6/10 Dane County IAC

Renewal & Plan Design Considerations

Topics

- Medical Renewal
- Plan Design
  - Decrements: Copay Changes
  - Alternative Grouping

yes and

world-class expertise + individual attention

1/1/2027 Renewal

M3 INSURANCE

1/1/2027 Renewal Overview

Key Points

- Dean released a 13.07% combined renewal for 1/1/2027, below the previously negotiated rate caps
  - 11.9% Increase to Active/Retiree HMO rates (12.9% rate cap)
  - 16.9% Increase to Active/Retiree POS rates (16.9% rate cap)
- For the full group the 13.1% renewal represents an increase from $84,467,159 to $95,535,482 in annual premiums or $11,068,323
- For the purposes of this discussion we are focusing on the cost impact to the county by excluding retiree, COBRA and quasi group members.
- Cost is projected to increase from $78,200,124 to $88,420,251 based on current enrollment, an increase of $10,220,128 on an annual basis.
  - Cost impact is a snapshot in time and will vary with enrollment changes

Decrements: Copay Changes

- Decrements are inexact estimates of the rate impact for changes to the current plans and aren't guaranteed to the penny but should be close

Change		Savings
Change to standard 30 Days Supply for RX	-0.50%	$442,101
Change to $10/$25/$50/30% RX	-0.20%	$176,841
Remove Copay Waived for Dependents language	-0.50%	$442,101
Change to $10 copays for PCP and Specialty	-1.40%	$1,237,884
Change to $10 PCP and $20 Specialty copays	-1.60%	$1,414,724
Change to $100 ER copay	-0.50%	$442,101

Decrements: Copay Changes

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Change to standard 30 Days Supply for RX

-.50%

$442,101 in savings

- In CY2025: Approximately 87 members filling 34/102 ds
  Approximately 3243 members filling 30/90 ds (2.6% of members)
- So far in CY2026: Approximately 60 members filling 34/102 ds
  Approximately 3336 members filling 30/90 ds (1.7% of members)

Decrements: Copay Changes

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Change to $10/$25/$50/30% RX

-0.20%

$176,841 in savings

- Copays today at $10/$20/$40/30%
- Pharmacy copays remain subject to $500/$1,500 RX Maximum out of pocket limit.
- M3 Average Benchmark is $12/$42/$78/$267 or 34%
- M3 Median Benchmark is $10/$40/$75/$250 or 30%

Decrements: Copay Changes

- Decrements are inexact estimates of the rate impact for changes to the current plans and aren't guaranteed to the penny but should be close

Remove Copay Waived for Dependents

-0.50%

$442,101 in savings

- Today children through age 18 do not pay a copay for office visits (PCP/specialty) or urgent care visits
- Some local carriers (GHC) stopped offering $0 copayments for dependents over ACA discrimination concerns when not required by a Union contract

Decrements: Copay Changes

- Decrements are inexact estimates of the rate impact for changes to the current plans and aren't guaranteed to the penny but should be close

Change to $10 copays for PCP and Specialty

-1.40% $1,237,884 in savings

Change to $10 PCP and $20 Specialty copays

-1.60% $1,414,724 in savings

- Children would be subject to the copays above just like adults
- Copay is currently $5 for PCP/Specialty
- State of WI is $15/$25 today
- M3 Average is $29/$58
- M3 Median is $30/$60
- Copays remain subject to the existing $250/$500 Medical Maximum out of pocket limit
- Options are mutually exclusive (can't do both to get 3%)

Decrements: Copay Changes

- Decrements are inexact estimates of the rate impact for changes to the current plans and aren't guaranteed to the penny but should be close

Change to $100 ER copay

-0.50%

$442,101

- ER Copay today is $50
- M3 Average Benchmark ER copay is $312
- M3 Median Benchmark ER Copay is $275
- Copays remain subject to the existing $250/$500 Medical Maximum out of pocket limit

