



High Deductible Health Plan HMO-Standard PPO Addendum

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2015 Wisconsin Public Employers Group Health Insurance Program

Participating Local Government Employees & Annuitants



Keep this as a reference throughout the year with the It's Your Choice guides.

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2015 Monthly Local Rates: HDHP HMO—Standard PPO

Plan Name	Tier	Non-Medicare rates*		Medicare Rates		
		Single	Family	Single	Medicare 1 Eligible**	Medicare 2 Eligible***
Anthem Blue Preferred Northeast	1	605.80	1,507.00	530.80	1,131.60	1,056.60
Anthem Blue Preferred Southeast	1	649.20	1,615.50	557.00	1,201.20	1,109.00
Arise Health Plan Northern	1	854.00	2,127.50	680.50	1,529.50	1,356.00
Arise Health Plan Southeast	1	881.10	2,195.25	696.80	1,572.90	1,388.60
Dean Health Insurance	1	581.80	1,447.00	509.40	1,086.20	1,013.80
Dean Health Insurance - Prevea360	1	705.80	1,757.00	582.20	1,283.00	1,159.40
GHC of Eau Claire	3	947.40	2,361.00	610.70	1,553.10	1,216.40
GHC of South Central Wisconsin	1	514.40	1,278.50	476.20	985.60	947.40
Gundersen Health Plan	1	661.10	1,645.25	420.70	1,076.80	836.40
HealthPartners	1	742.10	1,847.75	591.90	1,329.00	1,178.80
Health Tradition Health Plan	1	576.00	1,432.50	513.20	1,084.20	1,021.40
Humana Eastern	3	1,018.30	2,538.25	458.10	1,471.40	911.20
Humana Western	3	1,018.30	2,538.25	458.10	1,471.40	911.20
Medical Associates Health Plans	1	544.50	1,353.75	438.40	977.90	871.80
Medicare Plus****	N/A****	N/A****	N/A****	414.30	N/A****	824.30
MercyCare Health Plans	1	534.40	1,328.50	446.80	976.20	888.60
Network Health	1	662.60	1,649.00	565.40	1,223.00	1,125.80
Physicians Plus	1	603.70	1,501.75	497.50	1,096.20	990.00
Security Health Plan	3	900.10	2,242.75	571.30	1,466.40	1,137.60
Standard Plan - Balance of State-PPO ¹ & ****	3	1,156.50	2,885.00	N/A****	1,570.80	N/A****
Standard Plan - Dane - PPO ² & ****	3	1,073.10	2,676.50	N/A****	1,487.40	N/A****
Standard Plan - Milwaukee - PPO ³ & ****	3	1,250.20	3,119.30	N/A****	1,664.50	N/A****
Standard Plan - Waukesha - PPO ⁴ & ****	3	1,156.50	2,885.00	N/A****	1,570.80	N/A****
State Maintenance Plan (SMP)****	1	769.60	1,917.90	N/A****	1,183.90	N/A****
UnitedHealthCare of Wisconsin	1	753.80	1,877.00	620.20	1,369.00	1,235.40
Unity Health Insurance - Community	1	553.00	1,375.00	470.70	1,018.70	936.40
Unity Health Insurance - UW Health	1	475.60	1,181.50	428.80	899.40	852.60
WEA Trust - East	1	688.60	1,714.00	581.00	1,264.60	1,157.00
WEA Trust - Northwest Chippewa Valley	1	805.30	2,005.75	651.10	1,451.40	1,297.20
WEA Trust - Northwest Mayo Clinic Hlth. Sys.	1	805.30	2,005.75	651.10	1,451.40	1,297.20
WEA Trust - South Central	1	654.20	1,628.00	560.30	1,209.50	1,115.60

Standard Plan Area Includes The Following:

- ¹ BALANCE OF STATE: All other Wisconsin counties (code A4)
- ² DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix (code A1)
- ³ MILWAUKEE: Milwaukee County, also applies to retirees and continuants living out of state (code A2)
- ⁴ WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha (code A3)

N/A= "not applicable."

Medicare premium rates apply only to subscribers who have terminated employment.

*Members of new participating employers may have a surcharge added to their rates. Your employer will inform you. Contact your payroll office with questions.

**Medicare 1 Eligible= Family coverage with at least one insured family member enrolled in Medicare Parts A, B & D.

***Medicare 2 Eligible= Family coverage with all insured members enrolled in Medicare Parts A, B & D.

****Members with Standard Plan or SMP coverage who become enrolled in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Standard Plan or SMP.

Comparison of Program Option 7 Benefit Options

The following charts are designed to compare Uniform Benefits, the Standard PPO Plan and Medicare Plus. They are not intended to be a complete description of coverage. Differences might exist among the health plans in the administration of the Uniform Benefits package.

