



ACE Newsletter August 2025

Be Prepared for It's Your Choice (IYC) Enrollment

Jack Lawton, ACE Board

It's the time of year that we need to start thinking about our health insurance plans available for 2026 by the Group Insurance Board (GIB) and the Department of Employee Trust Funds (ETF). The open enrollment period has been set for October 6 through 31 and ETF will develop informative materials available to help you make wise choices. Be sure to read the correct materials for active employees versus retirees because you as an individual are qualified for only one or the other and premiums for retirees are substantially different from those paid by active employees.

Also be aware that families that have both Medicare-eligible and non-Medicare members may need to select a different health plan within the IYC for non-Medicare members when one member enrolls Medicare Advantage or Medicare Plus. This isn't an issue with the other Medicare options since they have Medicare and non-Medicare plans.

Uniform Benefits: What They Are and Which Plans Have Them

The health insurance coverage is described in detail in the Certificate of Coverage, often called Uniform Benefits (UB) (See etf.wi.gov/publications/25et-2180). Although there are significant differences in the cost of the health insurance plans offered by the GIB, the coverage is the same for every GIB sponsored health insurance plan except for two in the retiree program: Medicare Advantage and Medicare Plus. The Medicare Plus plan is the only one that covers healthcare services provided outside of the US,

but it includes only the services that traditional Medicare does. The Medicare Advantage plan covers the Uniform Benefits and some additional services.

The Uniform Benefits are overseen by the GIB with much assistance from ETF staff. Every year they review the existing coverage and identify additional services that plan enrollees might need and those already covered that are not cost effective. Changes in the UB can be in response to legal developments and to recommendations by plan members, ETF staff, insurance vendors and medical providers. Changes are evaluated based on the effect on members' health, any resulting cost to the pharmacy plan and the overall program costs.

The benefit changes approved by the GIB for the 2026 program include the following:

1. Converting the diabetes pilot program to a standard, on-going service to receive lower copays on diabetic prescriptions for participating in the Well Wisconsin condition management program (this will not apply to the high deductible plans).
2. Covering the purchase of continuous glucose monitors only as a pharmacy benefit instead of a medical service (which reduces their cost).
3. Expanding the number of medical conditions that are eligible for biofeedback treatment to include fecal incontinence, chronic constipation, and refractory severe tinnitus. (currently limited to headaches, spastic torticollis and urinary incontinence).
4. Allowing Medicare Advantage members to earn the Well Wisconsin incentives which are included with other plans.
5. Allowing members to change their insurance plans when their spouses die. This updates the list of qualifying life events that allow members to change plans.

Weight Loss Drugs

The GIB also considered covering weight loss drugs which have been a major topic for the GIB and many insurance programs across the nation. Due to the large projected cost to the pharmacy program (26 million dollars), the GIB declined to cover them at this point. Medicare has covered weight loss drugs in cases of diabetes and sleep apnea but not for just weight loss. The Biden administration proposed new rules for Medicare to expand coverage of the drugs to include weight loss in the absence of other medical conditions but the Trump administration did not finalize the rule. I'm sure that this issue will remain in the spotlight.

Medicare Advantage and Medicare Plus Contracts for 2026

The Board awarded the contracts for the Medicare Advantage and Medicare Plus programs to United Healthcare (UHC) which has provided the coverage since 2018. This action was the result of a careful bid process managed by ETF that spanned more than a year and included developing the Request for Proposals (RFP), accepting bids, evaluating the responses, checking references, writing the final report to the GIB and negotiating final rates.

The evaluation team was quite aware of dubious health insurance practices associated with some Medicare Advantage plans that have been highlighted recently in the press. Accordingly, the scoring guide and the team paid special attention to the sections that covered prior approval and methods used to approve/deny coverage.

It was obvious to me during the project that ETF runs a very strong health insurance operation and doesn't yield to vendors that won't conform to those policies. Some of the vendors found this out the hard way as they were disqualified from the competition because of their inability or unwillingness to comply with various ETF standards.

What Comes Next?

The various plans and their respective premium levels will be revealed as we approach the open enrollment period. We at ACE will be examining the costs employees and retirees will be paying for our health insurance.

If you found this information helpful, please forward to a friend and ask them to consider joining ACE.
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