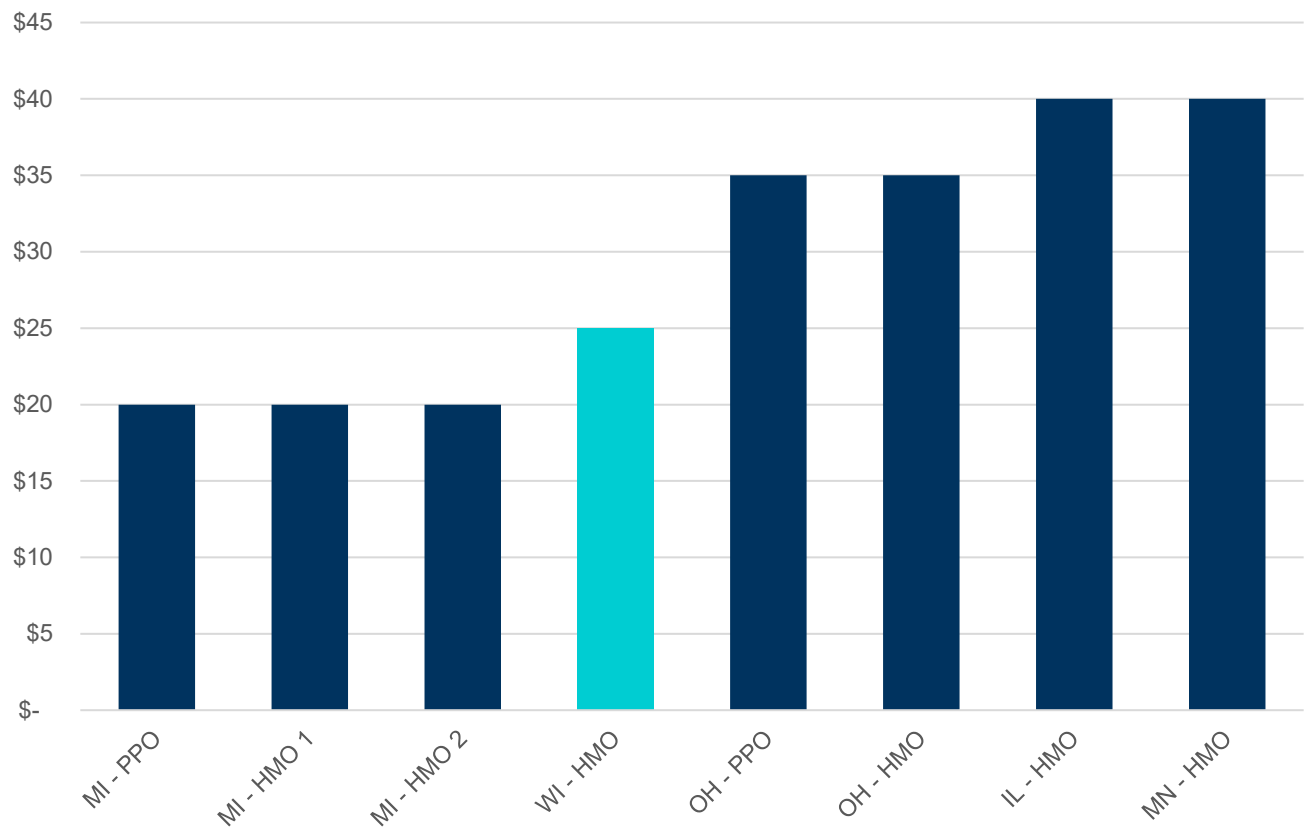
Primary Care Physician Copay (HDHP)

- The only other HDHP plan in the benchmark that has a PCP copay is Minnesota. All other HDHPs use coinsurance instead of copays.



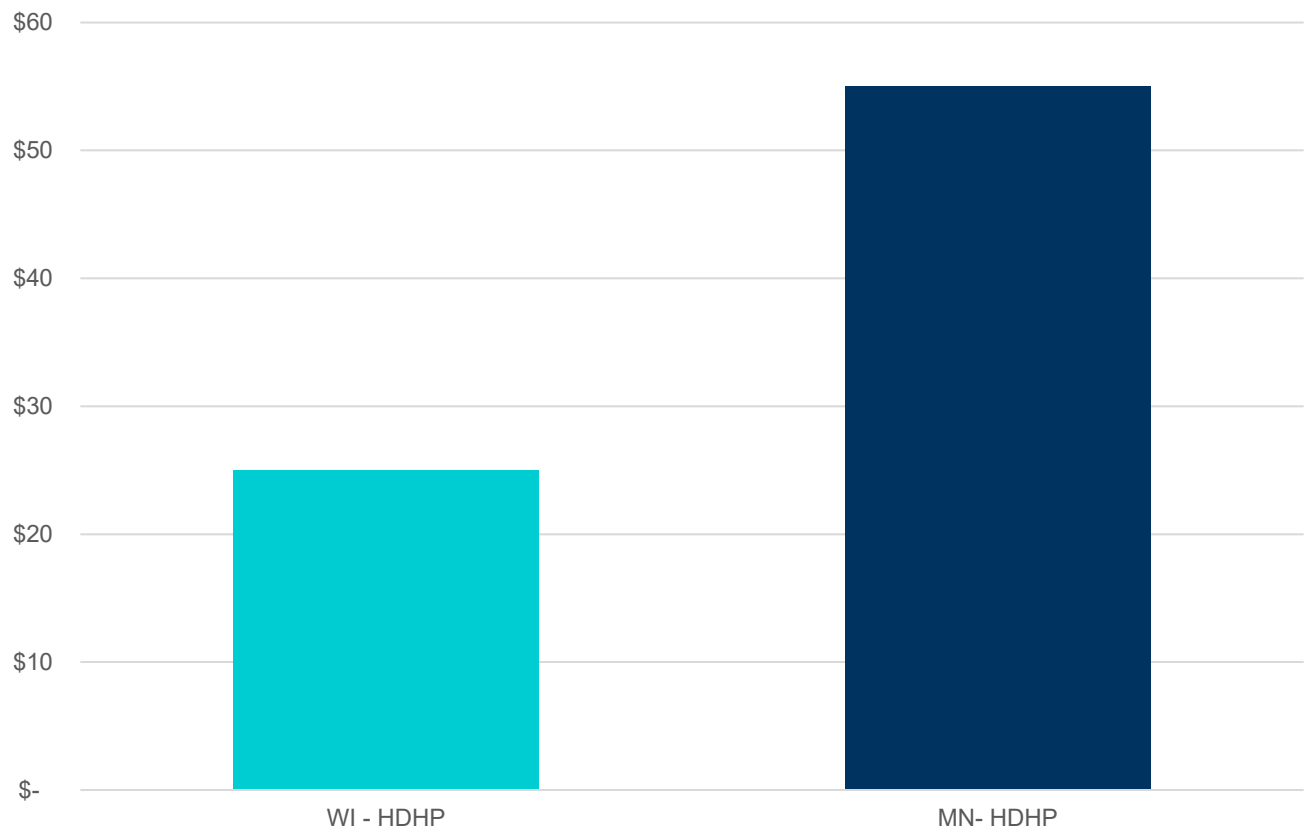
Specialist Visit Copay (Non-HDHP)

- Wisconsin's HMO plan specialist copay is lower than the benchmark average for Non-HDHP plans.



Specialist Visit Copay (HDHP)

- The only other HDHP plan in the benchmark that has a specialist copay is Minnesota. All other HDHPs use coinsurance instead of copays.



Inpatient / Outpatient Coinsurance (Non-HDHP)

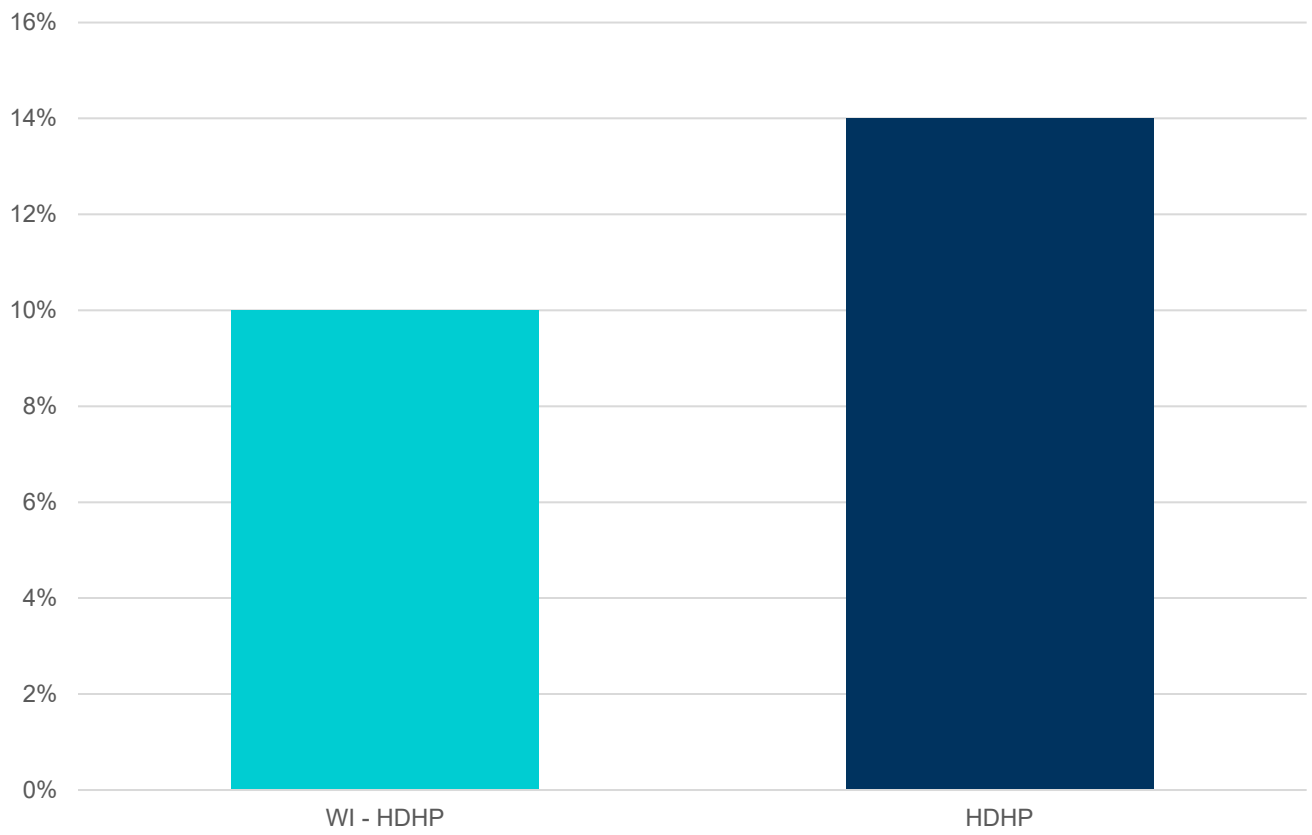
- All benchmarked Non-HDHPs that have coinsurance for Inpatient have the same coinsurance for Outpatient. Below is a table showing coinsurance and copays for each plan.

Plan	Inpatient	Outpatient
WI – HMO*	10%	10%
IL – HMO	$475	$350
IL – OAP	$475	$350
IL – PPO*	15%	15%
IN – PPO*	10%	10%
MI – PPO*	10%	10%
MI – HMO 1	No Charge	No Charge
MI – HMO 2	No Charge	No Charge
MN – HMO	$200	$120
OH – PPO*	20%	20%
OH – HMO*	20%	20%

* Subject to deductible.

Inpatient / Outpatient Coinsurance (HDHP)

- Wisconsin's HDHP plan and the benchmark plans have the same coinsurance for Inpatient and Outpatient visits. The HDHP plan is lower than the benchmark average and tied for the lowest among all HDHP benchmarking plans.



Urgent Care Copay and Coinsurance (Non-HDHP)

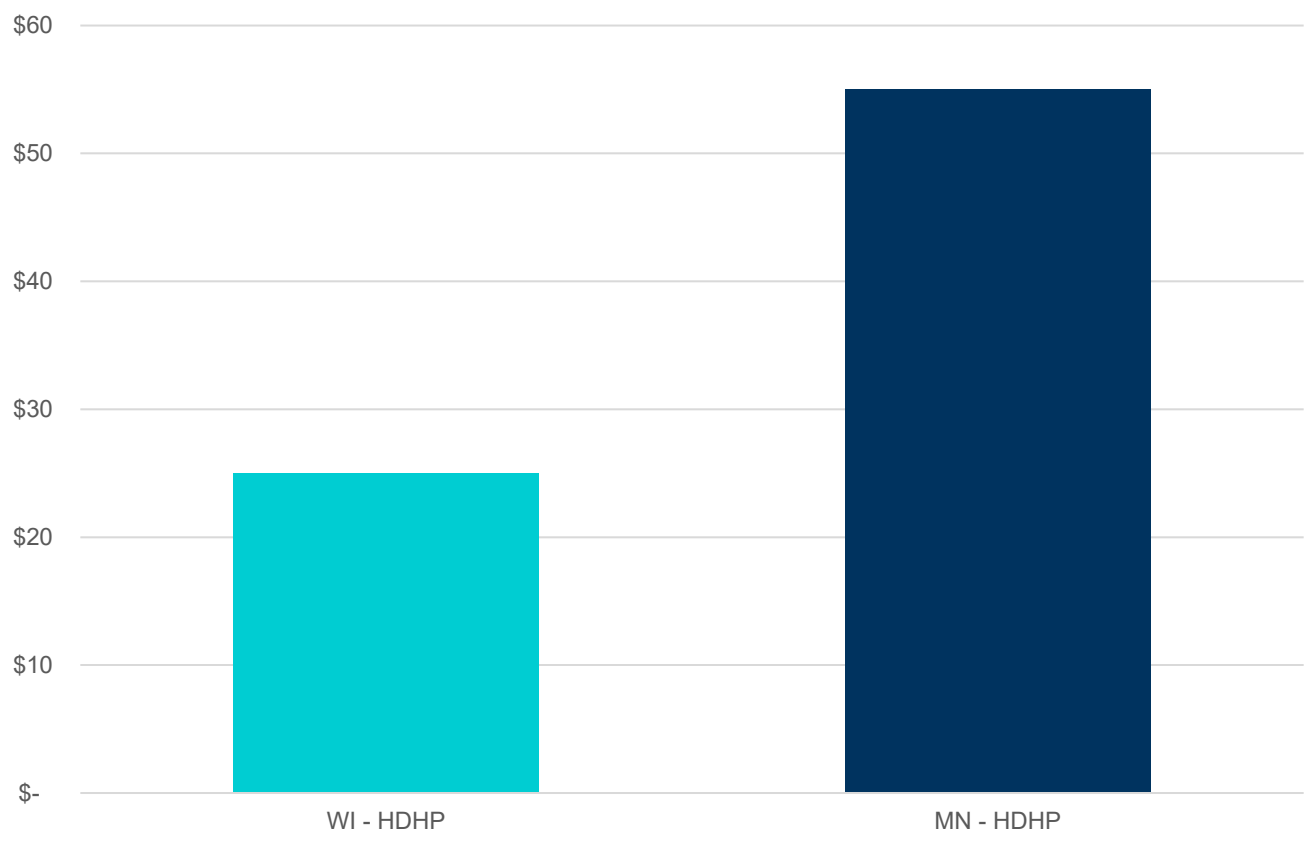
- Wisconsin's HMO plan Urgent Care copay is on the lower end of the benchmark for Non-HDHP plans.

Plan	Urgent Care
WI – HMO	$25
IL – HMO	$30
IL – OAP	$40
IL – PPO*	15%
IN – PPO*	10%
MI – PPO	$20
MI – HMO 1	$20
MI – HMO 2	$20
MN – HMO	$40
OH – PPO	$40
OH – HMO	$40

* Subject to deductible.

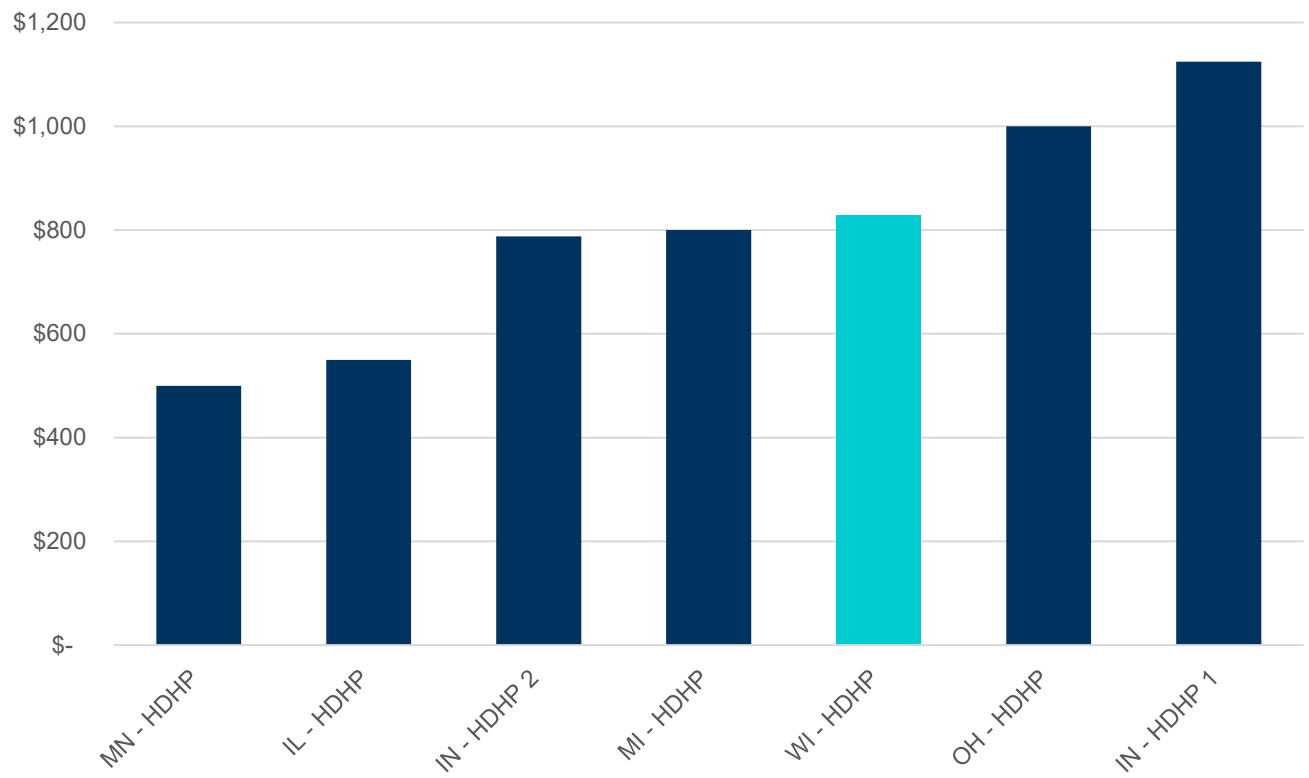
Urgent Care Copay (HDHP)

- The only other HDHP plan in the benchmark that has an Urgent Care copay is Minnesota. All other HDHPs use coinsurance instead of copays.



