



State of Wisconsin
**GROUP HEALTH
INSURANCE PROGRAM**

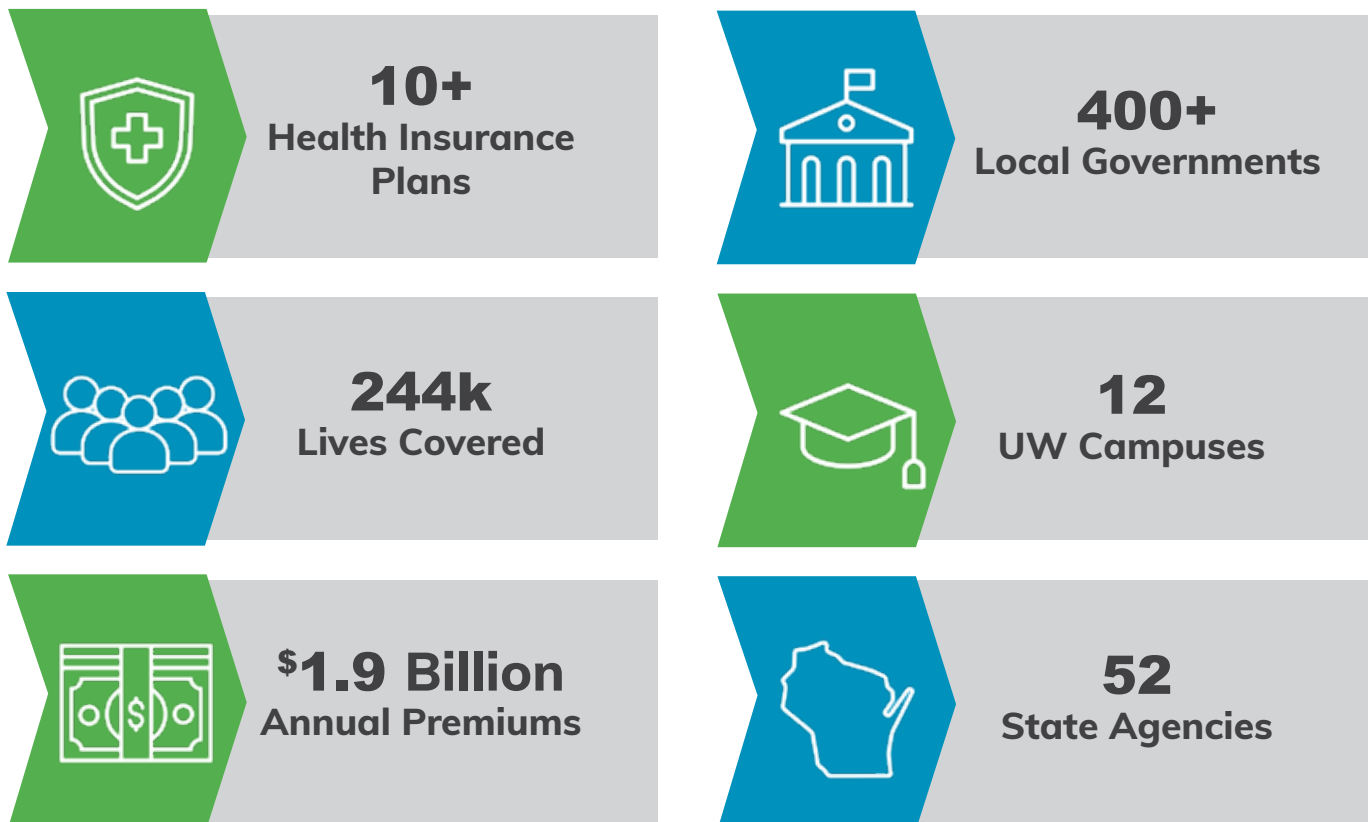
Wisconsin Department of Employee Trust Funds
etf.wi.gov



WELL-MANAGED BENEFITS FOR PUBLIC WORKERS

For over 60 years, the Department of Employee Trust Funds has delivered high-quality, affordable healthcare options for state and local governments and their workforces. The State of Wisconsin Group Health Insurance Program (GHIP) is the largest purchaser of employer-based health insurance in Wisconsin. We offer medical, pharmacy, wellness, dental, and other insurance benefits to eligible public employees, retirees, and their families.

The GHIP has consistently delivered high-quality benefits to employees and retirees at a reasonable cost to employees, public employers, and the taxpayers they serve.





WISCONSIN

Health and well-being benefits are critical to attracting and retaining employees.

WISCONSIN MODEL

The cost of health benefits continues to rise. Actively managing costs is a critical part of managing the GHIP. ETF strives to keep health insurance costs down, while maintaining high employer and employee satisfaction.