Year	In-Network Emergency Room Copay	Change
2022	$240.22	N/A
2023	$275.10	+14.5%
2024	$277.98	+1.0%
2025	$297.03	+6.9%
2026	$311.77	+5.0%

yes and

world-class expertise + individual attention

Plan Design Grouping

M3 INSURANCE

Health Insurance Benefit Comparison

Dane County

Effective Date: 01/01/2027

Health Carrier		Dean		Dean	
		Current | Renewal		Current | Renewal	
Insurance Type					
		HMO		POS	
Provider Network:					
		Dean HMO		Dean POS	
Deductible		**Single**	**Family**	**Single**	**Family**
In Network		$100	$200	$100	$200
Embedded/Non-Embedded		Embedded		Embedded	
Out of Network		Not Applicable		$200	$400
Co-Insurance					
In Network		100%		100%	
Out of Network		Not Applicable			
Max Out-of-Pocket (Ded/Coins/Copay)		**Single**	**Family**	**Single**	**Family**
In Network Medical		$250	$500	$250	$500
Out of Network		Not Applicable		$500	$1,000
Office Visits		**PCP**	**Specialist**	**PCP**	**Specialist**
In Network		$5 copay; waived for dependents through age 18		$5 copay; waived for dependents through age 18	
Out of Network		Not Covered		$10 copay; waived for dependents through age 18	
Preventive Care					
In Network		Select Services Covered In Full		Select Services Covered In Full	
Out of Network		Not Covered		$10 copay; waived for dependents through age 18	
Urgent Care					
In Network		$5 Copay; Waived for dependents through age 18 and/or 0% coins. after deductible		$5 Copay; Waived for dependents through age 18 and/or 0% coins. after deductible	
Out of Network					
Emergency Room					
		$50 copay and/or 0% coins. after deductible		$50 copay and/or 0% coins. after in-network deductible	
Hospital Services					
In Network		Deductible Applies		Deductible Applies	
Out of Network		Not Covered		Deductible & Coinsurance	
Prescriptions (Rx)					
In Network		$10/$20/$40/30%		$10/$20/$40/30%	
Out of Network		Not Covered		50%/50%/Not Covered/50%	
Rx Out-of-Pocket Maximum		**34/102 Day Supply available**		**34/102 Day Supply available**	
Single/Family		$500 / $1,500 (In-Network)		$500/$1,500 (In/Out Network)	
Rates		**Current**	**Renewal**	**Current**	**Renewal**
Employee	571	$1,195.62	$1,337.90	130	$1,951.32	$2,281.08
Employee + 1	472	$2,809.71	$3,144.07	75	$4,585.60	$5,360.54
Family	1062	$2,809.71	$3,144.07	202	$4,585.60	$5,360.54
Monthly Totals		**$4,992,794**	**$5,586,944**		**$1,523,883**	**$1,781,410**
Annual Totals		**$59,913,530**	**$67,043,331**		**$18,286,594**	**$21,376,920**
Annual Δ% from Current			11.90%			16.90%
Annual Δ$ from Current			$7,129,801			$3,090,326

	Current	Renewal
Monthly Total for All Plans	$6,516,677	$7,368,354
Annual Total for All Plans	$78,200,124	$88,420,251
Annual Δ% from Current		13.07%
Annual Δ$ from Current		$10,220,128

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.

NGJ
06/05/2026

Health Insurance Benefit Comparison

Dane County

Effective Date: 01/01/2027

Health Carrier		Dean		Dean	
		Alternate to HMO		Alternate to POS	
Insurance Type					
		HMO 1-1		POS 3-1	
Provider Network:					
		Dean HMO		Dean POS	
Deductible		**Single**	**Family**	**Single**	**Family**
In Network		$250	$500	$250	$500
Embedded/Non-Embedded		Embedded		Embedded	
Out of Network		Not Applicable		$500	$1,000
Co-Insurance					
In Network		100%		100%	
Out of Network		Not Applicable		80%	
Max Out-of-Pocket (Ded/Coins/Copay)		**Single**	**Family**	**Single**	**Family**
In Network Medical		$500	$1,000	$500	$1,000
Out of Network		Not Applicable		$1,000	$2,000
Office Visits		**PCP**	**Specialist**	**PCP**	**Specialist**
In Network		$10	$20	$10	$20
Out of Network		Not Covered		Deductible & Coinsurance	
Preventive Care					
In Network		Select Services Covered In Full		Select Services Covered In Full	
Out of Network		Not Covered		Deductible & Coinsurance	
Urgent Care					
In Network Out of Network		$10 Copay and/or 0% coins. after deductible		$10 copay and/or 0% coins. After in-network deductible	
Emergency Room					
		$150 copay and/or 0% coins. after deductible		$150 copay and/or 0% coins. after in-network deductible	
Hospital Services					
In Network		Deductible Applies		Deductible Applies	
Out of Network		Not Covered		Deductible & Coinsurance	
Prescription Drugs					
In Network		$10/$25/$50/30%		$10/$25/$50/30%	
Out of Network		Not Covered		50%/50%/Not Covered/50%	
Rx Out-of-Pocket Maximum		**30/90 Day Supply**		**30/90 Day Supply**	
		$1,000 / $2,000 (In-Network)		$1,000/$2,000 (In/Out Network)	
Rates					
Employee	571	$1,288.93	130	$2,176.84	
Employee/Spouse	472	$3,028.99	75	$5,115.57	
Family	1062	$3,028.99	202	$5,115.57	
Monthly Totals		**$5,382,450**		**$1,700,002**	
Annual Totals		**$64,589,396**		**$20,400,025**	
Annual Δ% from Current		7.80%		11.56%	
Annual Δ$ from Current		$4,675,866		$2,113,431	