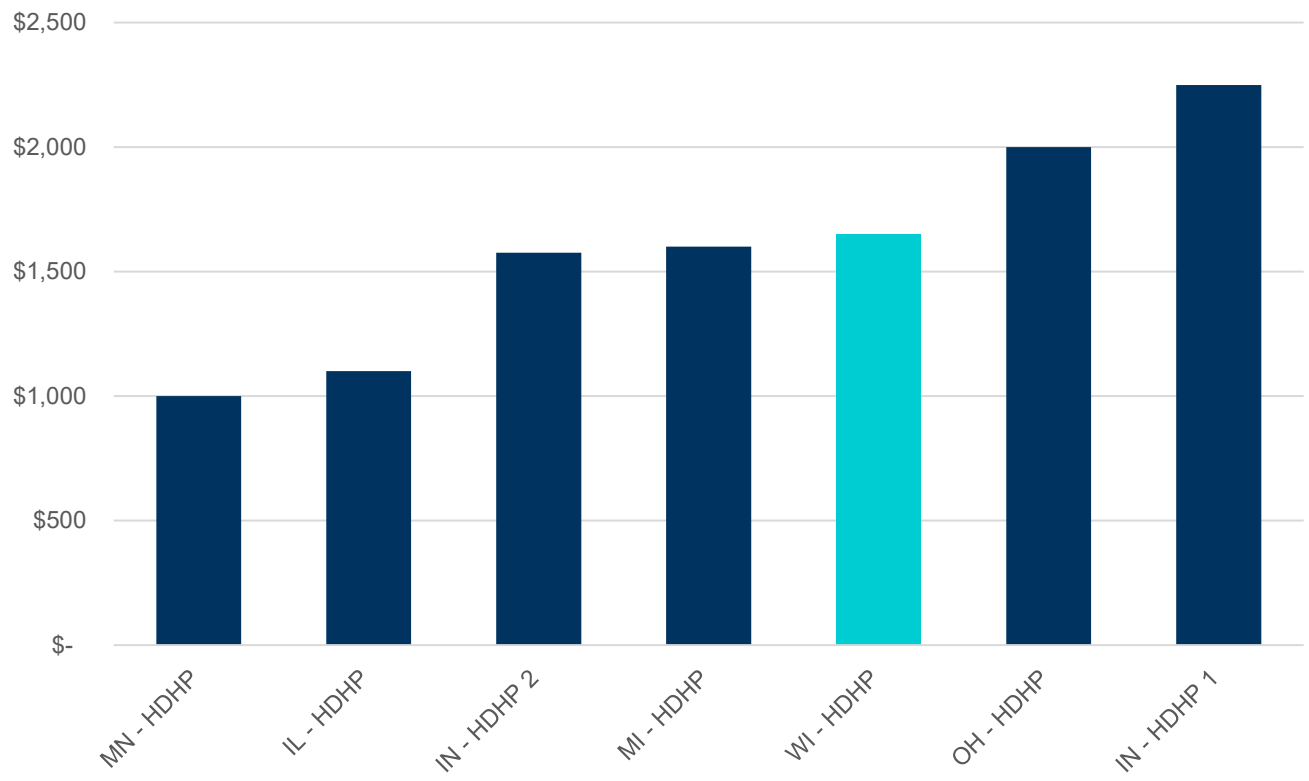
HSA State Contribution Single

- Wisconsin has slightly higher single HSA contributions than the average for the benchmarking states.



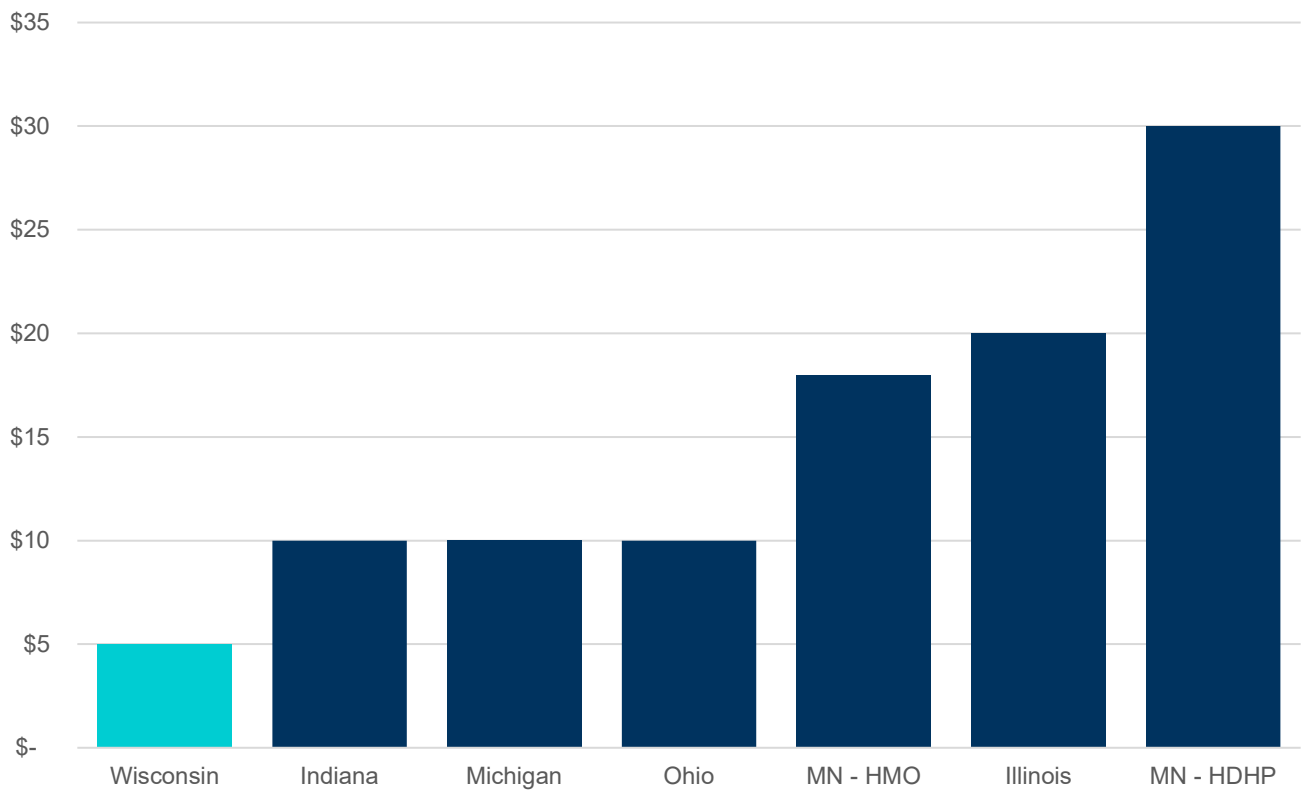
HSA State Contribution Family

- Wisconsin has slightly higher family HSA contributions than the average for the benchmarking states.



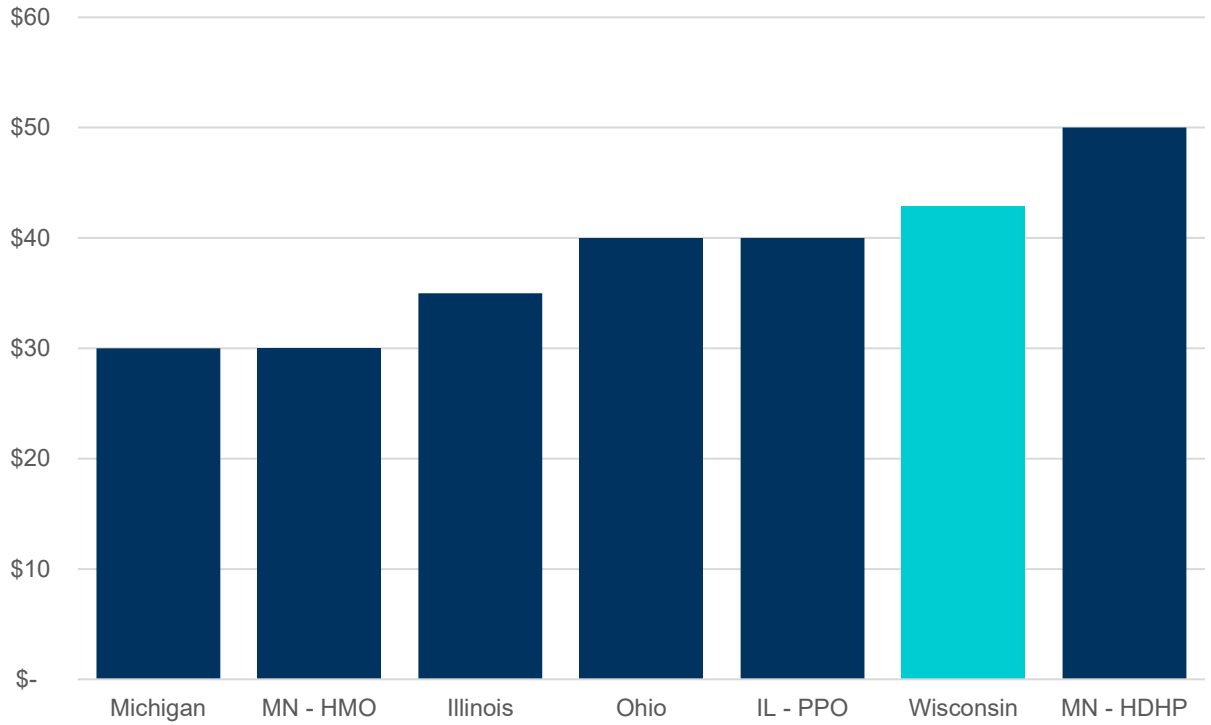
Generic Drugs

- Wisconsin's Generic drug copay is the lowest in the benchmark.
  - All benchmarking states, except Minnesota, have the same generic drug copay for each of their plan design options.



Preferred Brand Drugs

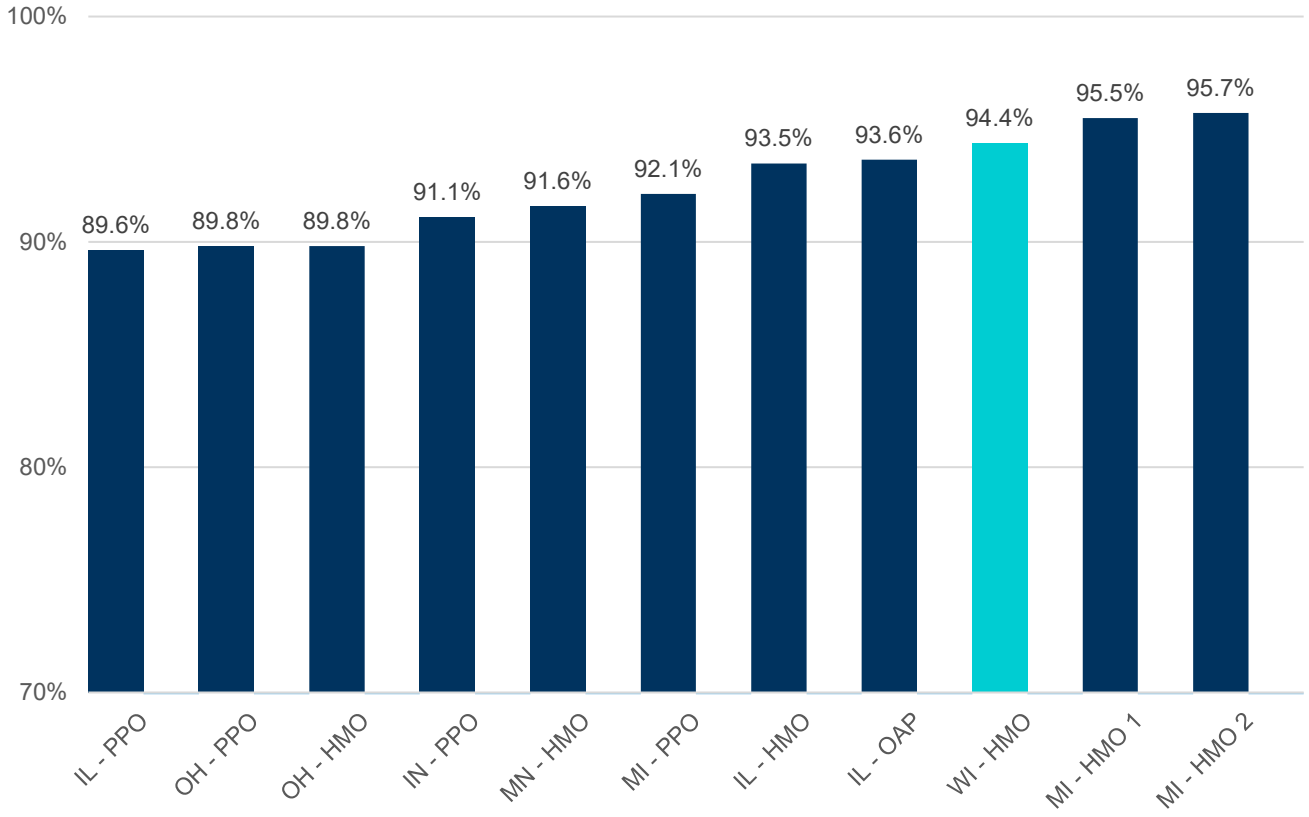
- Wisconsin has a 20% coinsurance ($50 max) for Preferred Brand drugs. Since most benchmarking states have a copay, Segal is using data from Merative for average member cost for preferred brand drugs to compare plans with copays.
- Wisconsin's preferred drug member cost is the second highest in the benchmark.
  - All benchmarking states, except Illinois and Minnesota, have the same preferred drug copay for each of their plans.



* Indiana members pay the higher of $30 per prescription or 20% coinsurance with a $50 maximum. Indiana is not included in this exhibit.

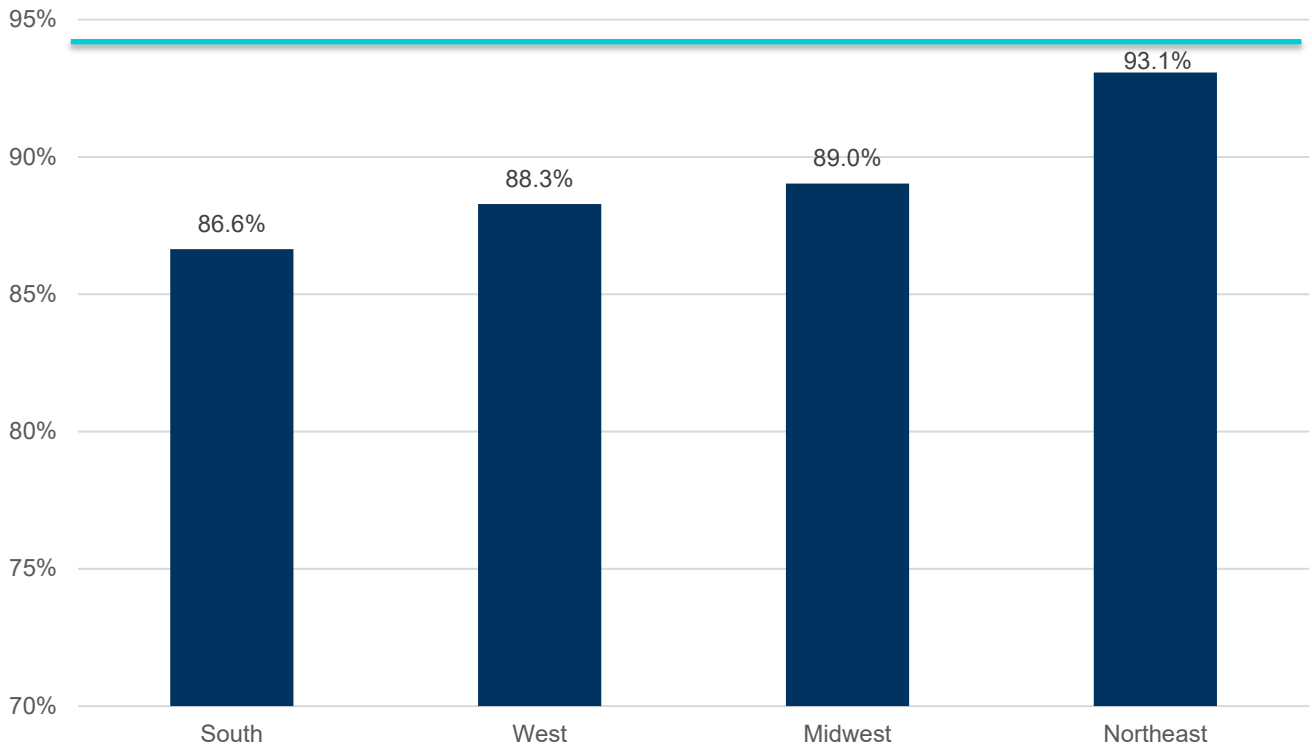
Actuarial Value (Non-HDHP)

- Actuarial Value (AV) is the percentage of total average costs for covered essential health benefits that a health insurance plan is expected to pay for a standard population.
- Wisconsin's HMO plan AV is on the higher end of the benchmark for Non-HDHP plans.



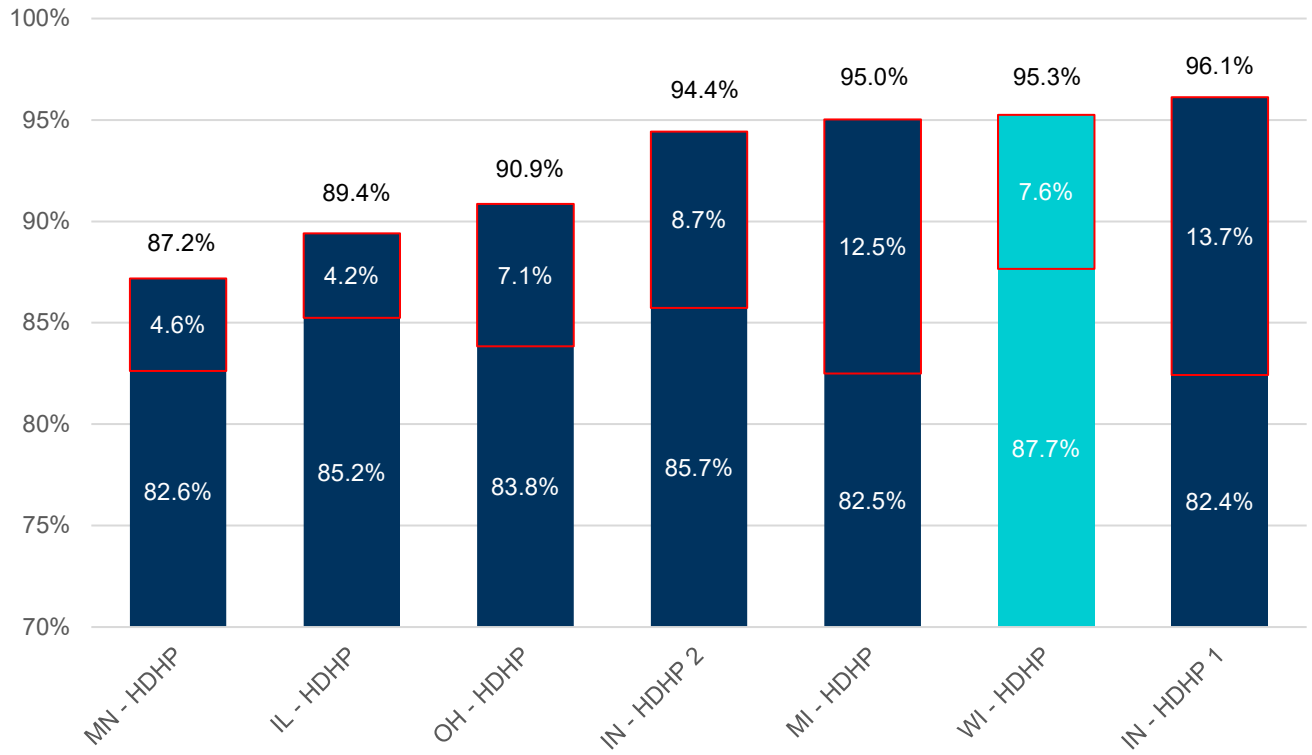
Average Actuarial Value by Region (Non-HDHP)

- Wisconsin HMO's 94.4% AV is higher than all the regional averages.
- The solid blue line indicates the AV for the Wisconsin HMO plan.