Benefits are primarily funded by employee and employer premium payments. Some funding also comes from dividends paid on the program's reserve fund, which is invested by the State of Wisconsin Investment Board.

The GHIP offers access to 99% of medical providers in the state of Wisconsin. It also offers nationwide and worldwide coverage options for employees, retirees, and their families who might need access to regular care outside of the state. Additional pharmacy and dental benefits offer comprehensive access throughout all 50 states. And for members who want additional coverage or flexible spending account options, the GHIP offers an array of employee-pay-all coverages and savings vehicles to help them prepare for whatever life sends their way.

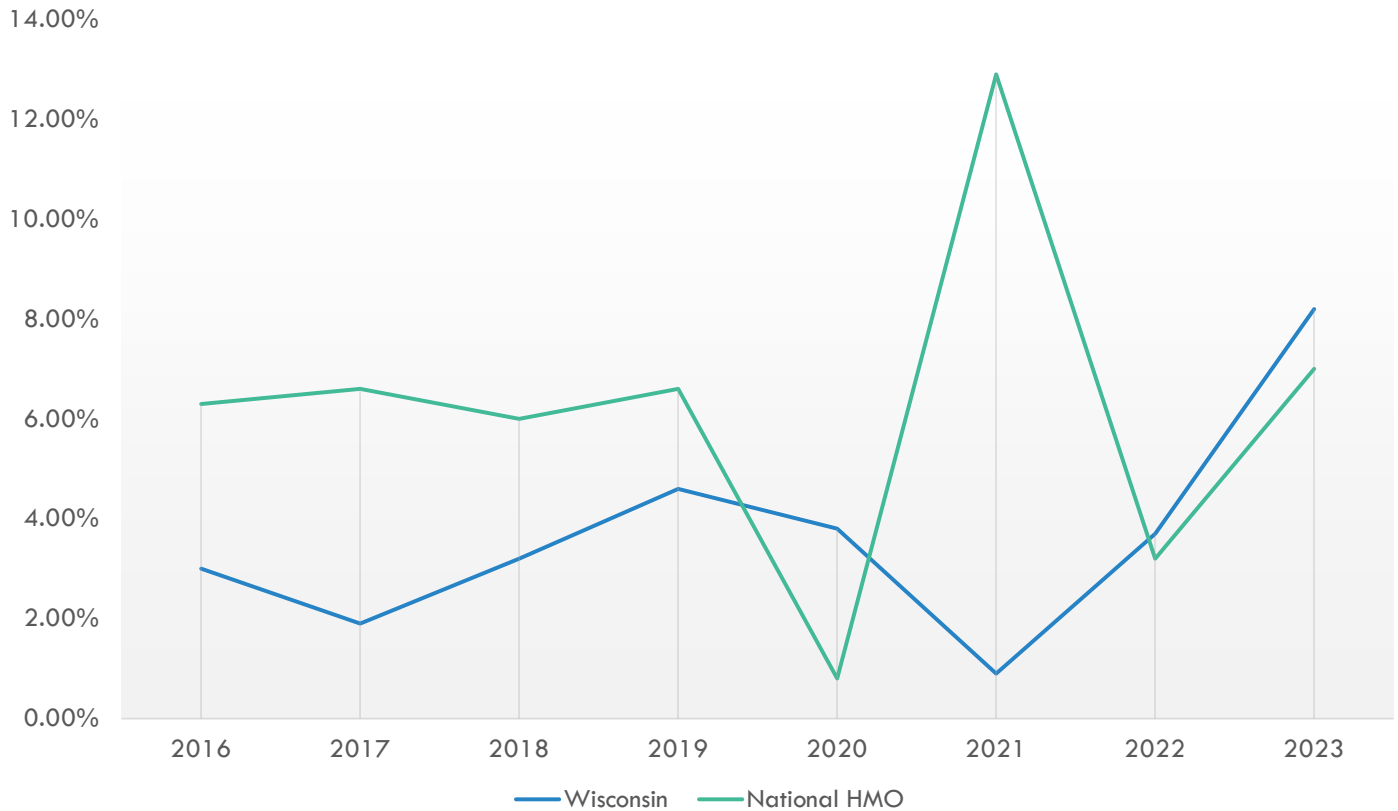
MEDICAL BENEFITS: MANAGED COMPETITION

Wisconsin has one of the most competitive health insurance marketplaces in the country, and the health plans offered through the GHIP are an important economic asset for the state. The GHIP contracts with health plans through a model termed “managed competition.”

Health plans first submit annual premium bids to ETF. ETF then works with an actuary to review utilization data and market trends to ensure a health plan’s proposed premium rates are competitive. Plans are put into one of three tiers based upon the affordability of their premiums, and these tiers are used by ETF and employers to help determine how much employees pay for coverage.