	Alternate
Monthly Total for All Plans	$7,082,452
Annual Total for All Plans	$84,989,421
Annual Δ% from Current	8.68%
Annual Δ$ from Current	$6,789,298
Annual Δ$ from Renewal	$3,430,830

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NGJ
06/05/2026

HMO 1-1 & POS 3-1 recap

- 8.68% overall increase to annual spend, $3,430,830 off renewal, 7.8% increase to HMO, 11.56% POS
- $250/$500 in-network Deductible, $500/$1,000 out of network
- $500/$1,000 Medical maximum out of pocket limit in network, $1,000/$2,000 out
- $1,000/$2,000 Pharmacy maximum out of pocket limit
- 100% Coinsurance In-network, 80/20 out of network
- $10 PCP/Urgent care copay In-Network $20 Specialist, no $0 copay for kids
    - PCP/Specialist Out of Network goes to Deductible & Coinsurance
- $150 ER copay
- $10/$25/$50/30% RX Copays
- RX goes from 34 to 30 days

Health Insurance Benefit Comparison

Dane County

Effective Date: 01/01/2027

Health Carrier		Carrier Name		Carrier Name	
		Alternate to HMO		Alternate to POS	
Insurance Type					
		HMO 1-2		POS 3-2	
Provider Network:					
		Dean HMO		Dean POS	
Deductible		**Single**	**Family**	**Single**	**Family**
In Network		$500	$1,000	$500	$1,000
Embedded/Non-Embedded		Embedded		Embedded	
Out of Network		Not Applicable		$1,000	$2,000
Co-Insurance					
In Network		100%		100%	
Out of Network		Not Applicable		80%	
Max Out-of-Pocket (Ded/Coins/Copay)		**Single**	**Family**	**Single**	**Family**
In Network Medical		$1,000	$2,000	$1,000	$2,000
Out of Network		Not Applicable		$2,000	$4,000
Office Visits		**PCP**	**Specialist**	**PCP**	**Specialist**
In Network		$20	$30	$20	$30
Out of Network		Not Covered		$40	$60
Preventive Care					
In Network		Select Services Covered In Full		Select Services Covered In Full	
Out of Network		Not Covered		$40 Copay	
Urgent Care					
In Network Out of Network		$20 Copay and/or 0% coins. after deductible		$20 copay and/or 0% coins. after in-network deductible	
Emergency Room					
		$150 copay and/or 0% coins. after deductible		$150 copay and/or 0% coins. after in-network deductible	
Hospital Services					
In Network		Deductible Applies		Deductible Applies	
Out of Network		Not Covered		Deductible & Coinsurance	
Prescription Drugs					
In Network		$10/$20/$40/30%		$10/$20/$40/30%	
Out of Network		Not Covered		50%/50%/Not Covered/50%	
Rx Out-of-Pocket Maximum		**30/90 Day Supply**		**30/90 Day Supply**	
		$2,000 / $4,000 (In-Network)		$2,000/$4,000 (In/Out Network)	
Rates					
Employee	571	$1,232.82	130	$2,083.19	
Employee/Spouse	472	$2,897.13	75	$4,895.50	
Family	1062	$2,897.13	202	$4,895.50	
Monthly Totals		**$5,148,138**		**$1,626,868**	
Annual Totals		**$61,777,652**		**$19,522,418**	
Annual Δ% from Current		3.11%		6.76%	
Annual Δ$ from Current		$1,864,122		$1,235,825	