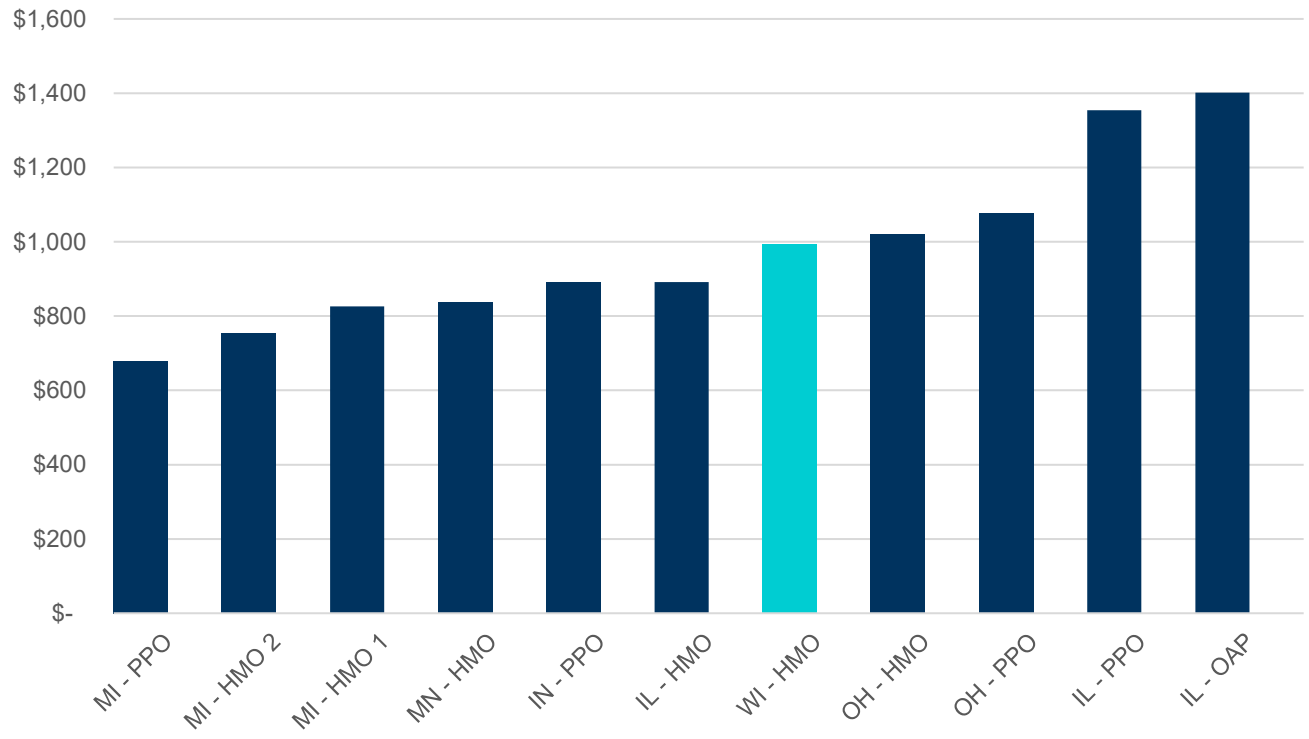
Actuarial Value (HDHP)

- Percentages in the bar indicate the AV without considering HSA contribution. The red box indicates how much the HSA contribution adds to the AV. Percentages above the bars are total AVs.
- Wisconsin's HDHP AV is one of the highest among the benchmarking HDHP plans.



Single Total Premium (Non-HDHP)

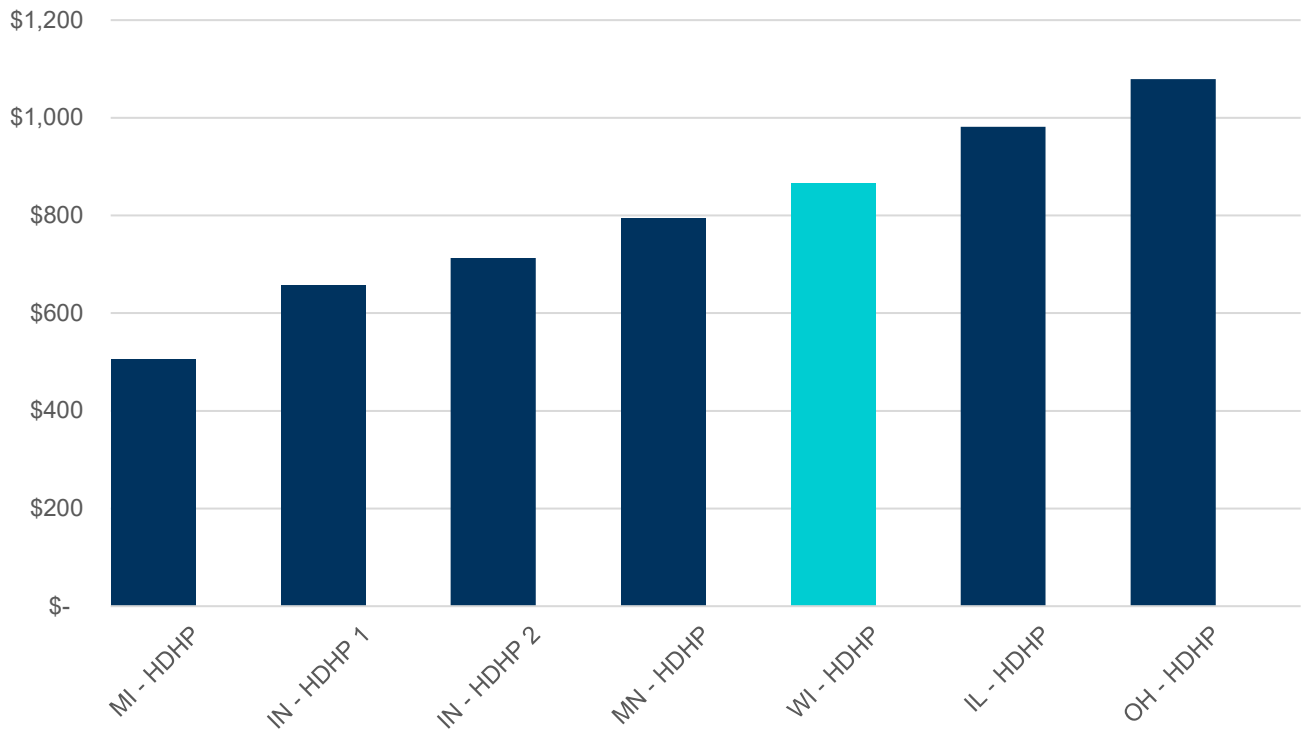
- Wisconsin monthly premiums are a weighted average using 2025 full premium. The HMO single premium is slightly higher than the benchmark average for Non-HDHP plans.



Single Total Premium = Employer Single Premium + Employee Single Premium

Single Total Premium (HDHP)

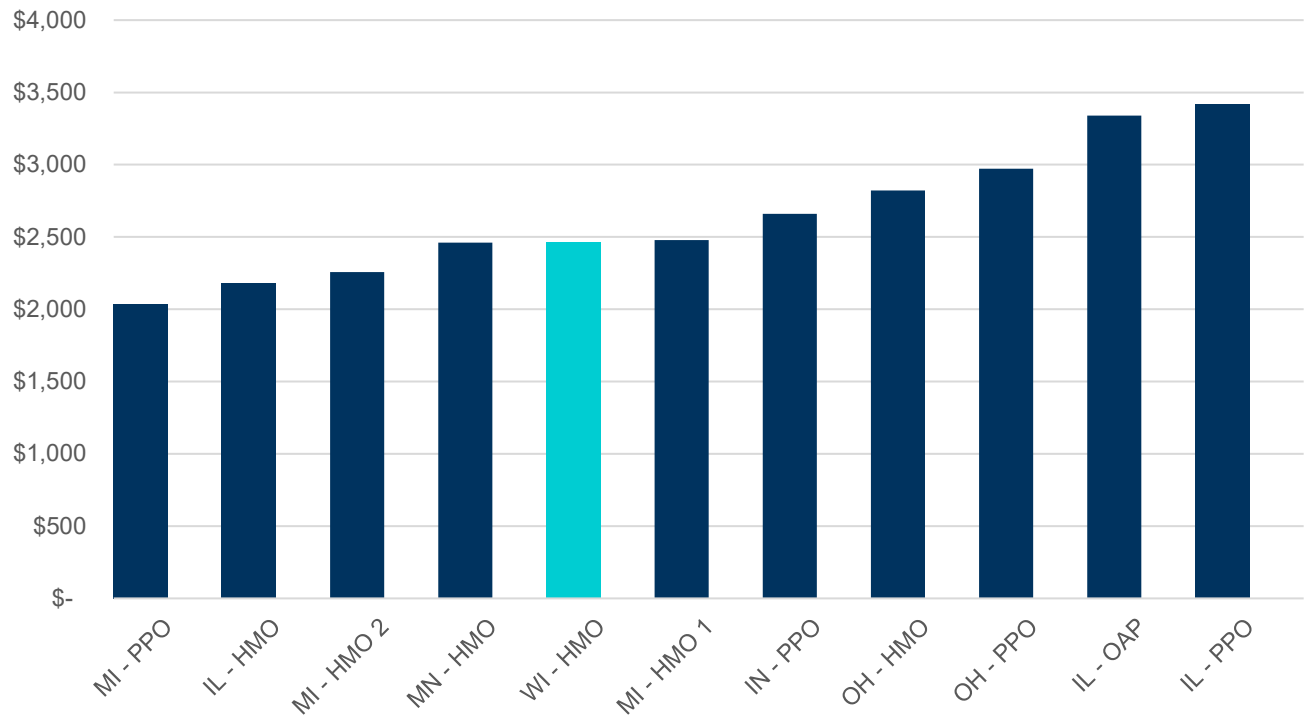
- Wisconsin premiums are a weighted average using 2025 full premium. The HDHP single premium is higher than the benchmark average for HDHP plans.



Single Total Premium = Employer Single Premium + Employee Single Premium

Family Total Premium (Non-HDHP)

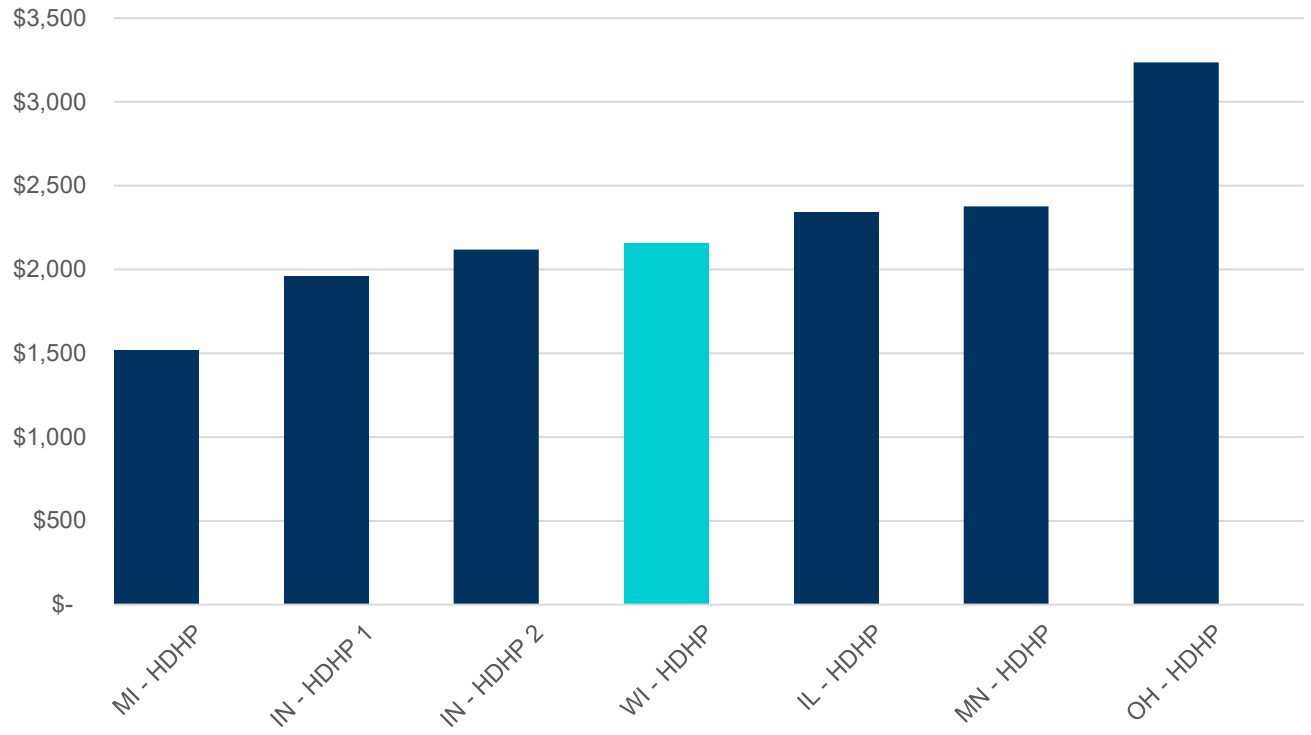
- Wisconsin premiums are a weighted average using 2025 total premiums. The HMO family premium is lower than the benchmark average for Non-HDHP plans.



Family Total Premium = Employer Family Premium + Employee Family Premium

Family Total Premium (HDHP)

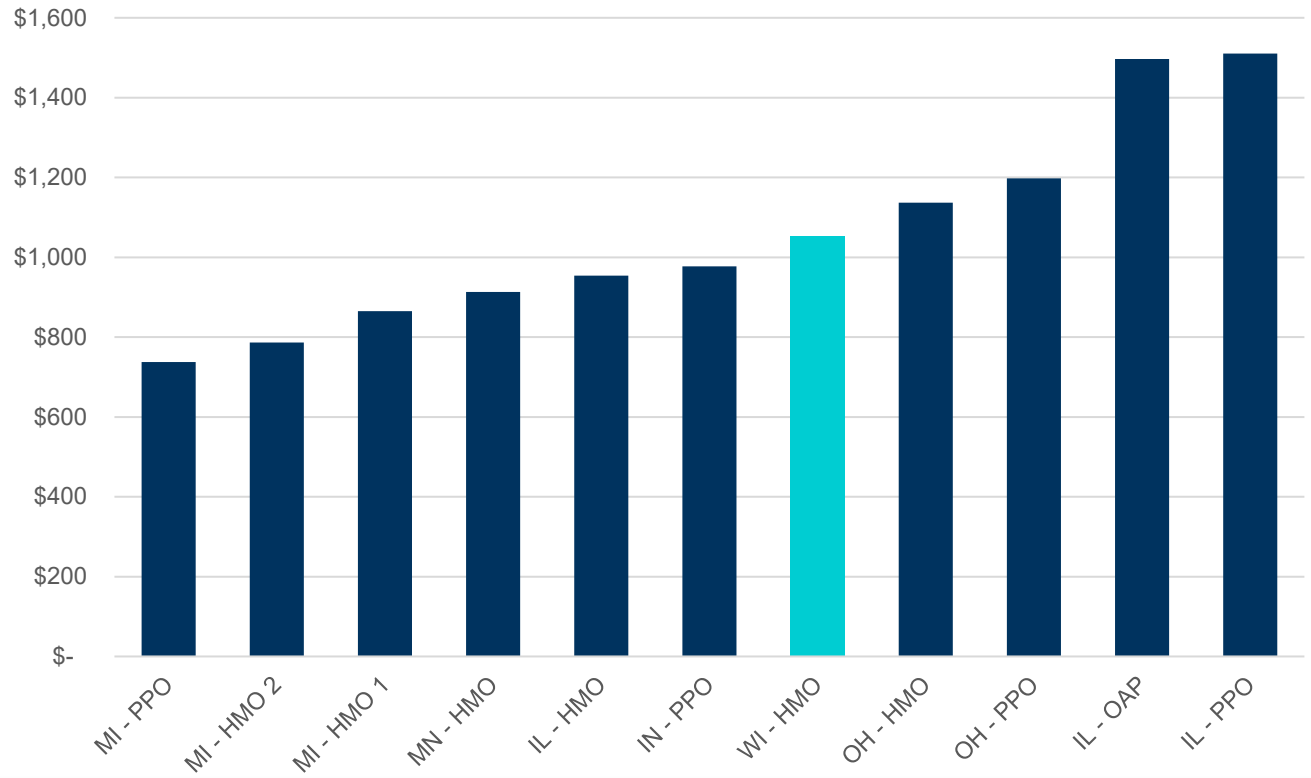
- Wisconsin premiums are a weighted average using 2025 total. The HDHP family premium is slightly lower than the benchmark average for HDHP plans.



Family Total Premium = Employer Family Premium + Employee Family Premium

Single Premium Efficiency (Non-HDHP)

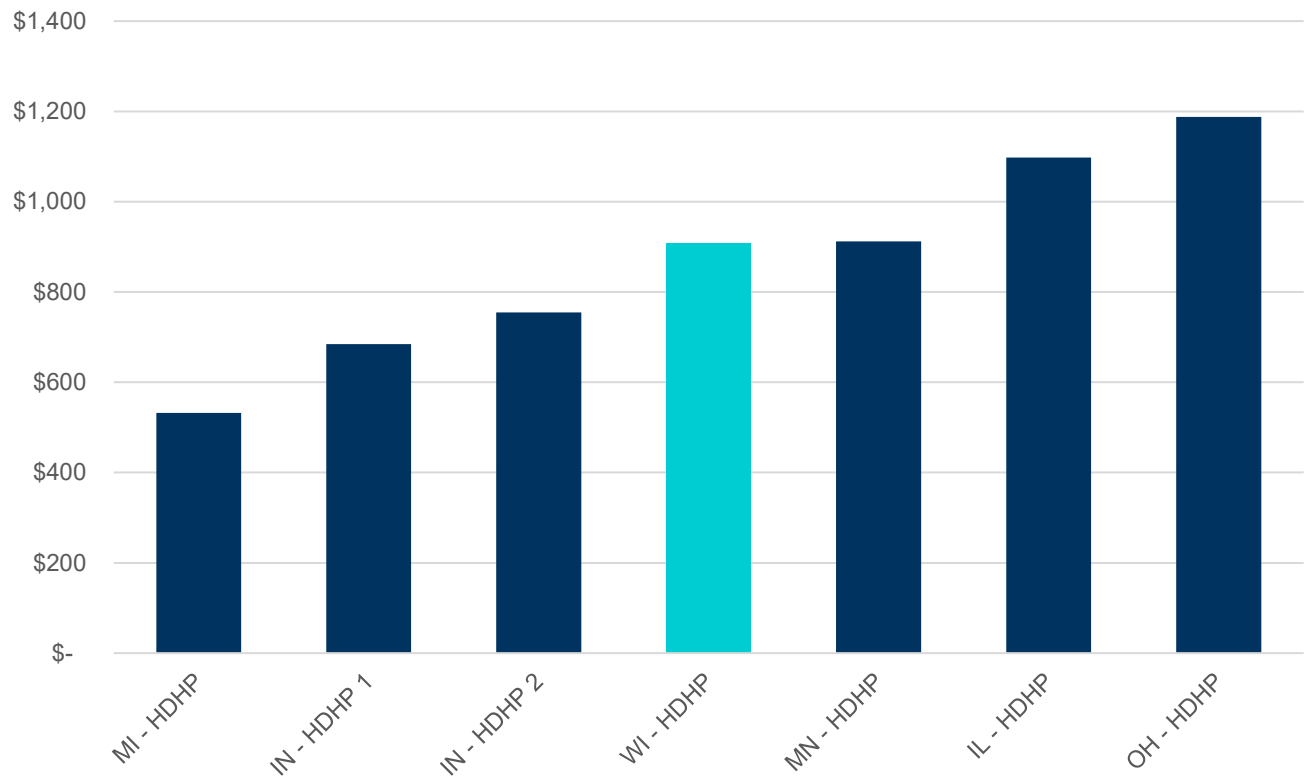
- Premiums are normalized for plan's actuarial value. Higher $ translates to less efficient plan.
- Wisconsin single HMO premium efficiency is slightly lower compared to other Non-HDHP benchmarking plans.