The structure
of Wisconsin’s
program has led to
premium costs that
are usually below
or in line with
national trends.

Wisconsin Annual Premium Cost Increases Versus National HMO Trend



Source: Segal Market Trend Survey

All health plans in the GHIP sign the same contract, agreeing to provide the same services and benefits coverage to GHIP members (this is called Uniform Benefits). They compete for members through their provider networks, customer service, and medical management offerings. With Uniform Benefits, members can choose the provider they want without sacrificing the coverage they need.

INNOVATIVE PHARMACY BENEFITS CONTRACT

The GHIP has been recognized by the National Academy of State Health Policy and the National Governor's Association for our fully transparent, full-pass-through pharmacy program contract.

All pharmacy
revenue is
returned to the
program to keep
premiums **low**.

The Group Insurance Board (Board) requires the pharmacy benefit manager (PBM) to return all revenues—rebates provided by manufacturers and any other incentives—beyond the contracted administrative fee to the GHIP. This money is used to reduce premiums for members.

The Board also requires the PBM to allow ETF and its auditors to review any and all contracts that they sign with pharmacies and manufacturers. This ensures that all funds are returned to the state and all claims are processed correctly.



The GHIP's drug cost increase trends since 2015 are **6.8%**, which is below market average.

The GHIP PBM uses a “lowest net cost” purchasing approach. This commonsense approach to contracting keeps the GHIP's drug premium increases at an average of 6.8% since 2015.

To help keep costs down, members also are encouraged to use lower-cost generic drugs. 83.7% of members chose a generic drug over a brand name in the last year.



Pharmacy Access

99% of Wisconsin participants have an in-network pharmacy near their home:

Urban: within **2 miles**

Suburban: within **5 miles**

Rural: within **15 miles**

“ I love the health coaches because I feel like they are an angel on my shoulder reminding me to take care of myself. ”

– Well Wisconsin Program Participant

KEEPING WISCONSIN'S PUBLIC WORKERS WELL...

Access to great medical, pharmacy, and dental coverage is only part of what Wisconsin public employees need to stay healthy. ETF offers Well Wisconsin to help them get and stay healthy; it's a comprehensive wellness program that includes:

- Health risk assessment
- Biometric screenings
- One-on-one telephonic health coaching
- Informational videos
- Healthy recipe guides
- Step challenges
- And more

Since moving to a single administrator in 2017, over 95% of over 50,000 Well Wisconsin participants reported satisfaction with the program; that number reached over 98% for coaching participants. Participants in the Well Wisconsin program have better overall health outcomes and lower risks than non-participants. Plus, members who complete their screenings and activities receive a \$150 incentive.

...AND SMILING BRIGHT

The GHIP also offers affordable basic dental coverage for members who participate in the program.

The Uniform Dental Benefit is available to members enrolled in the GHIP. It offers coverage for routine evaluations, cleanings, sealants, X-rays, and fillings. The benefit is designed to help members maintain their oral health.

For members who might need additional coverage—crowns, root canals, or orthodontia—ETF also offers two optional dental coverage plans.

More than **70%** of GHIP members use their preventive dental benefits each year; higher than industry average.

GOING THE EXTRA MILE FOR MEMBERS

While ETF strives to ensure all its vendors provide the best possible services and coverage to our members, sometimes problems arise. When it comes to health and healthcare, ETF is dedicated to making sure members never have to go it alone.

ETF Ombudsperson Services is a specialized team that acts as a neutral party and offers a fair resolution while adhering to program policies, contracts, and the law. Ombudsperson Services can help with:

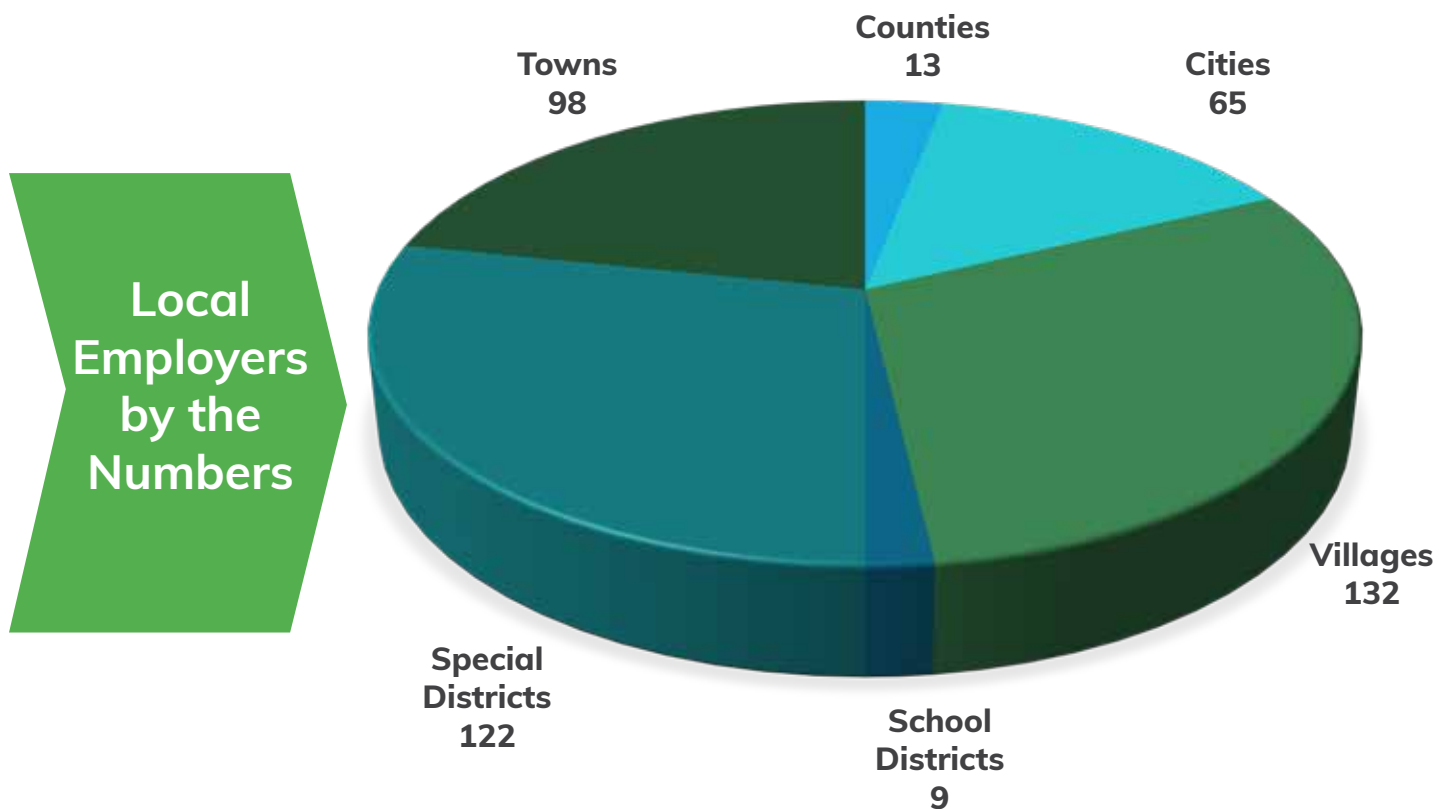
- Denied authorization requests
- Claims not processed correctly
- Filing a grievance or asking for an independent review
- Bills for services that were previously covered

Ombudsperson Services helps members receive the benefits they deserve and communicate better with their health plans.

HELPING PUBLIC EMPLOYERS PROVIDE FOR EMPLOYEES

In addition to state agencies and the Universities of Wisconsin, ETF provides health insurance benefits to over 400 local units of government.

Local employers can choose from four different program options, and employees can select from any of the health plans that participate in the GHIP. The local program options provide affordable benefits with maximum provider network choice. Employers also have access to the same administrative support that ETF provides state agencies.



ETF is committed to providing the **best benefits at the lowest cost** to Wisconsin's public workers.

GOVERNANCE & ACCOUNTABILITY

The GHIP is overseen by an 11-person board, the Group Insurance Board. The responsibilities of the Board are laid out in Chapter 40 of Wisconsin State Statutes.

Board members serve as fiduciaries of the trust fund—this means that their responsibility is to act in the best interests of the beneficiaries of the trust fund. To support this approach, the Board adopted three long-term objectives in 2019 based upon the Healthcare Triple Aim:

- Improve member health
- Maintain program affordability for employers and members
- Provide high-quality benefits that meet members' needs

“ [The GHIP] offers broad coverage, choice of providers, and low out-of-pocket costs to our employees. The premiums were lower than renewing with our existing health insurance provider and our employees couldn't be happier. ”

– Angela Berg,
Clerk/Treasurer, City of Arcadia



MORE INFORMATION

Does a GHIP member need assistance with their benefits? The Department of Employee Trust Funds is here to help.

Legislative Inquiries

Please contact Tarna Hunter, ETF Budget and Management Director, at tarna.hunter@etf.wi.gov

Other Options

Find benefits information and resources at etf.wi.gov/insurance

Talk with an ETF Benefits Specialist at 1-877-533-5020

Contact Ombudsperson Services at ombudsperson@etf.wi.gov

GHIP members can send correspondence to the Group Insurance Board at boardfeedback@etf.wi.gov