	Alternate
Monthly Total for All Plans	$6,775,005.84
Annual Total for All Plans	$81,300,070.08
Annual Δ% from Current	3.96%
Annual Δ$ from Current	$3,099,947
Annual Δ$ from Renewal	$7,120,181

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NGJ
06/05/2026

HMO 1-2 & POS 3-2 recap

- 3.96% overall increase to annual spend, $7,210,181 off renewal, 3.11% increase to HMO, 6.76% POS
- $500/$1,000 in-network Deductible, $1,000/$2,000 out of network
- $1,000/$2,000 Medical maximum out of pocket limit In-network, $2,000/$4,000 Out
- $2,000/$4,000 Pharmacy maximum out of pocket limit
- 100% Coinsurance In-network, 80/20 Out of network
- $20 PCP/Urgent care copay, $30 Specialist, no $0 copay for kids in-network
  - PCP/Specialist: $40/$60 out of network
- $150 ER copay
- $10/$20/$40/30% RX Copays
- RX goes from 34 to 30 days

Health Insurance Benefit Comparison

Dane County

Effective Date: 01/01/2027

Health Carrier	Carrier Name		Carrier Name	
	Alternate to HMO		Alternate to POS	
Insurance Type				
	HMO HDHP 1-3		POS 3-3	
Provider Network:				
	Dean HMO		Dean POS	
Deductible	**Single**	**Family**	**Single**	**Family**
In Network	$2,000	$4,000	$2,000	$4,000
Embedded/Non-Embedded	Non-Embedded/Aggregate		Non-Embedded/Aggregate	
Out of Network	Not Applicable		$4,000	$8,000
Co-Insurance				
In Network	100%		100%	
Out of Network	Not Applicable		80%	
Max Out-of-Pocket (Ded/Coins/Copay)	**Single**	**Family**	**Single**	**Family**
In Network Medical	$2,000	$4,000	$2,000	$4,000
Out of Network	Not Applicable		$8,000	$16,000
Office Visits	**PCP**	**Specialist**	**PCP**	**Specialist**
In Network	Deductible Applies		Deductible Applies	
Out of Network	Not Covered		Deductible & Coinsurance	
Preventive Care				
In Network	Select Services Covered In Full		Select Services Covered In Full	
Out of Network	Not Covered		Deductible & Coinsurance	
Urgent Care				
In Network Out of Network	Deductible Applies		Deductible Applies	
Emergency Room				
	Deductible Applies		Deductible Applies	
Hospital Services				
In Network	Deductible Applies		Deductible Applies	
Out of Network	Not Covered		Deductible & Coinsurance	
Prescription Drugs				
In Network	Deductible Applies		Deductible Applies	
Out of Network	Not Covered			
Rx Out-of-Pocket Maximum	**30/90 Day Supply**		**30/90 Day Supply**	
	No Separate Out-of-Pocket Max		No Separate Out-of-Pocket Max	
Rates				
Employee	571	$1,005.77	130	$1,655.78
Employee/Spouse	472	$2,363.56	75	$3,891.08
Family	1062	$2,363.56	202	$3,891.08
Monthly Totals		**$4,199,996**		**$1,293,081**
Annual Totals		**$50,399,949**		**$15,516,967**
Annual Δ% from Current		-15.88%		-15.15%
Annual Δ$ from Current		($9,513,581)		($2,769,627)

	Alternate
Monthly Total for All Plans	$5,493,076.27
Annual Total for All Plans	$65,916,915.24
Annual Δ% from Current	-15.71%
Annual Δ$ from Current	($12,283,208)
Annual Δ$ from Renewal	$22,503,336

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NGJ
06/05/2026

HMO 1-3 & POS 3-3: HSA HDHP recap

- 15.71% decrease to annual spend, $22,503,336 off renewal, 15.88% decrease to HMO, 15.15% POS
- $2,000/$4000 in-network Aggregate Deductible, $4,000/$8,000 out of network,
  - With an aggregate deductible one person could satisfy the fully family cost sharing limit
- $2,000/$4,000 Medical maximum out of pocket limit In-network, $8,000/$16,000 Out
- No separate RX Limit
- Deductible and coinsurance applies to all non-preventive services including PCP/UC/Specialist/drugs
- RX goes from 34 to 30 days

Thank you.

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