Total Cost or Allowed Cost = Total Premium + Member Out of Pocket Claims Costs

Single Premium Efficiency (HDHP)

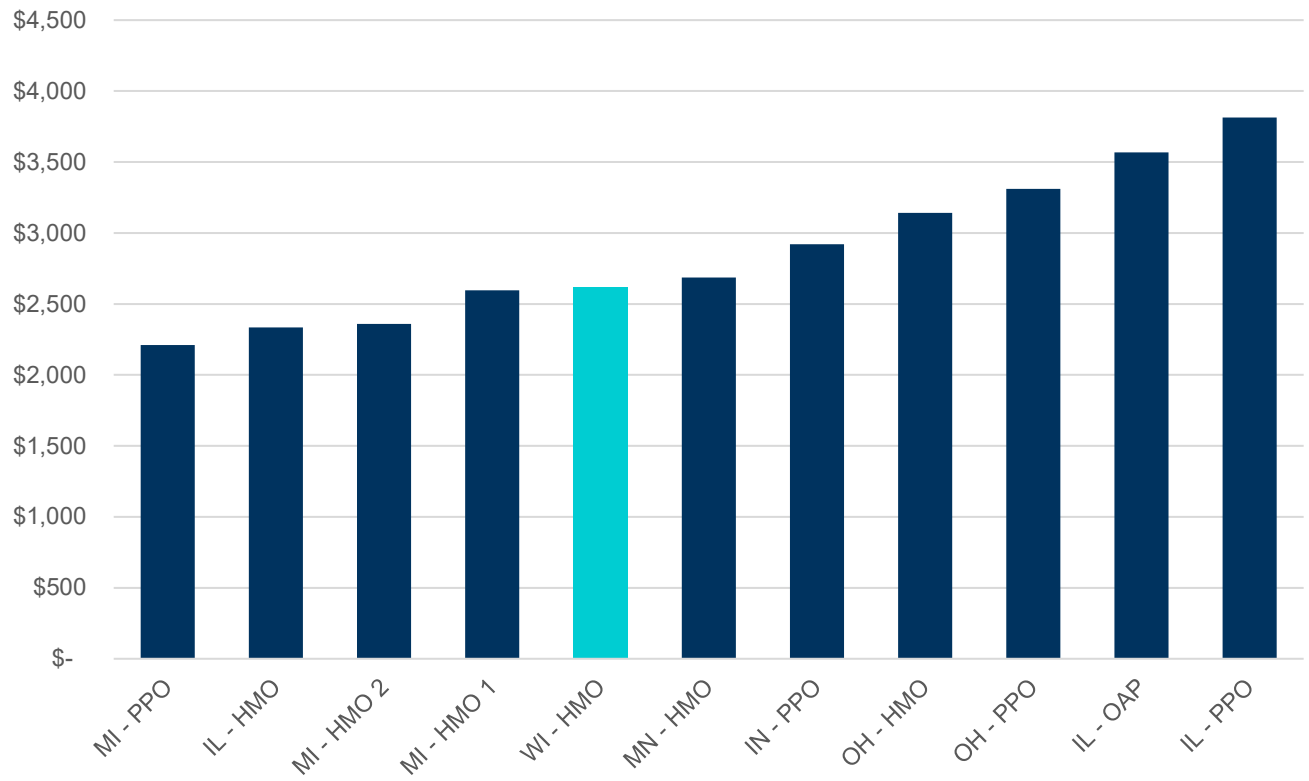
- Wisconsin single HDHP premium efficiency is average compared to other HDHP benchmarking plans.



Total Cost or Allowed Cost = Total Premium + Member Out of Pocket Claims Costs

Family Premium Efficiency (Non-HDHP)

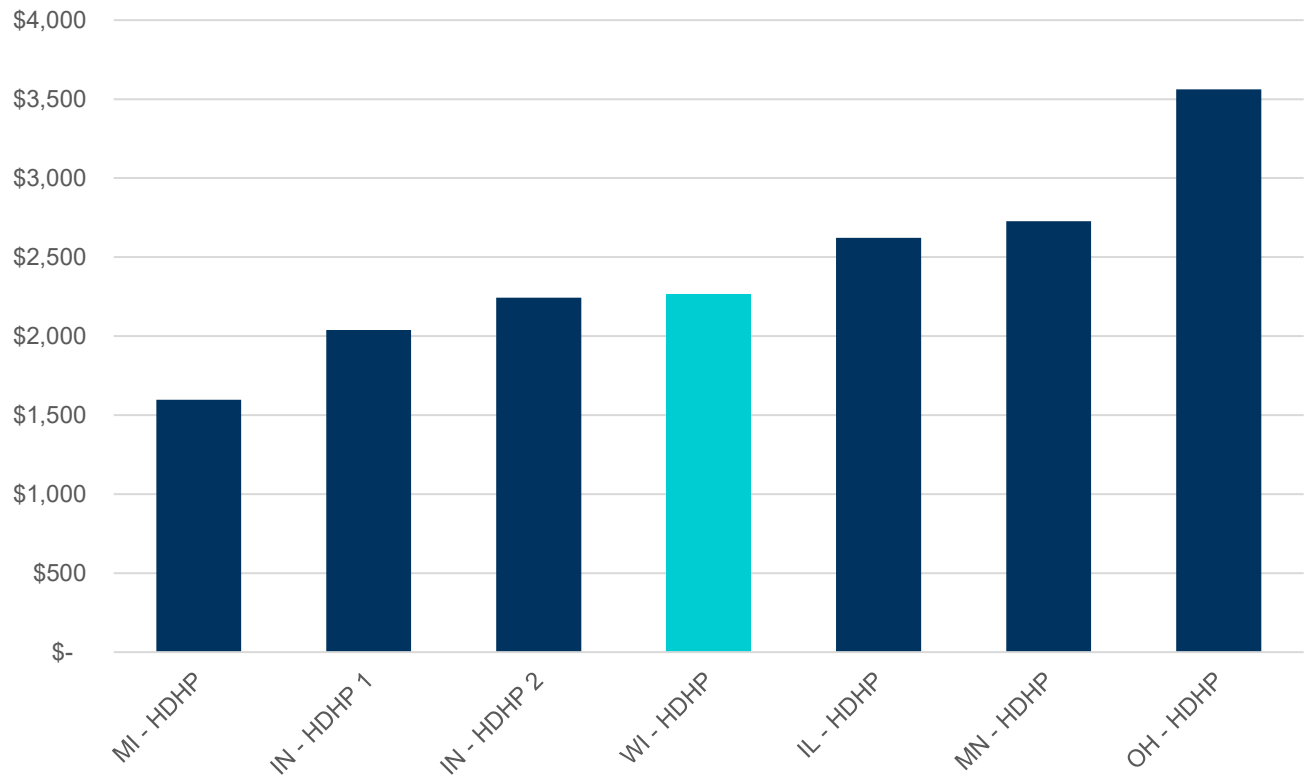
- Wisconsin family HMO premium efficiency is average compared to other Non-HDHP benchmarking plans.



Total Cost or Allowed Cost = Total Premium + Member Out of Pocket Claims Costs

Family Premium Efficiency (HDHP)

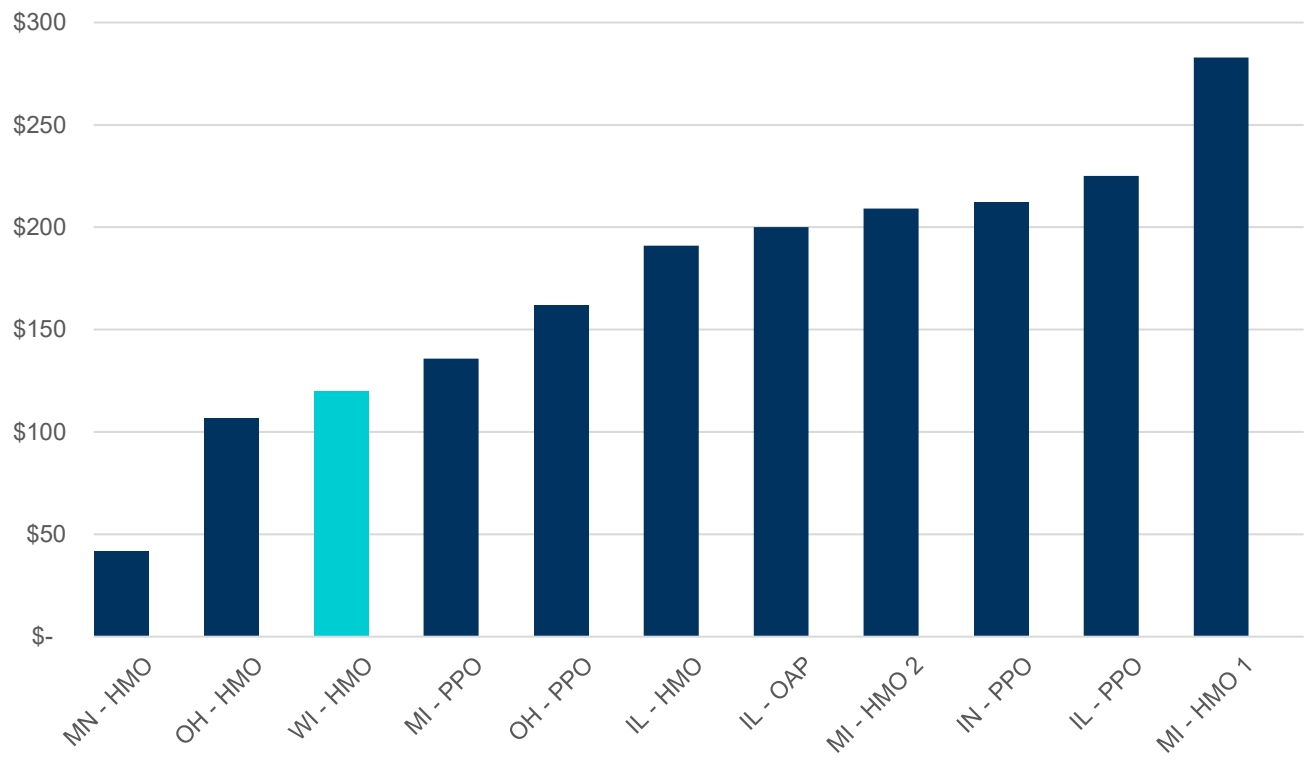
- Wisconsin family HDHP premium efficiency is average for premium efficiency compared to other HDHP benchmarking plans.



Total Cost or Allowed Cost = Total Premium + Member Out of Pocket Claims Costs

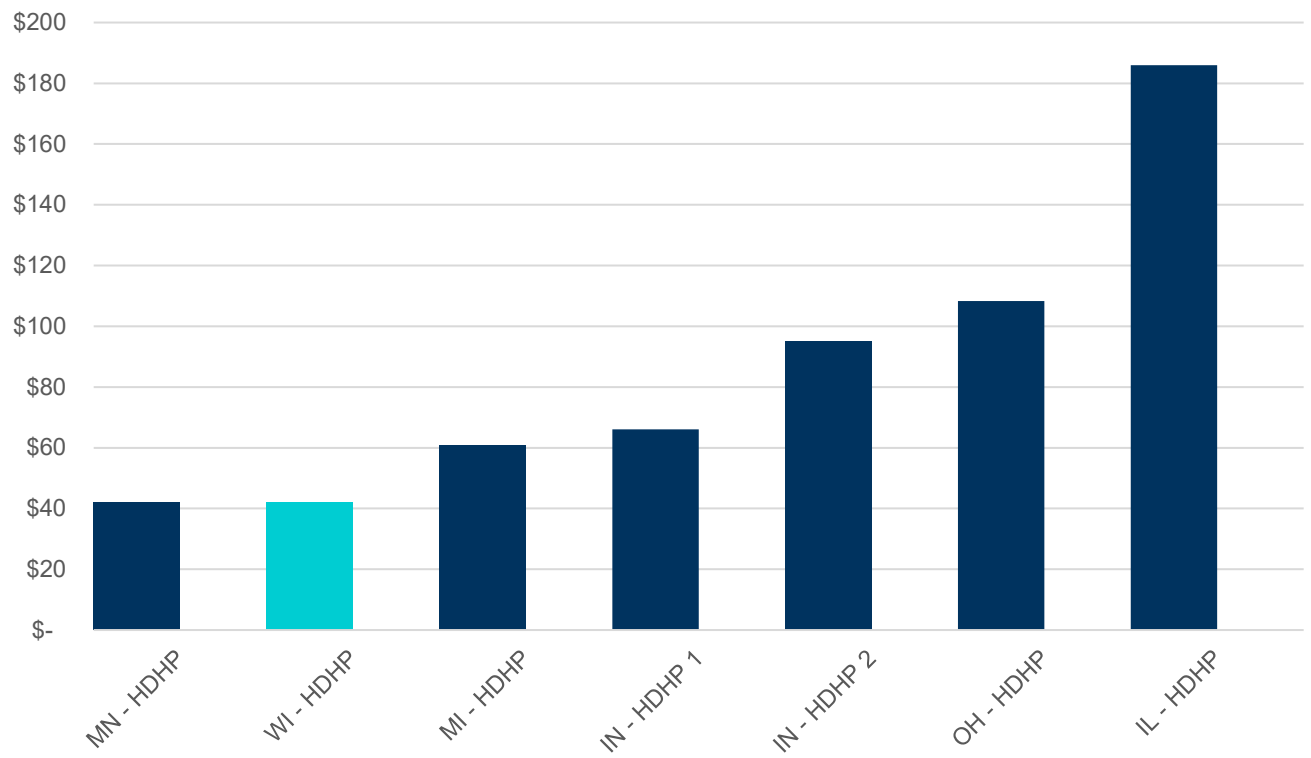
Single Employee Contribution (Non-HDHP)

- Wisconsin's single employee contribution for the HMO plan is on the lower end of the benchmark for Non-HDHP plans.



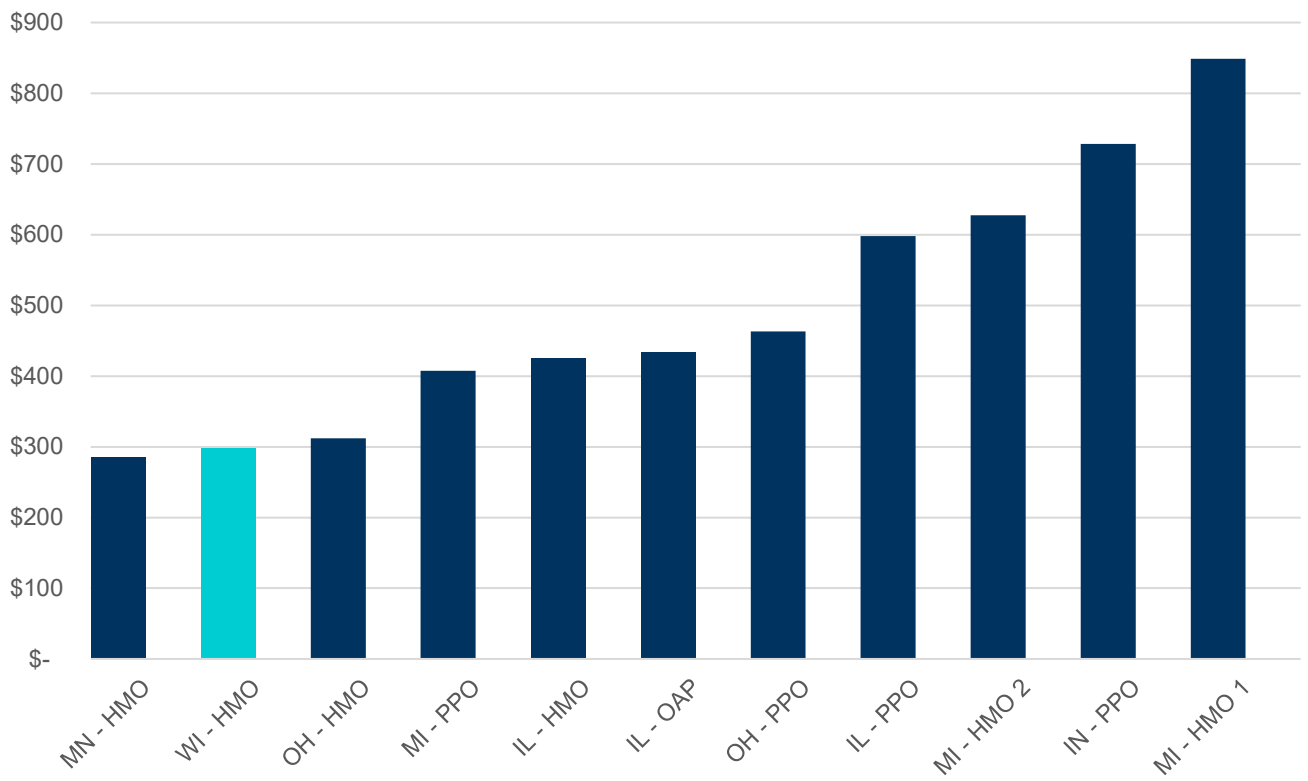
Single Employee Contribution (HDHP)

- Wisconsin's single employee contribution for the HDHP plan is tied for the lowest for the benchmark for HDHP plans.



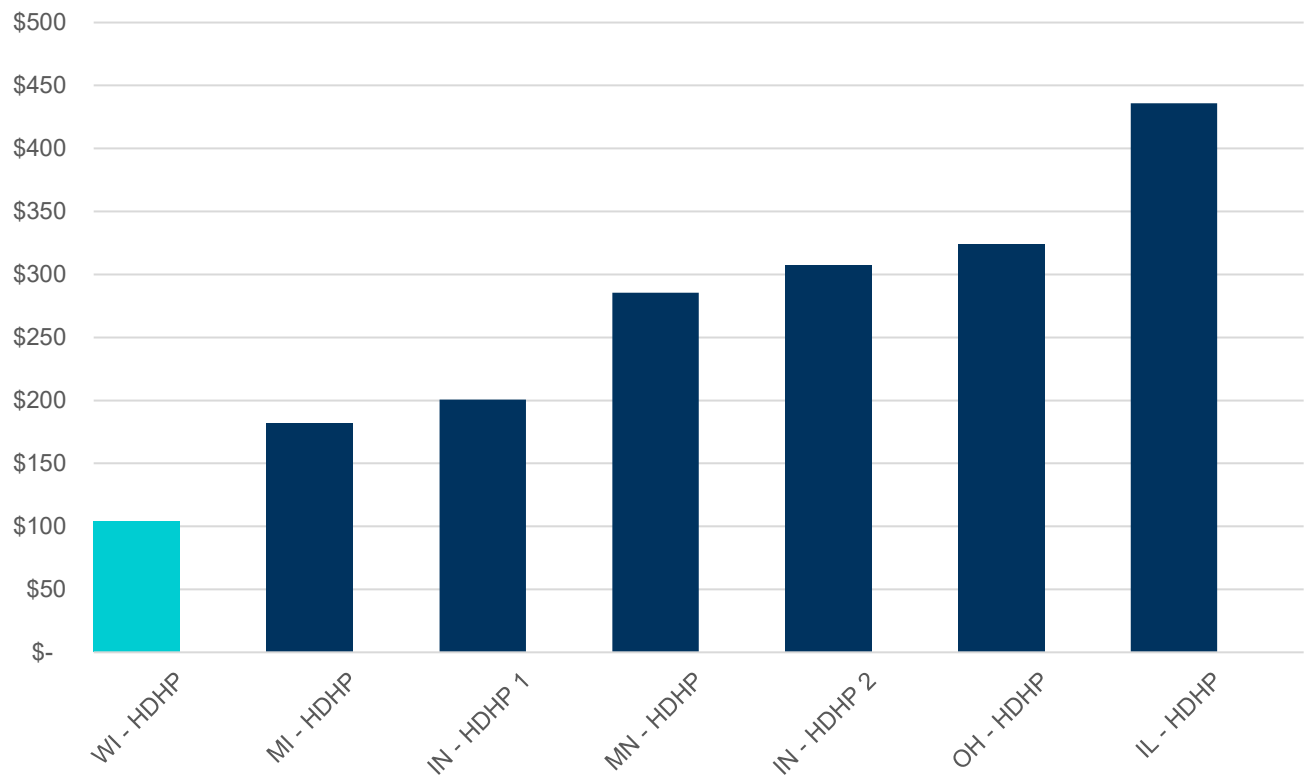
Family Employee Contribution (Non-HDHP)

- Wisconsin's family employee contribution for the HMO plan is on the lower end of the benchmark for Non-HDHP plans.

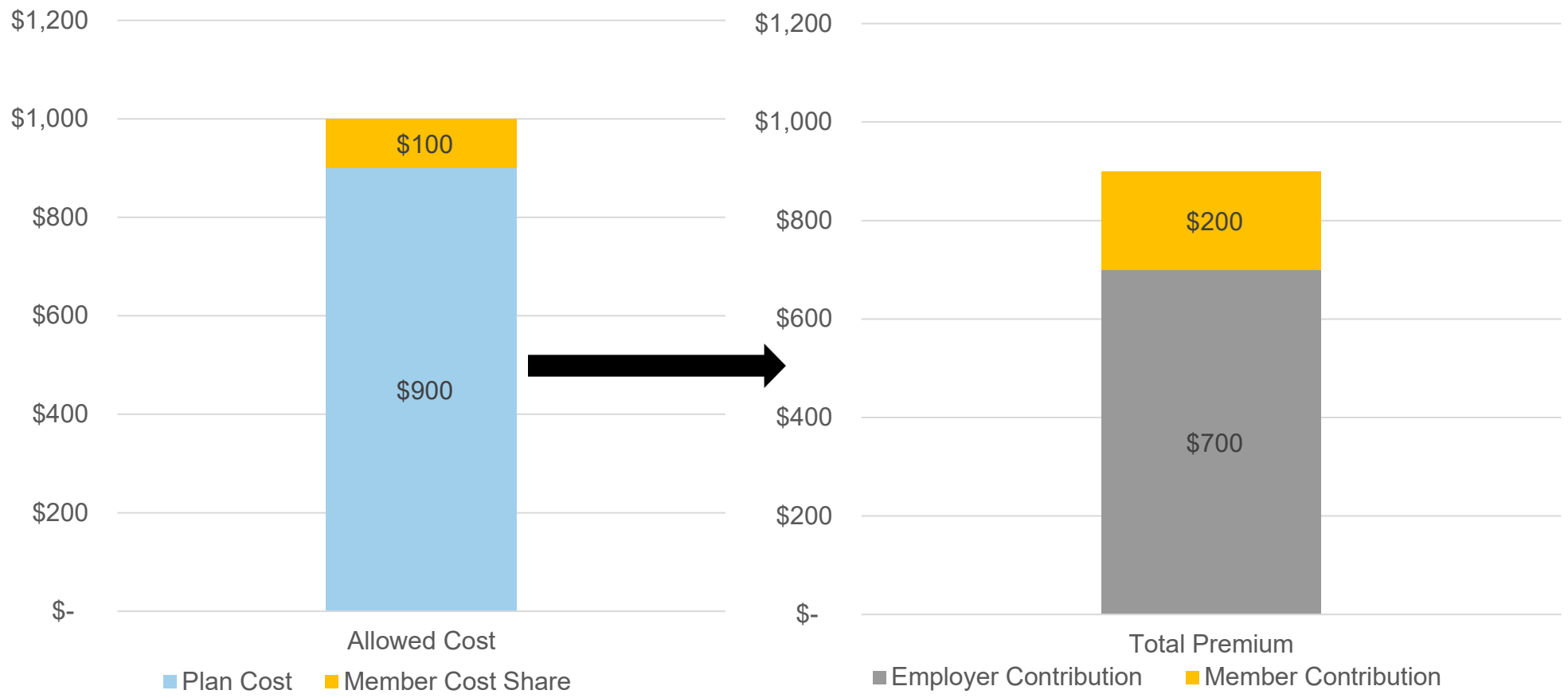


Family Employee Contribution (HDHP)

- Wisconsin's family employee contribution for the HDHP is the lowest for the benchmark for HDHP plans.



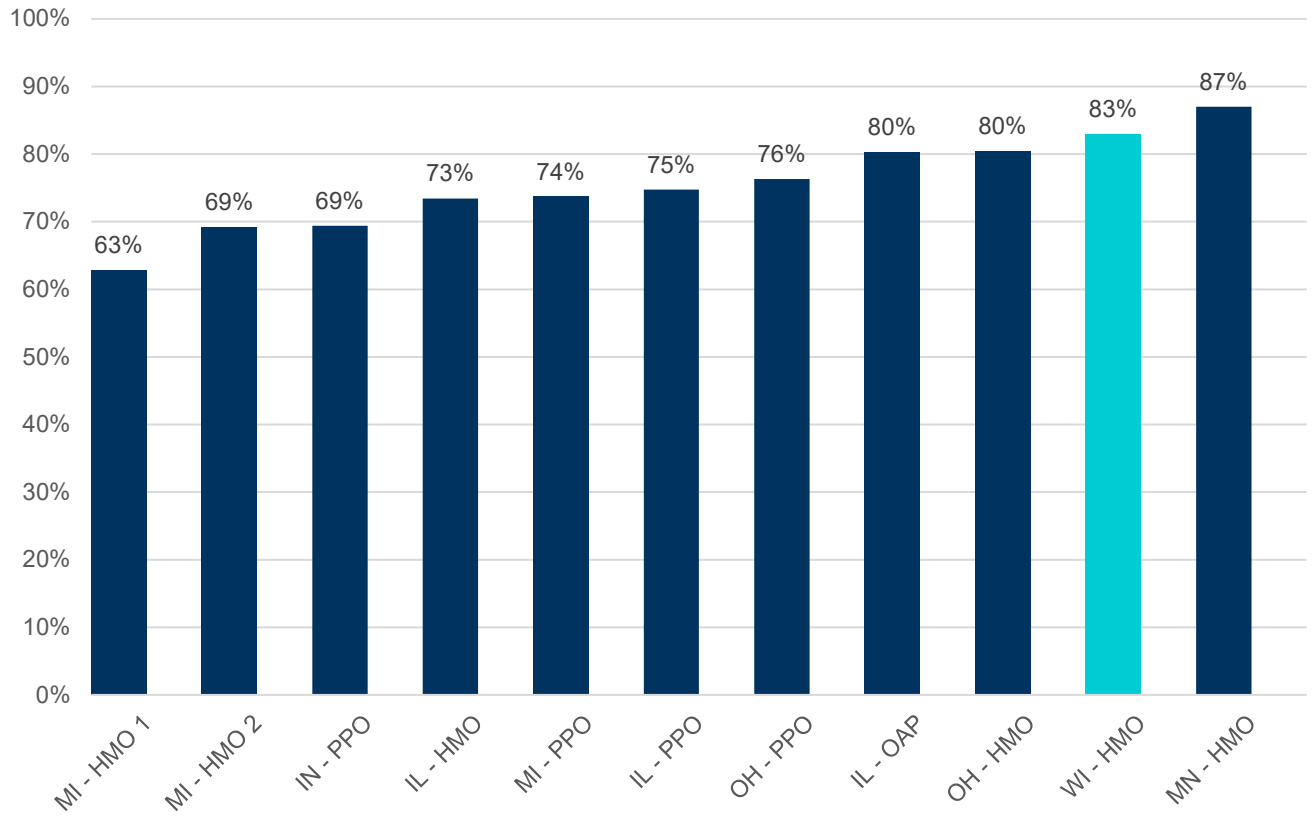
Plan Richness Example



- Out of the full $1,000 cost, $300 is paid by the member through a combination of employee contributions and out of pocket claims. The remaining $700 is paid by the plan. Therefore, the richness is 70%.

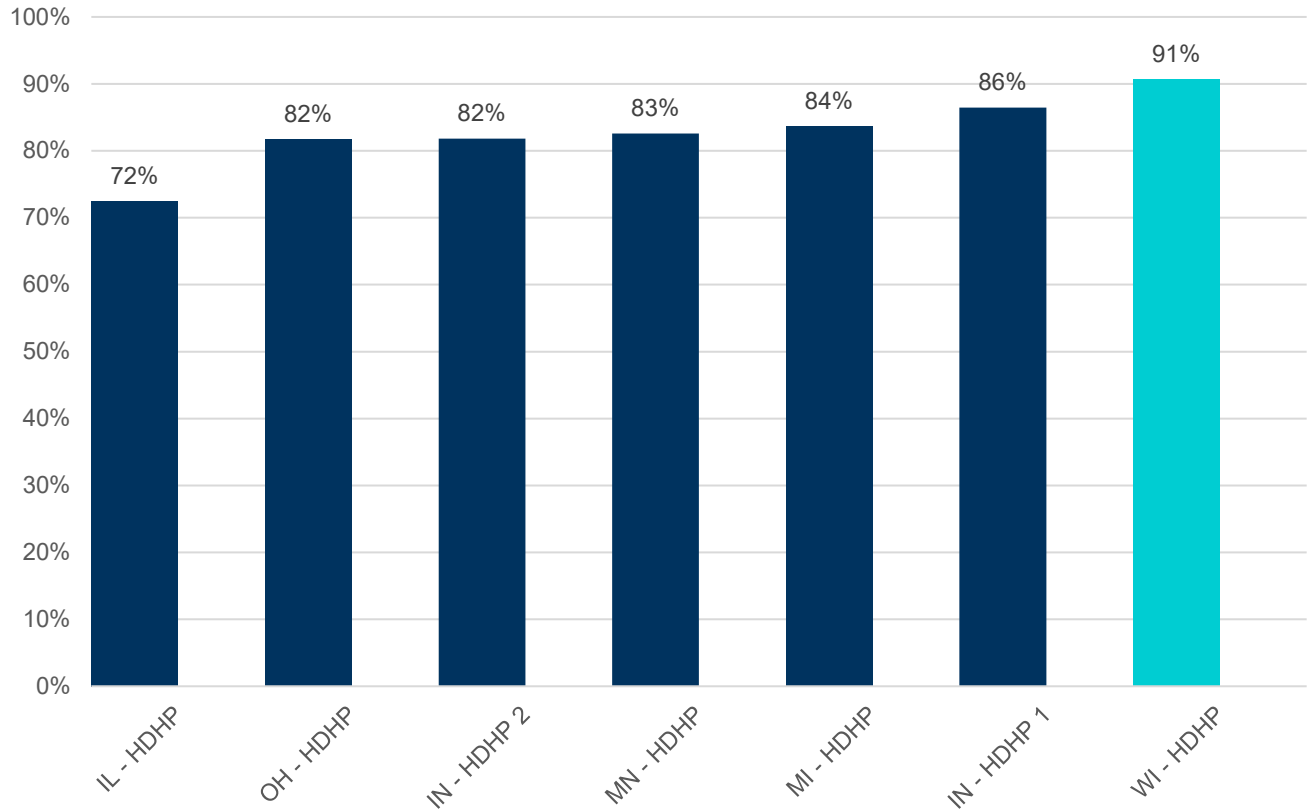
Overall Plan Richness – Single (Non-HDHP)

- Plan Richness measures plan premiums relative to the total cost to illustrate the overall employer subsidy. It is calculated by dividing the employer contribution by the total premium and multiplying by the Actuarial Value.
- Wisconsin HMO has one of the highest plan richness among single Non-HDHP benchmarking plans.



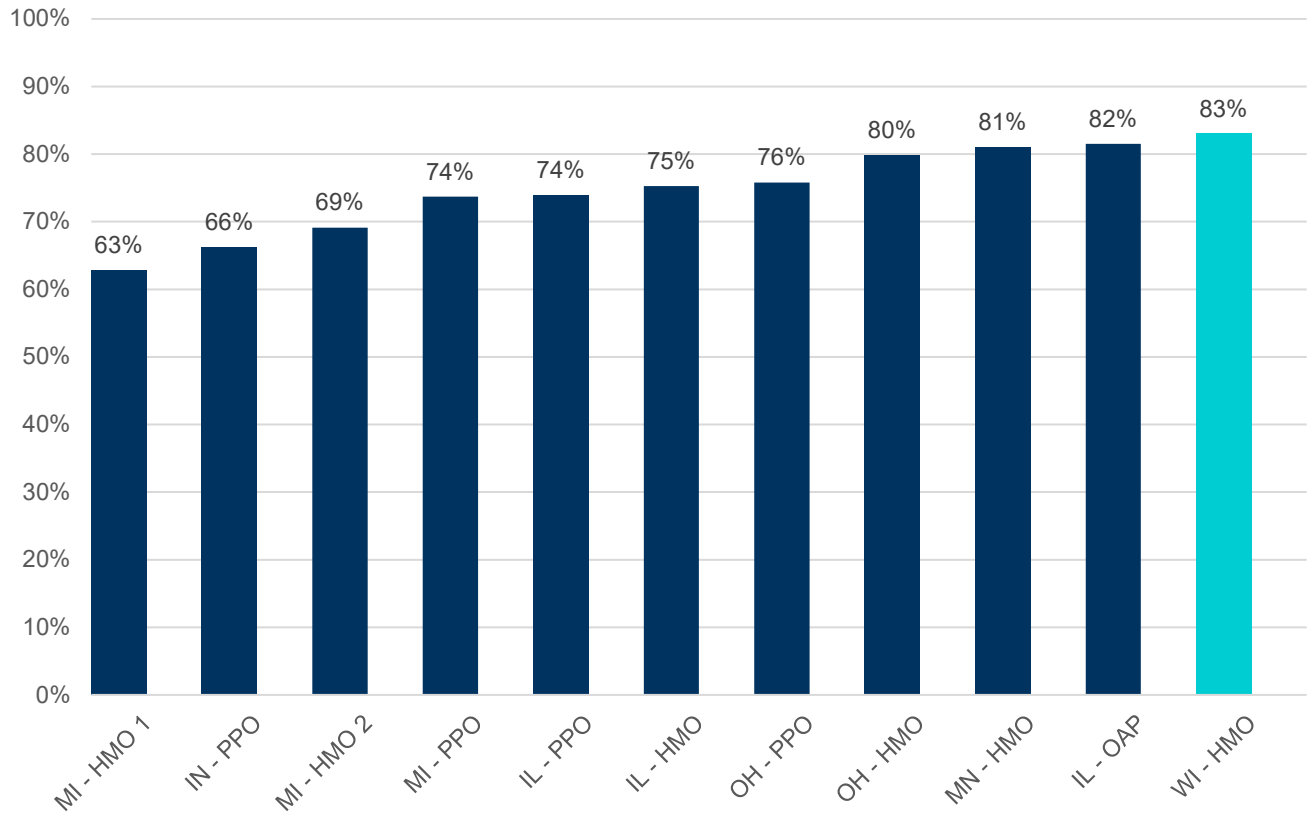
Overall Plan Richness – Single (HDHP)

- Plan Richness measures plan premiums relative to the total cost to illustrate the overall employer subsidy. It is calculated by dividing the employer contribution by the total premium and multiplying by the Actuarial Value.
- Wisconsin HDHP plan has the highest plan richness among single HDHP benchmarking plans.



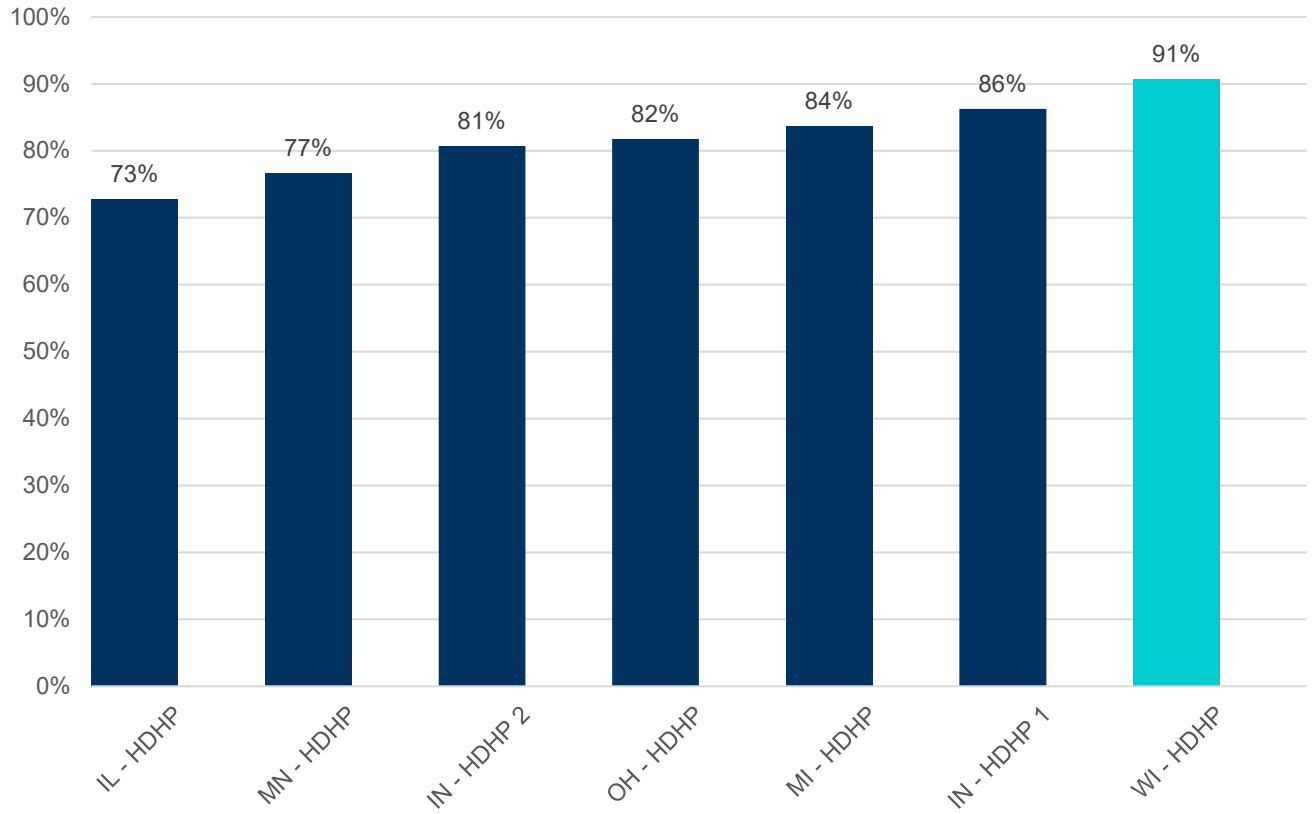
Overall Plan Richness – Family (Non-HDHP)

- Plan Richness measures plan premiums relative to the total cost to illustrate the overall employer subsidy. It is calculated by dividing the employer contribution by the total premium and multiplying by the Actuarial Value.
- Wisconsin HMO has the highest plan richness among family Non-HDHP benchmarking plans.



Overall Plan Richness – Family (HDHP)

- Plan Richness measures plan premiums relative to the total cost to illustrate the overall employer subsidy. It is calculated by dividing the employer contribution by the total premium and multiplying by the Actuarial Value.
- Wisconsin HDHP plan has the highest plan richness among family HDHP benchmarking plans.



1. Background

2. Benchmarking: Plan Details

3. Benchmarking: Plan Value

4. Exchange Benchmarking

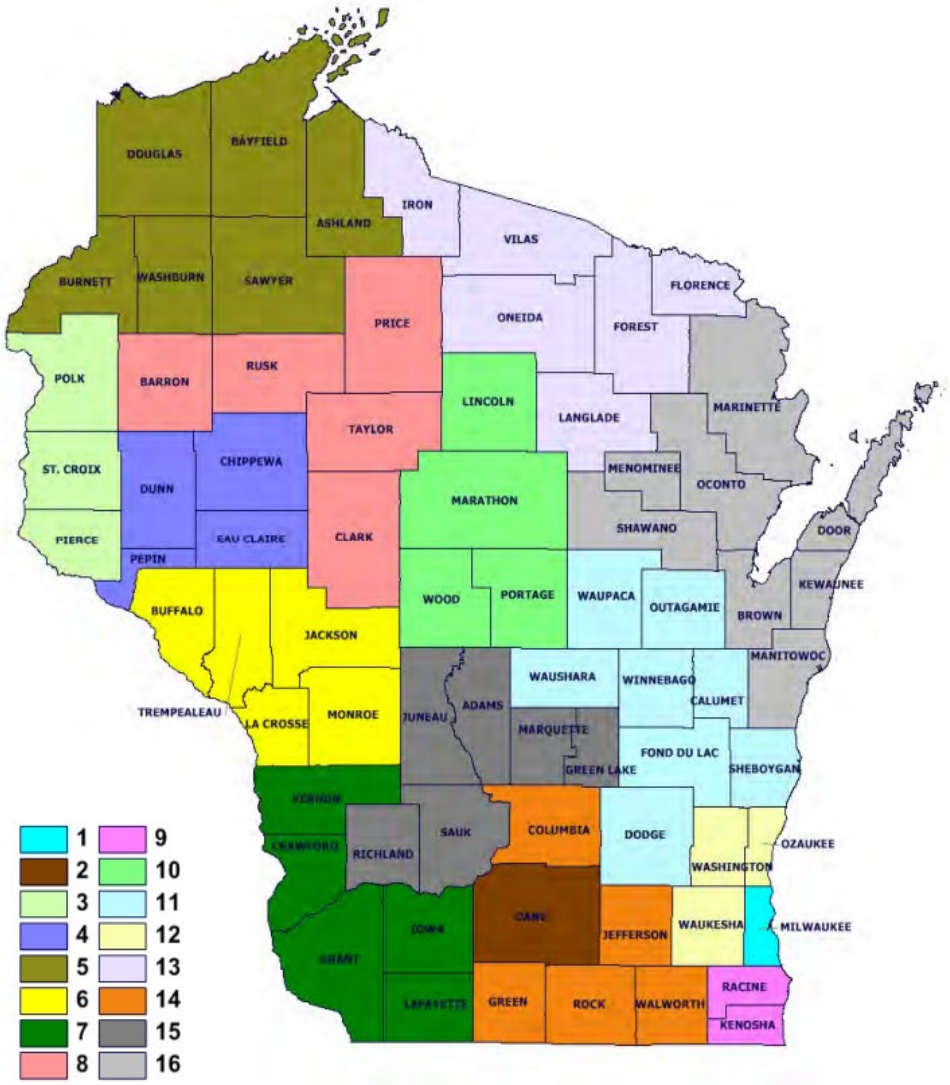
5. Key Findings

Exchange Rates Overview

- The Affordable Care Act (ACA) requires states to establish and operate their own exchange, or absent that, the Federal Government will operate one in its place
  - The State of Wisconsin has elected to allow the Federal government to operate the exchange in WI
- An insurance exchange is an online portal where individuals can compare and shop for individual health insurance policies
- Individuals who are not Medicare-eligible may purchase coverage through their local state exchange on a guaranteed issue basis, with plans providing benefits at the following levels:
  - Platinum: 90% Actuarial Value, which means the plan covers 90% of covered expenses on average
  - Gold: 80% Actuarial Value
  - Silver: 70% Actuarial Value
  - Bronze: 60% Actuarial Value
  - Catastrophic: Available to some people under 30 and those with hardship exemptions. Catastrophic plans only cover the bare minimum health benefits and have a very limited network and can result in high out-of-pocket costs
- All plans offered through the state exchange must provide minimum essential coverage, with premium subsidies and enhanced benefits provided on a sliding-scale basis to individuals below 400% of the Federal Poverty Level

Rating Area Overview

- Each state is divided into multiple regions, called rating areas
- Carriers must offer the same plans at the same premium levels uniformly across a rating area
- Wisconsin's state exchange has 16 Rating Areas
- All rating areas in Wisconsin have at least one Gold, Silver, or Bronze option
  - Only Rating Area 2 has a Platinum option in 2025



Number of Plans by Metal Level by Rating Area

- The following tables summarizes the number of plans at each metal level for each of the 16 rating areas:

Rating Area	Location	Platinum	Gold	Silver	Bronze	Catastrophic
Rating Area 1	Milwaukee	0	31	33	31	3
Rating Area 2	Madison/ Dane County	3	19	21	22	3
Rating Area 3	St. Croix/ West	0	23	29	32	3
Rating Area 4	Eau Claire/ West	0	40	43	53	9
Rating Area 5	Far Northwest	0	61	69	87	14
Rating Area 6	La Crosse	0	65	69	74	11
Rating Area 7	Southwest	0	70	75	75	10
Rating Area 8	NW Interior	0	46	57	75	13
Rating Area 9	Racine/SE	0	62	66	62	6
Rating Area 10	Wausau/ Central	0	42	56	59	12
Rating Area 11	Oshkosh/ East	0	180	199	178	27
Rating Area 12	Waukesha/SE	0	96	102	96	10
Rating Area 13	Green Bay/NE	0	58	77	90	20
Rating Area 14	South/Central (NOT Dane)	0	97	110	101	15
Rating Area 15	Castle Rock Lake Area	0	97	111	112	20
Rating Area 16	Rhinelander/North	0	191	222	199	32
Total Plans Offered (4704)		**3**	**1178**	**1339**	**1346**	**208**

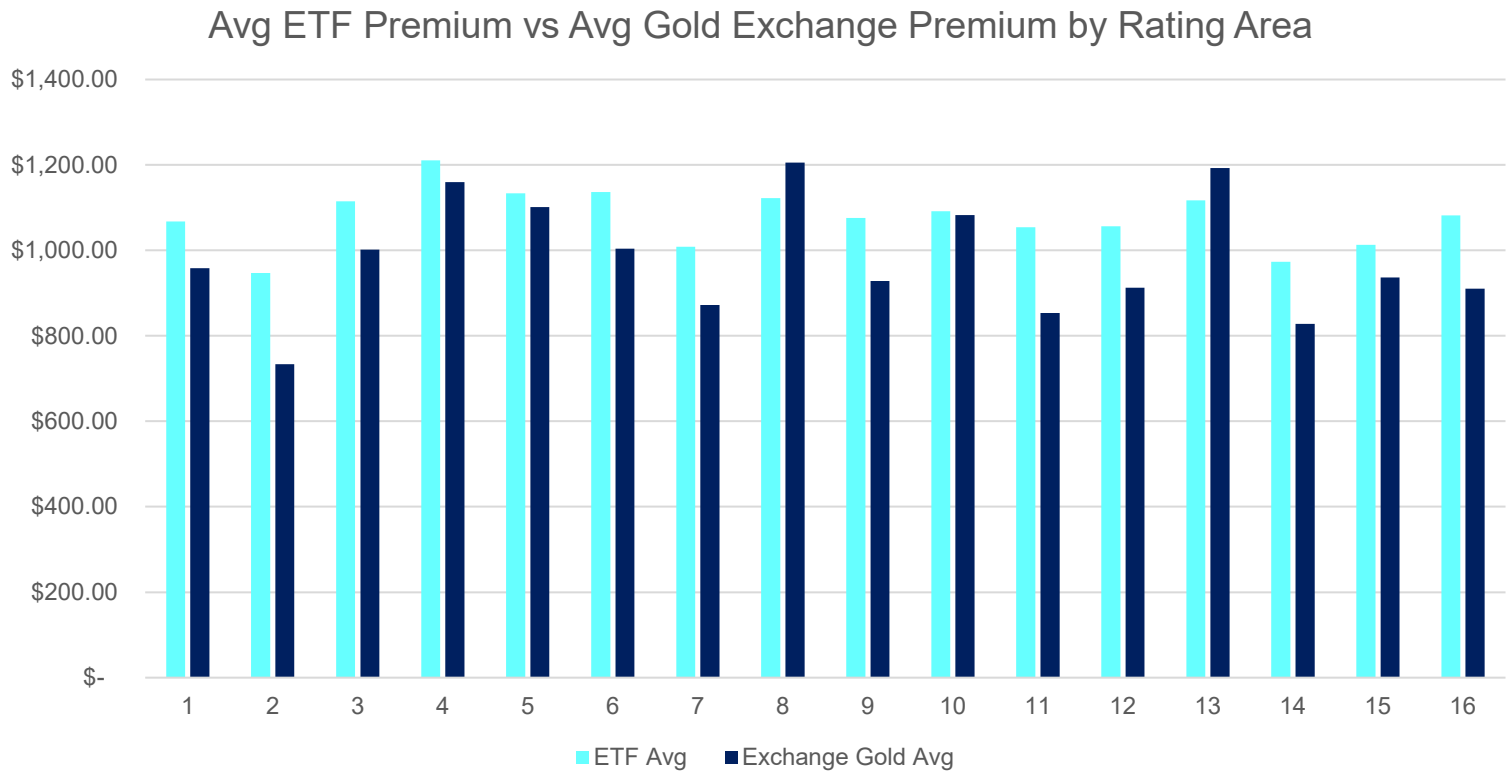
* 313,579 members in 2025 – an 18% increase over 2024

Exchange Benchmarking Methodology

- The purpose is to compare the premiums offered by the State to the premiums offered on the public exchange
- Took the following steps:
- First step was to establish an enrollment weighted average single premium rate for the Wisconsin ETF Premiums for each of the 16 Rating Areas
  - 2025 Total Single IYC No Dental Rates were used for this comparison
- Next, the average age per subscriber was determined for each rating area
- The age-appropriate average Gold rate per Rating Area was chosen for the comparison
- The exchange rates were then normalized to adjust for the difference in Actuarial Value from the WI IYC HMO's
  - IYC HMO's have an Actuarial Value of 94.4%, which qualifies as a Platinum Plan
  - Gold Plans are assumed to have an Actuarial Value of 80%
  - Only one Rating Area had a Platinum plan available, so Gold plans were used for the analysis and adjusted for the difference in Actuarial Value to compare against the Wisconsin ETF Premiums

Wisconsin ETF Premiums vs Actuarial Adjusted Average Gold Exchange Premiums

- Please see below a graph comparing the average ETF premiums by Rating Area to the average gold exchange premiums (adjusted for age and plan value) in the same Rating Areas:



- In aggregate, Wisconsin ETF premiums are 20.2% higher than the actuarial adjusted average gold premiums offered on the public exchange ($1,005.85 vs $837.01)

1. Background

2. Benchmarking: Plan Details

3. Benchmarking: Plan Value

4. Exchange Benchmarking

5. Key Findings

Key Findings

- Plan design specifics for Wisconsin tend to have lower cost shares for the member compared to the other benchmarking states.
- Total premiums are higher than average for single rates but are lower than average for family rates.
- The HDHP has the second highest Actuarial Value (AV) of the benchmarked state plans, and the HMO is also one of the highest Non-HDHP plans.
- The HDHP Plan has the highest richness of any benchmarking plan for both single and family tiers, and the HMO plan is one of the richer Non-HDHP plans for single and the highest for family.
- Wisconsin plans are more expensive than plans offered on the Public Exchange after adjustments for age and plan value.

Questions & Discussion

Segal Consulting

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2027 Preliminary Agreement and Benefit Changes

Item 7 – Group Insurance Board

Stacey Novogoratz, Program Management Section Chief
Tricia Sieg, Pharmacy Benefits Program Manager
Office of Strategic Health Policy

Informational Item Only

No Board action is required.

Annual Review of Contracts

August 2025

- ETF began the 2027 Program Agreement and Certificate of Coverage review process.

September 2025

- Vendors returned their benefit change requests and pilot program proposals to ETF.
- ETF staff and other stakeholders also provided suggested changes.

Contract and Benefit Categories

Health Plans

- Program Agreement
- Certificate of Coverage
- Schedules of Benefits

Other Programs

- Uniform Pharmacy Benefit
- Wellness and Disease Management
- Uniform Dental Benefit

Proposed Agreement and Certificate Changes

Program Agreement

- Revise language related to data/information sharing, member ID cards, and information not captured in My Insurance Benefits

Certificate of Coverage

- Clarify language related to a variety of topics, including durable medical equipment, foreign claims, and prior authorizations
- Monitor possible changes to preventive services coverage based on new legislation

Proposed Cost-Sharing Changes

ETF is exploring several options for 2027

- Medical deductibles
- Medical visit copays and coinsurance
- Medical out-of-pocket limit (OOPL) and maximum out-of-pocket (MOOP) limit
- Pharmacy copays and coinsurance
- Consolidation of pharmacy OOPLs

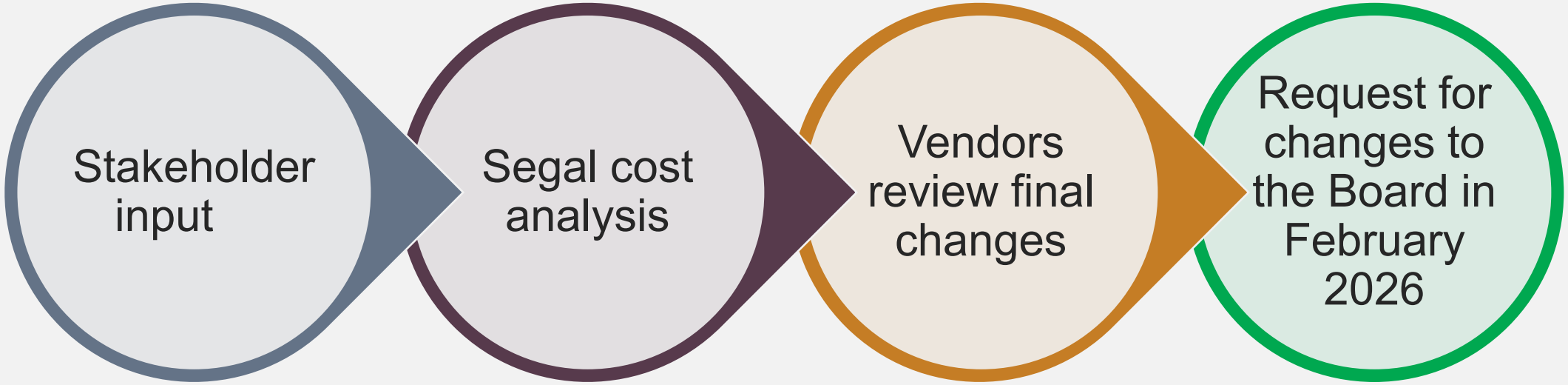
(Ref. GIB | 11.12.25 | 7, pages 2-3)

Commercial Pharmacy Weight-Loss Drug Coverage

- Members continue to write to the Board requesting consideration of coverage of weight-loss drugs
- Weight-loss drug coverage remains a key public sector issue
- Key developments will be presented at the February meeting

(Ref. GIB | 11.12.25 | 7, page 2)

Next Steps



(Ref. GIB | 11.12.25 | 7, page 3)

Questions?

Thank you

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etf.wi.gov

ETF E-mail Updates

608-266-3285
1-877-533-5020

Access/State Maintenance Plan Request for Proposals

Item 8- Group Insurance Board

Katherine O'Neill, Employee Benefits Policy Advisor

Office of Strategic Health Policy

Action Needed

The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) authorize ETF to prepare and issue Request for Proposals (RFP) to select one or more vendors to provide Access Plan and State Maintenance Plan (SMP) options, effective January 1, 2028.

Brief Access and SMP History

January 2018

WEA became sole administrator of SMP/Access

June 2022

WEA announces exit from health insurance

Summer 2022

Shortened Access/SMP selection for PY 2024

August 2022

GIB approved Dean as sole administrator of SMP/Access

December 2022

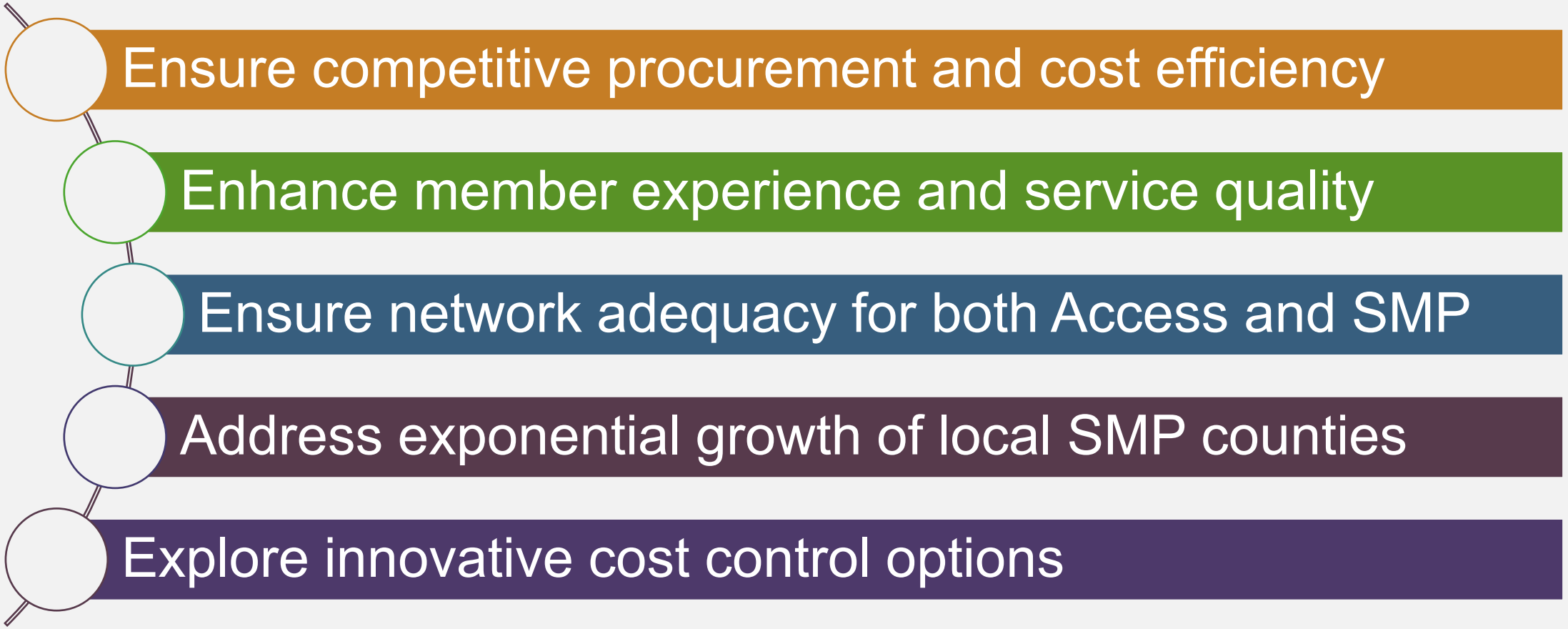
WEA exits the GHIP

November 2024

RFI results shared with GIB

(Ref. GIB | 11.12.25 | 8, page 1-2)

RFP Goals


Ensure competitive procurement and cost efficiency
Enhance member experience and service quality
Ensure network adequacy for both Access and SMP
Address exponential growth of local SMP counties
Explore innovative cost control options

Proposed RFP Timeline

Month/Year	Activity
November 2025	Initiate RFP project (with Board approval)
January 2026	Cross-functional team kickoff
April 2026	Post Access/SMP RFP
August 2026	Proposals due
December 2026	Evaluation committee completes evaluation process
February 2027	ETF presentation to the Board on the evaluation committee's findings
May 2027	New contracts negotiated and signed
September 2027	Implement contract(s); On-board new health plan(s), as needed
January 1, 2028	Start date of contract(s)
July 2028	Offboarding of current health plan vendor, as needed

Action Needed

The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) authorize ETF to prepare and issue Request for Proposals (RFP) to select one or more vendors to provide Access Plan and State Maintenance Plan (SMP) options, effective January 1, 2028.


Questions?

Thank you

etf

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etf.wi.gov

ETF E-mail Updates

608-266-3285
1-877-533-5020

BREAK

The Board is on a short break. Audio and visual feed will resume upon the Board's return.

Wellness Program Audit

Item 9 – Group Insurance Board

Stacey Novogoratz, Program Management Section Chief

Office of Strategic Health Policy

Informational Item Only

No Board action is required.

Key Audit Activities

ETF Office of Internal Audit (OIA) audited January 1, 2022 – December 31, 2024

- Wellness incentive processing and payments
- Quarterly performance reporting
- Billing activity

Incentive Processing and Payments Findings

3 individuals in 2022 did not receive the incentive

- WebMD provided a root cause analysis to ETF.

Discrepancies between ETF and WebMD files

- WebMD researched and provided results to ETF.

(Ref. GIB | 11.12.25 | 9, pages 1-2)

Performance Reporting Findings

Reporting template indicated 95% threshold instead of 90% for Screening Coordination Survey

- WebMD updated the template.

Health Assessment & Portal satisfaction survey results calculated cumulatively instead of quarterly several quarters

- WebMD recalculated these quarters.
- One quarter was slightly below the 90% threshold.

(Ref. GIB | 11.12.25 | 9, page 2)

Billing Activity Findings

Invoiced amounts appeared reasonable based on support provided and terms of the contract

(Ref. GIB | 11.12.25 | 9, page 2)

Conclusion

- Audit findings present some areas for improvement.
- ETF will work with WebMD to address recommendations.
- WebMD was cooperative throughout the process.
- None of the findings present obstacles to continuing to work with WebMD.


Questions?

Thank you

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ETF E-mail Updates

608-266-3285
1-877-533-5020

Wellness Preliminary Return and Value on Investment

Item 10 – Group Insurance Board

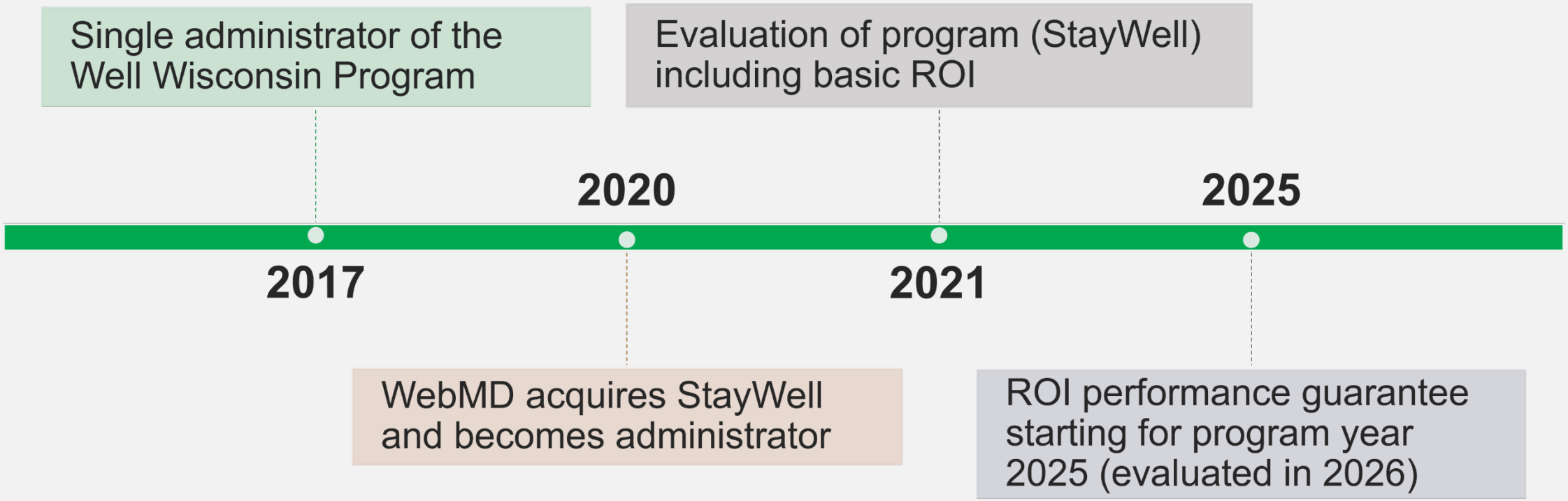
Stephanie Trigsted, Health Care Data Quality and Integrations Analyst
Office of Strategic Health Policy

Ryan Ross, Senior Statistician
Oladipo Fadiran, Lead Consultant
Truven by Merative

Informational Item Only

No Board action is required.

Background


Single administrator of the Well Wisconsin Program
Evaluation of program (StayWell) including basic ROI
2020
2025
2017
2021
WebMD acquires StayWell and becomes administrator
ROI performance guarantee starting for program year 2025 (evaluated in 2026)

Wellness Program Return on Investment Analysis

Prepared and Presented by Truven by Merative

Study Design

Study Design

- **Data Source:** ETF's health care claims warehouse (DAISI)
- Baseline Calendar Year: 2021
- Evaluation Calendar Year: 2024
- **Eligible study participants:** All subscribers (active employees, retirees and covered spouses) eligible to enroll in the State of Wisconsin Group Health Insurance Program (GHIP)
  - **Inclusions:**
    - Must be continuously enrolled in GHIP for the entire analysis time window
  - **Exclusions:**
    - Medicare Advantage Members
    - Members exceeding $100k in medical and prescription drug costs in any year
    - Members with complex diagnoses (cancer, HIV, transplants, etc.)

All methodology was jointly developed by WebMD, ETF, and Truven

Study Groups

Participant (Intervention) Group

Members that participated in the Well Wisconsin Program for at least 2 years of 2022-2024

Total Members: 26,369

Control Group

Members that were eligible to participate in the program but were not identified as participants at any time since calendar year 2017.

Total Members: 36,840

Factors Known to Influence Cost Outcomes

Members from Control Group will be **matched** to members in Participant group to ensure similarity on each factor

- Age
- Gender
- Plan Type (PPO, HDHP)
- Relationship (employee or spouse)
- Clinical Risk Score
- Medicare Based Plan
- Social Vulnerability Index (SVI)
- Healthcare involvement (preventative visits)
- COVID-19 Diagnosis

Key Study Group Characteristics

Characteristics in Baseline Year 2021,

Participant Group, N=26,369

Factor	N (%)
Gender: Female	14,900 (57%)
Age: Mean, (SD)	44 (11)
Plan: HDHP[1]	5,016 (19%)
Medicare Based Plan	767 (2.9%)
Preventative Visit	12,207 (46%)

Control Group, N=36,840

Factor	N (%)
Gender: Female	17,618 (48%)
Age: Mean, (SD)	49 (14)
Plan: HDHP	2,933 (8.0%)
Medicare Based Plan	4,814 (13%)
Preventative Visit	13,328 (36%)

[1]HDHP: High-Deductible Health Plan

Technical Note: Matching Process

- Matching was performed using **propensity score** (PS) methodology
- Controls were matched to participants in a 1:1 ratio based on nearest PS in defined window.
- Matching diagnostics included pre-defined thresholds for standardized differences, variance ratios and Kolmogorov-Smirnov (KS) statistics
- Characteristics of unmatched individuals were also assessed
- The PS was estimated using covariate balancing propensity score (CBPS) estimation, an advanced logistic regression method optimized for PS construction.
- Matched results presented passed all pre-defined thresholds for quality match

Matched Data Characteristics

Characteristics in Baseline Year 2021

Participant Group, N=25,311

Factor	N (%)
Gender: Female	14,109 (56%)
Age: Mean, (SD)	44 (11)
Plan: HDHP[1]	4,196 (17%)
Medicare Based Plan	767 (3.0%)
Preventative Visit	11,452 (45%)

Control Group, N=25,311

Factor	N (%)
Gender: Female	13,335 (53%)
Age: Mean, (SD)	44 (11)
Plan: HDHP	2,907 (11%)
Medicare Based Plan	753 (3.0%)
Preventative Visit	10,815 (43%)

[1]HDHP: High-Deductible Health Plan

ROI Calculations

Net Payment ROI Calculation

- Net payment is defined as plan payments (amount the health plan paid) only for medical and prescription drug claims
- Net Payment is calculated as total dollars from qualifying plan payments for each study group each year, as well as a per-member-per-month (PMPM) average
- The overall increase (trend) in payments from 2021 to 2024 is calculated within each group
  - The trend of the Control is then applied to the Participant group as a **counterfactual trend**
    - This calculates the “what-if” scenario of 2024 costs, where all Participants had in fact not participated in the program
- An ROI is then calculated comparing the observed 2024 costs to the counterfactual trend

If an ROI is 1.0, then the program is breakeven, where every $1 spent returns $1 in savings. An ROI greater than 1 indicates a positive return, whereas a ROI less than 1 indicates a negative return (net loss)

Net Payments

Baseline Year 2021, matched data

Participant Group, N=25,311

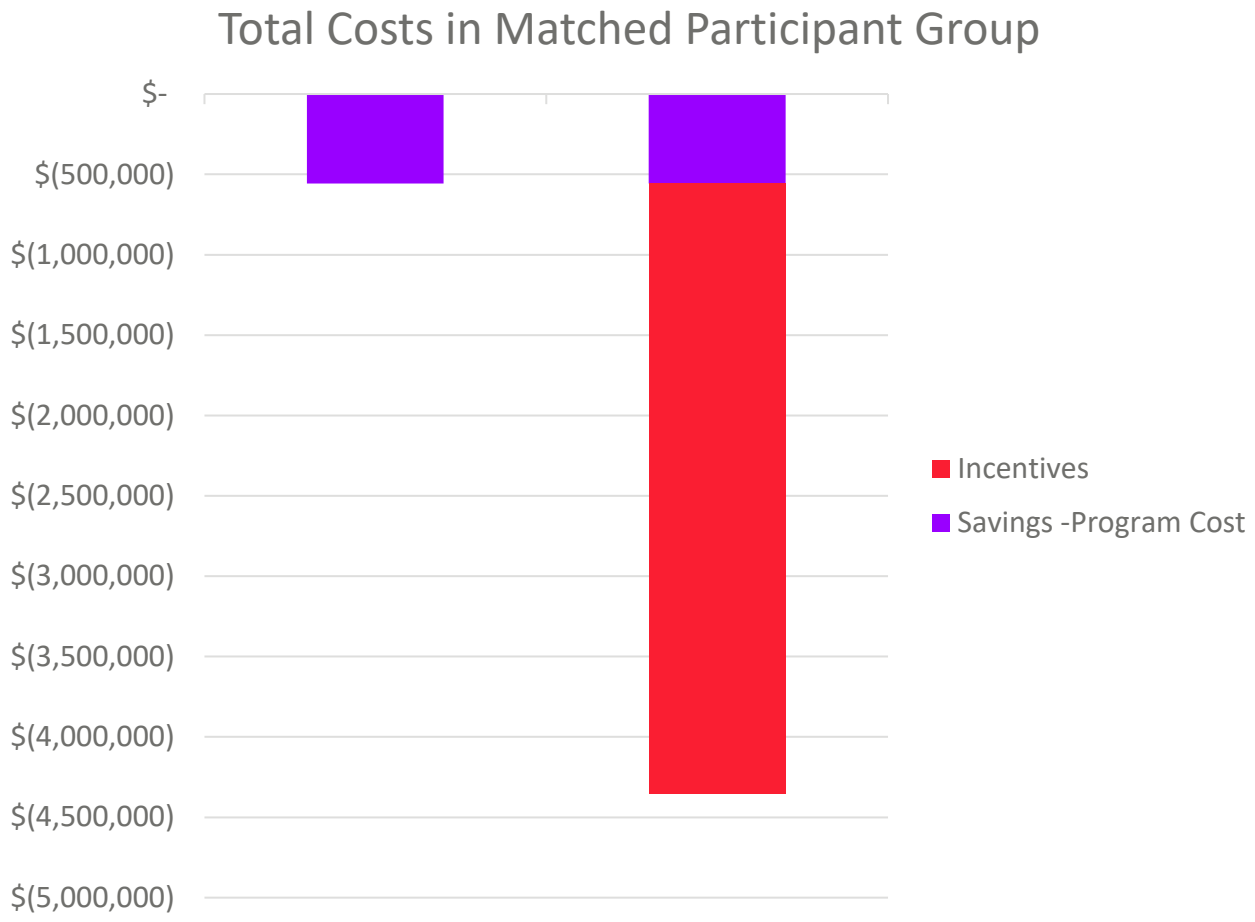
Baseline Year 2021	
Total Net Payments (PMPM, $)	450.16
Program Year 2024	
Total Net Payments (PMPM, $)	577.48
Trend	
Increase 2021->2024	28.28%

Control Group, N=25,311

Baseline Year 2021	
Total Net Payments (PMPM, $)	423.91
Program Year 2024	
Total Net Payments (PMPM, $)	545.39
Trend	
Increase 2021->2024	28.66%

Counterfactual Trend on Participant Group

PMPM	
New Total Net Pay ($)	579.17
Savings in Net Pay ($)	1.69
Program Cost ($)	(3.52)
Incentives Paid ($)	(12.50)
ROI excluding paid incentives	**0.48**
ROI overall	**0.11**



Allowed Amount ROI Calculation

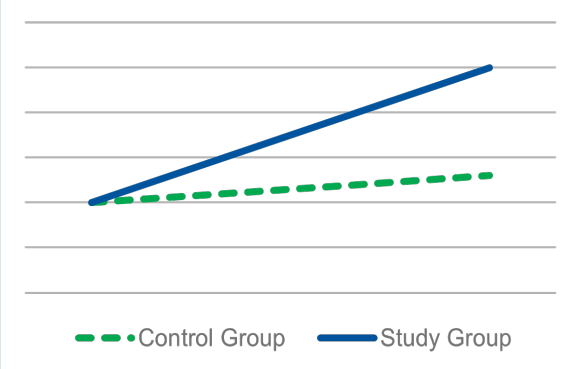
- Allowed amount is defined as
  - plan payments (net payment)
  - member out of pocket payments (deductible, copays, and coinsurance)
  - third-party payments for medical and prescription drug claims.
- All previous methodology used for Net Payments is applied to Allowed Amount costs

PMPM	
Savings in Allowed Amount ($)	2.71
Program Cost ($)	(3.52)
Incentives Paid ($)	(12.50)
ROI excluding paid incentives	**0.77**
ROI overall	**0.17**

Value on Investment (VOI)

VOI Expectations

Planned Services

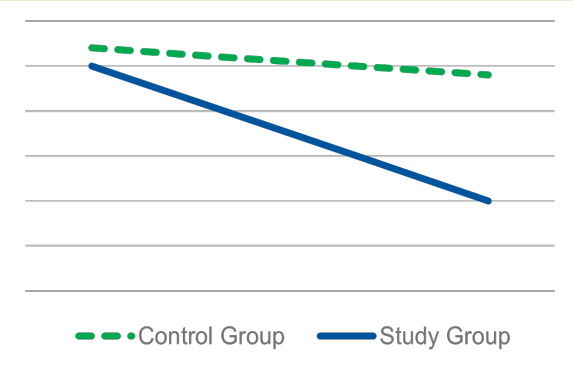


- Preventive care visits

Expected trend:

Increased utilization of planned services

Unplanned Services

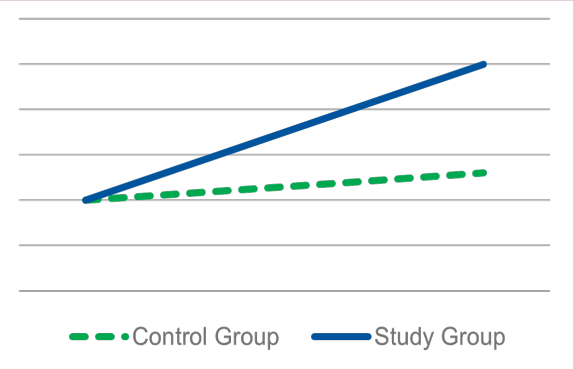


- Emergency room
- Acute admissions

Expected Trend:

Decreased utilization of unplanned services

Recommended Care

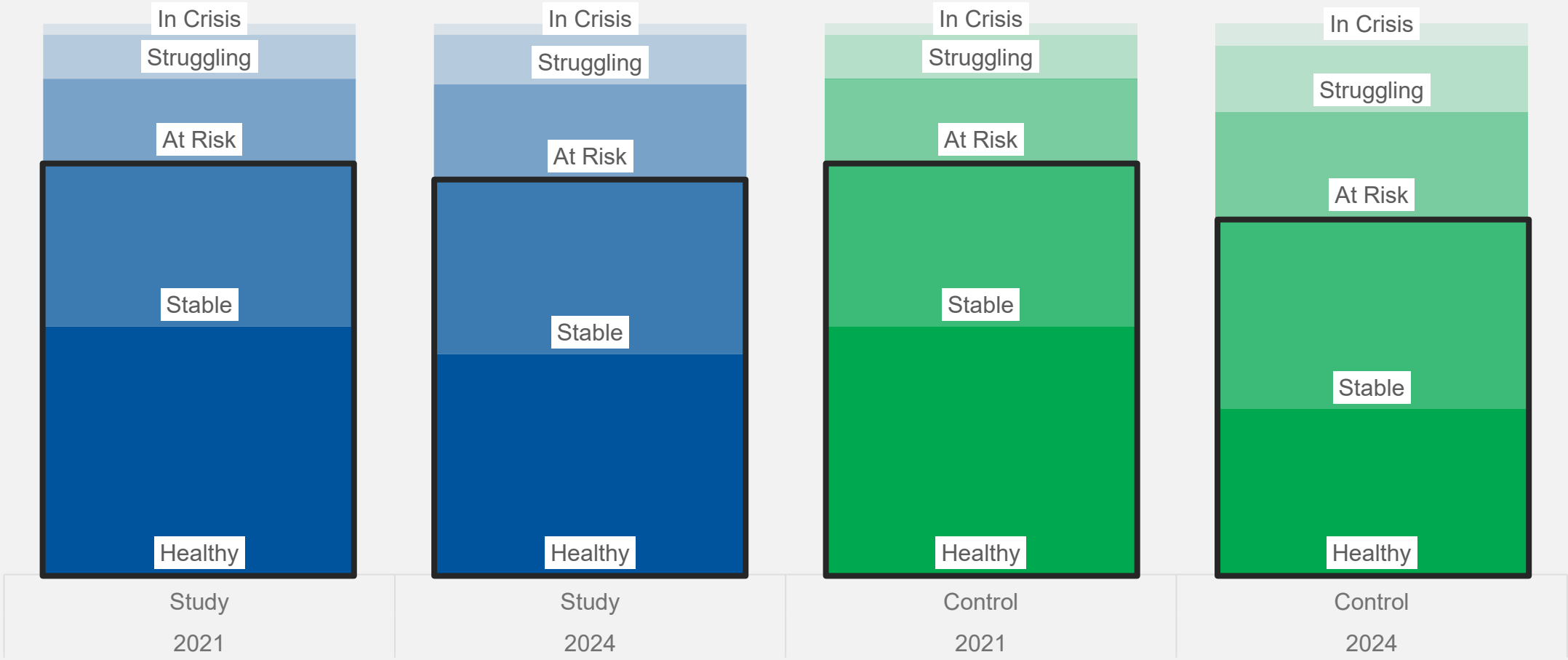


- Screenings
- Medication adherence
- Preventive care

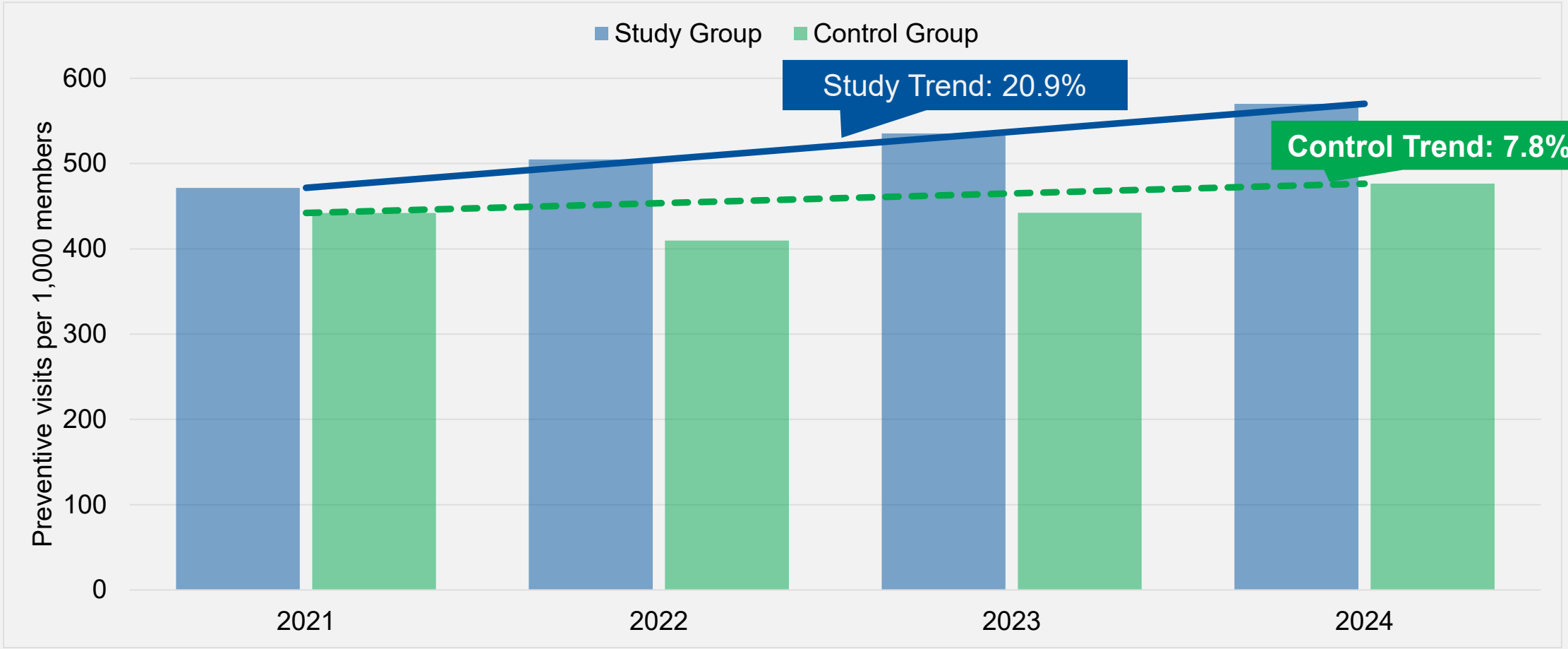
Expected Trend:

Increased compliance with recommended care

VOI Risk Group Expectations

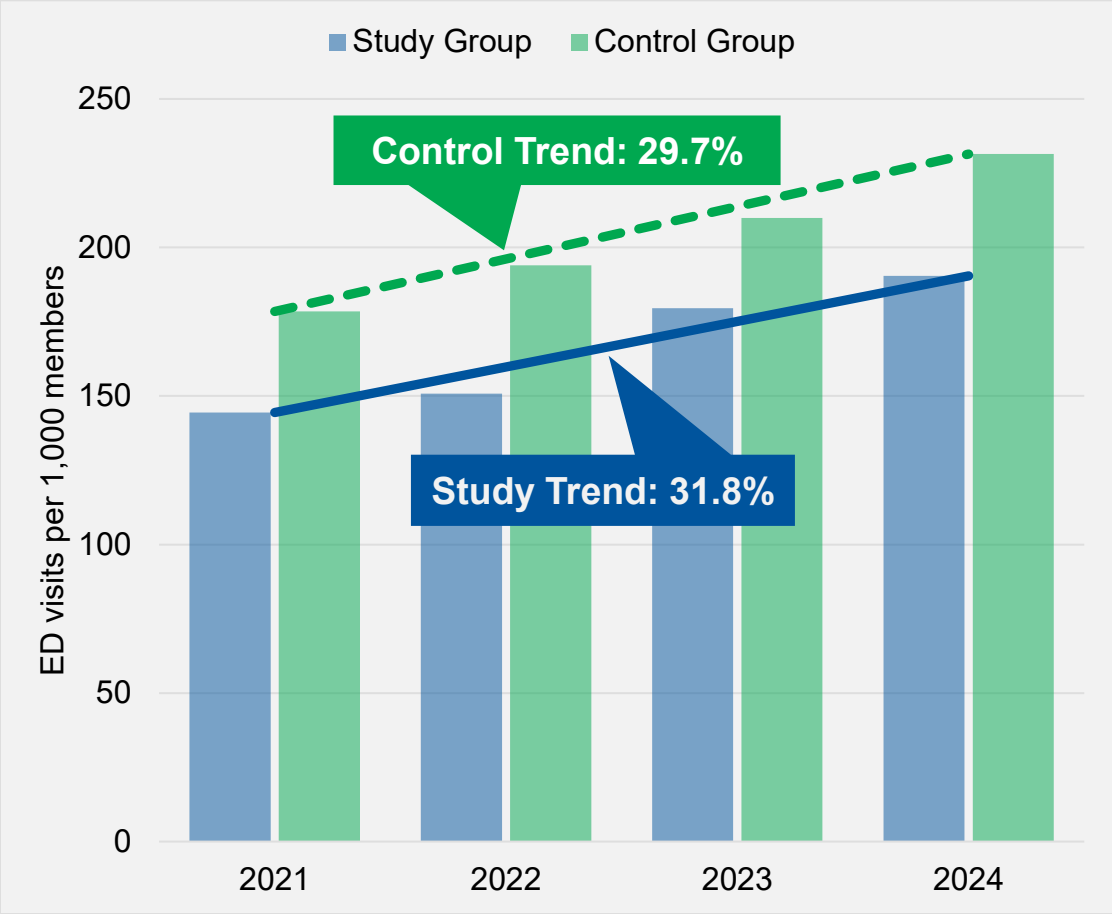


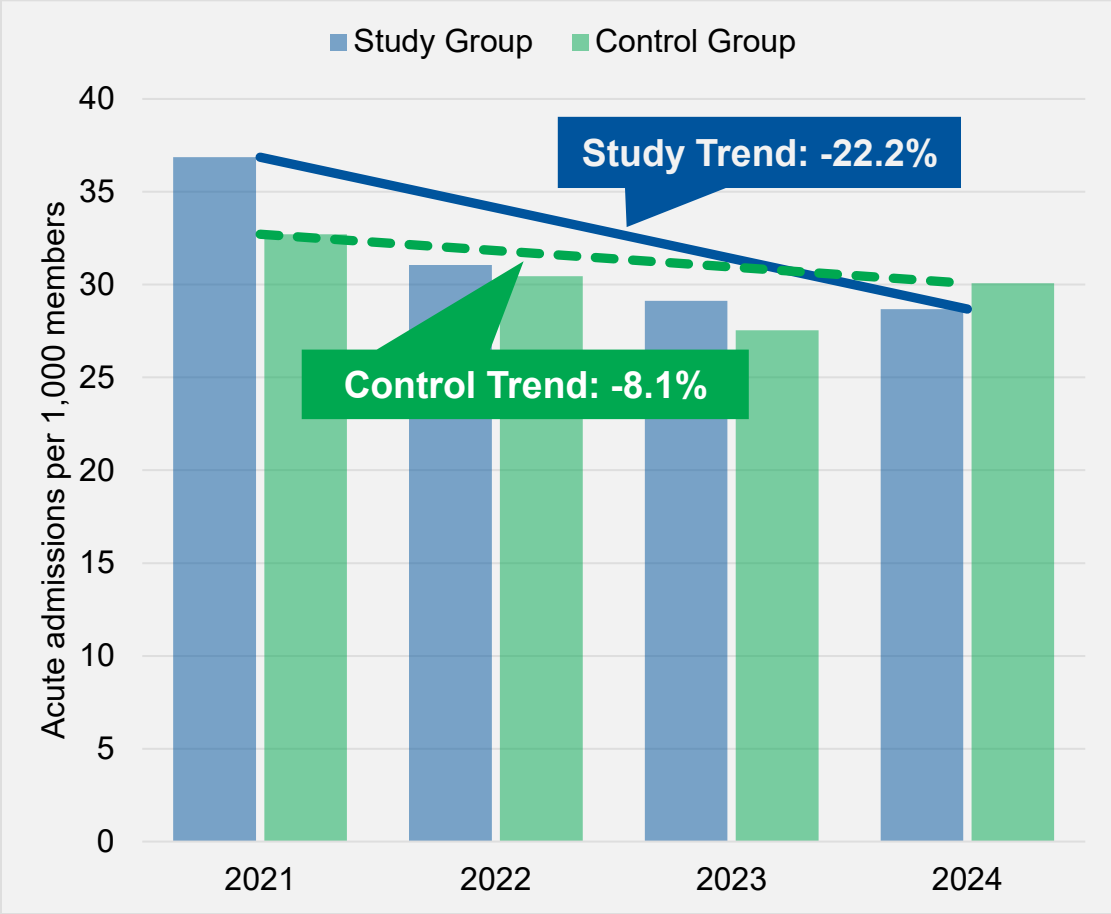
VOI Results: Planned Care



(Ref. GIB | 11.12.25 | 10, page 5)

VOI Results: Unplanned Care





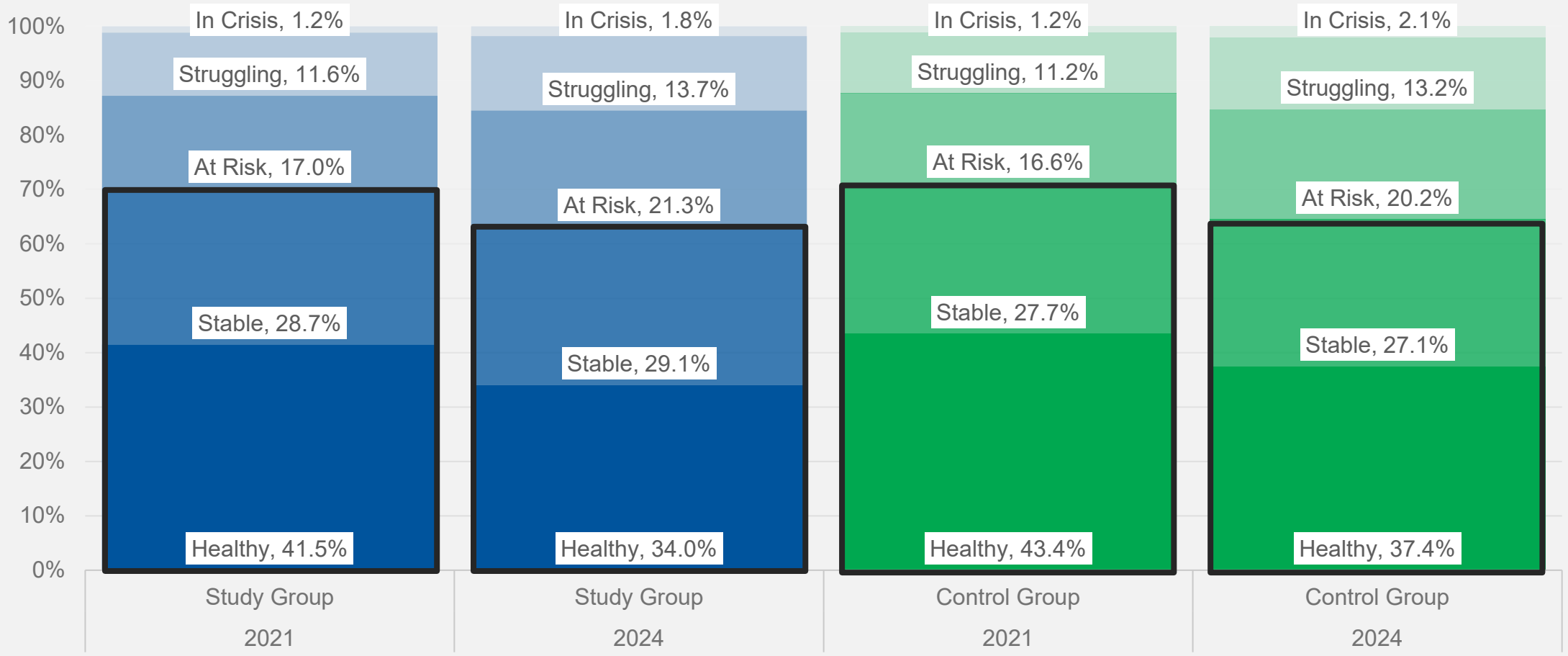
(Ref. GIB | 11.12.25 | 10, page 6)

VOI Results: Recommended Care

Quality Measure	Study Group*	Control Group*	Group Difference in Percent Changes **
Preventive Visits and Immunization (HEDIS measures):	-	-	-
• HEDIS AAP Access Preventive Ambulatory Care Visit	0.50%	-0.20%	0.80%
• ***HEDIS AIS Adult Immunization Status Influenza	-7.80%	-6.30%	-1.40%
Preventive Screening Rates (HEDIS measures):	-	-	-
• HEDIS BCS Breast Cancer Screening	4.00%	3.30%	0.80%
• HEDIS CCS Cervical Cancer Screen	2.70%	0.90%	1.80%
• HEDIS COL Colorectal Cancer Screen	25.70%	21.90%	3.80%
• HEDIS EED Diabetes Eye Exam	-1.80%	0.50%	-2.30%
Adherence to Prescription Drugs (National Quality Forum (NQF) Endorsed:	-	-	-
• PDC BB Beta Blockers (High Blood pressure)	-0.60%	0.70%	-1.30%
• PDC RASA Renin Angiotensin System Antagonists (High Blood pressure)	1.10%	2.00%	-0.90%
• PDC DR All Class Diabetes	3.10%	0.30%	2.90%
• PDC STA Statins (Cholesterol Control)	0.90%	1.60%	-0.70%

*% Difference 2024 vs 2021 **The differences may not be exact due to rounding ***Only reflects data included in administrative claims data

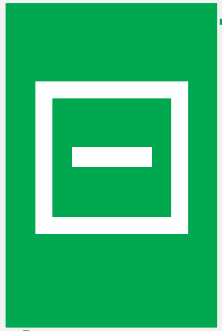
Results: Risk Trends



VOI Summary

Planned Care

Study group has greater positive trend than control group



Unplanned Care

Similar trend between groups for ER visits

Study group has greater decrease in acute admissions than control group

Recommended Care

Similar trends between groups

Chronic Disease and Risk Progression

Similar trends between groups

Summary of Results

ROI Results

- Overall ROI of 0.11
- Net loss of about $0.89 per dollar invested

VOI Results

- No clear indication that intervention improved utilization, care compliance, or slowed disease or risk progression

What's Next

- Report back in 2026
- Consider WebMD proposed changes to Program design


Questions?

Thank you

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ETF E-mail Updates

608-266-3285
1-877-533-5020

Wellness Contract Extension

Item 11 – Group Insurance Board

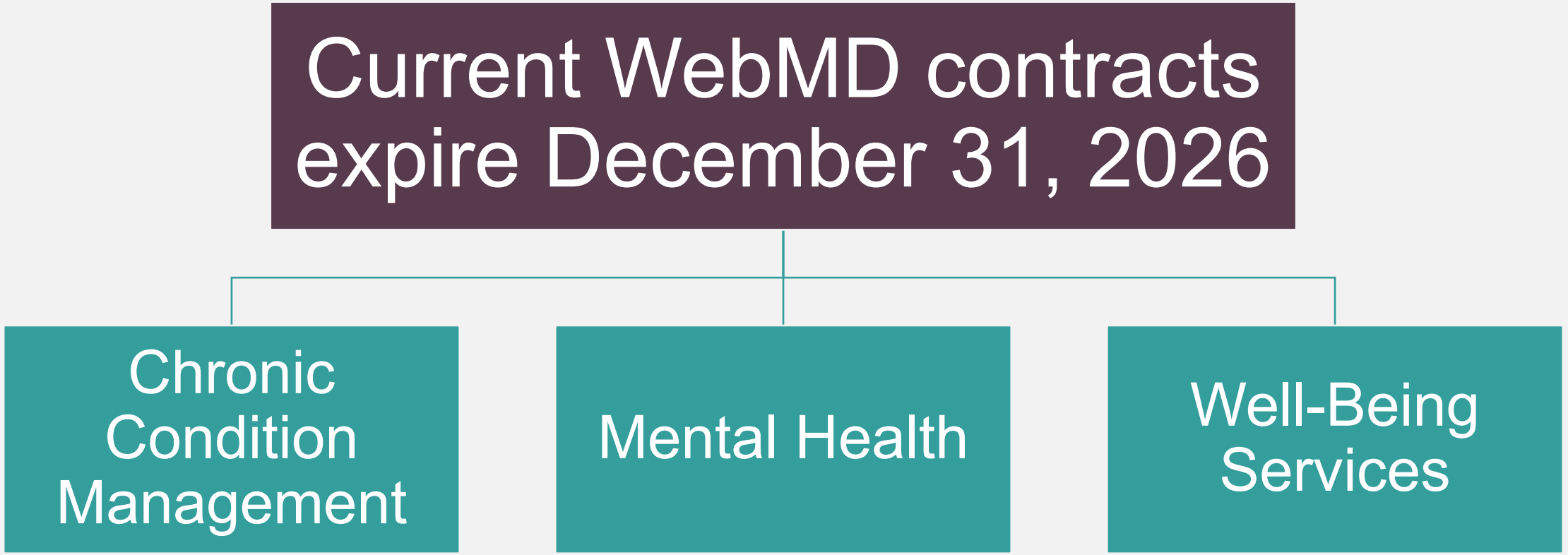
Stacey Novogoratz, Program Management Section Chief

Office of Strategic Health Policy

Action Needed

- The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) approve a one-year renewal of the contracts with WebMD, the Board's wellness and disease management program vendor, from January 1, 2027, through December 31, 2027.
- ETF also recommends the Board approve the Well Wisconsin incentive design changes proposed by WebMD for program year 2026.

Background


Current WebMD contracts expire December 31, 2026
Chronic Condition Management
Mental Health
Well-Being Services

Return on Investment (ROI)

Return on investment (ROI) expected from the wellness program

- Segal ROI analysis 2017-2019
- Merative ROI and Value on Investment (VOI) analyses 2021-2024

Annual program cost: ~$15 million, including incentives

Participation

Activity	2021	2022	2023	2024	10/27/2025
Health Assessment	53,916	53,531	55,384	52,128	51,034
Health Check	50,724	50,652	53,481	50,081	48,670
Well-Being Activity	48,313	48,714	52,329	49,088	47,627
Incentive Earned	**47,794**	**47,925**	**50,649**	**47,608**	**46,389**

(Ref. GIB | 11.12.25 | 11, page 2)

Wellness Incentive Design

To earn the $150 incentive, members must complete:	WebMD's 2026 Incentive Design Recommendation
1. Health assessment 2. Health check 3. One well-being activity	1. Health assessment 2. Health check **(removed self-reported dental cleaning)** 3. Well-being activity (**revised list***)

*See Attachment A, slide 4

Contract Renewal Options

Option 1	• Two-Year Renewal through December 31, 2028
Option 2	• One-Year Renewal through December 31, 2027
Option 3	• No Renewal; Contracts end December 31, 2026

(Ref. GIB | 11.12.25 | 11, pages 3-4)

Option Details

Option 1: Two-Year Renewal

- Maximum time to redesign the incentive structure with WebMD
- Lowest risk to member and employer dissatisfaction
- Estimated $30 million total for 2027 and 2028

Option 2: One-Year Renewal

- Adequate time to evaluate options for program redesign and begin implementation
- Low to moderate risk of member and employer dissatisfaction
- Estimated $15 million in 2027

Option 3: No Renewal

- Minimal time for program redesign, as ETF and WebMD would focus on winding down contracted activities in 2026
- Highest risk of members and employer dissatisfaction
- Post-2026 wellness-related spending to be determined

(Ref. GIB | 11.12.25 | 11, pages 3-4)

Action Needed

- The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) approve a one-year renewal of the contracts with WebMD, the Board's wellness and disease management program vendor, from January 1, 2027, through December 31, 2027.
- ETF also recommends the Board approve the Well Wisconsin incentive design changes proposed by WebMD for program year 2026.


Questions?

Thank you

etf

wi_etf

etf.wi.gov

ETF E-mail Updates

608-266-3285
1-877-533-5020

Supplemental Plans Guidelines Changes

Item 12 –Group Insurance Board

Douglas Wendt, Dental and Supplemental Plans Program Manager

Office of Strategic Health Policy

Action Needed

ETF requests the Board approve modifications to the *Supplemental Insurance Guidelines* (ET-7422) for the supplemental dental contract, effective for the 2027 plan year.

Proposed Changes

Accept proposals for Supplemental Dental for a three-year period

Add more detail about the structure of the supplemental programs and participating providers

Add instructions that proposed premiums should be divisible by two for biweekly payroll deductions

Add statement that new vendor implementation must be complete by open enrollment

(Ref. GIB | 11.12.25 | 12, page 1-2)

More Proposed Changes

Add clarity on vendor/employer relationship for enrollment and billing

Modify wording on timing for implementing these plans into the data warehouse

Add wording to prohibit bundled proposals

Add requirement that all initial proposals must be best and final

(Ref. GIB | 11.12.25 | 12, page 2)

Action Needed

ETF requests the Board approve modifications to the *Supplemental Insurance Guidelines* (ET-7422) for the supplemental dental contract, effective for the 2027 plan year.

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.


Questions?

Thank you

etf

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etf.wi.gov

ETF E-mail Updates

608-266-3285
1-877-533-5020

Operational Updates

Items 13A-13L – Memos Only

Tentative February 2026 Agenda

Item 14 – Memo Only

Renee Walk, Director

Office of Strategic Health Policy

Move to Closed Session

Item 15 - No Memo

Action Needed

- The Board may meet in closed session pursuant to the exemptions contained in Wis. Stat. § 19.85 (1) (a) for quasi-judicial deliberations, and Wis. Stat. § 19.85 (1) (d) to consider strategy for crime detection or prevention. If a closed session is held, the Board may vote to reconvene into open session following the closed session.

The Board is meeting in closed session. Audio and visual feed will resume upon the Board's return.

Announcement on Business Deliberated During Closed Session Discussion

Item 19 – No Memo

Herschel Day, Chair

Group Insurance Board

Announcement of Action Taken on Appeal Deliberated During Closed Session

Item 20 – No Memo

Herschel Day, Chair

Group Insurance Board

Adjournment

Item 21 – No Memo