BENEFIT	High Deductible Health Plan (HDHP) Uniform Benefits for eligible participants who are enrolled in Medicare as the primary payor	TRADITIONAL UNIFORM BENEFITS for Retired Participants for whom Medicare is the Primary Payor
Annual Deductible ¹	\$1,500 per individual plan \$3,000 per family plan Deductible includes prescription drugs and Uniform Dental allowable services and applies to Out-of-Pocket-Limit (OOPL).	No deductible ²
Annual Coinsurance & OOPL ³	90%/10% to annual OOPL \$2,500 individual/\$5,000 family except as described ⁴	As described in this grid and the one on on the following page.
Maximum Out-of-Pocket Limit (MOOP)	Identical to OOPL above, that is, \$2,500 individual/\$5,000 family except as described ⁴	None
Routine Preventive	100% ⁵	100%
Hospital Days	After deductible: 90%/10% coinsurance to OOPL as medically necessary, plan providers only. No day limit.	100% as medically necessary, plan providers only. No day limit.
Emergency Room	After deductible: \$75 copay per visit, 90%/10% coinsurance thereafter to OOPL.	\$60 copay per visit
Ambulance	After deductible: 90%/10% coinsurance to OOPL.	100%
Transplants (May cover these and others listed)	After deductible: 90%/10% coinsurance to OOPL. Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney with pancreas, heart with lung, and lung.	100% Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney with pancreas, heart with lung, and lung
Mental Health/ Alcohol & Drug Abuse	After deductible: 90%/10% coinsurance to OOPL Inpatient, Outpatient and Transitional.	100% Inpatient, outpatient, and transitional.
Hearing Exam	After deductible: 90%/10% coinsurance to OOPL.	100%

Footnotes appear on Page 5.

Comparison of Program Option 7 Benefit Options

BENEFIT	High Deductible Health Plan (HDHP) Uniform Benefits for eligible participants who are enrolled in Medicare as the primary payor	TRADITIONAL UNIFORM BENEFITS for Retired Participants for whom Medicare is the Primary Payor
Hearing Aid (per ear)	After deductible: Every three years: Adults, 80%/20%, up to plan paid \$1,000 (20% member cost to OOPL); dependents younger than 18 years, 90%/10% to OOPL.	Every 3 years: Adults, 80%/20%, up to \$1,000 (not to OOPL). Dependents younger than 18 years, 100%. Maximum does not apply.
Cochlear Implants	After deductible: Adults, 80%/20%, for device, surgery for implantation, follow-up sessions (20% member cost to OOPL); 90%/10% hospital charge for surgery. Dependents under 18, 90%/10% coinsurance up to OOPL for all other services.	Adults, 80%/20% for device, surgery, follow-up sessions (not to OOPL); 100% hospital charge. Dependents under 18, 100%.
Routine Vision Exam	After deductible: 90%/10% coinsurance to OOPL for all members at one per year except 100% for children ⁵	100% One per year
Skilled Nursing Facility (non custodial care)	After deductible: 90%/10% coinsurance to OOPL, 120 days per benefit period.	100%, 120 days per benefit period
Home Health (non custodial)	After deductible: 90%/10% coinsurance to OOPL, 50 visits per year. Plan may approve an additional 50 visits.	100%, 50 visits per year; plan may approve an additional 50 visits.
Physical/Speech/Occupational Therapy	After deductible: 90%/10% coinsurance to OOPL, 50 visits per year. Plan may approve an additional 50 visits.	100%, 50 visits per year; plan may approve an additional 50 visits.
Durable Medical Equipment	After deductible: 80%/20% coinsurance to OOPL	80%/20% coinsurance to annual \$500 OOPL per individual.
Hospital Pre-Certification	Varies by plan.	Varies by plan
Referrals	In-network varies by plan. Out-of-network required.	In-network varies by plan; out-of-network required.
Treatment for Morbid Obesity	Excluded	Excluded
Oral Surgery	After deductible: 90%/10% coinsurance to OOPL, 11 procedures.	100%, 11 procedures
Dental Care (if offered)	After deductible: Uniform Dental Benefits. Oral health assessments for children ten and under are covered at 100% in-network.	Uniform Dental Benefit, if offered.

Footnotes appear on Page 5.

Comparison of Program Option 7 Benefit Options

BENEFIT	High Deductible Health Plan (HDHP) Uniform Benefits for eligible participants who are enrolled in Medicare as the primary payor	TRADITIONAL UNIFORM BENEFITS for Retired Participants for whom Medicare is the Primary Payor
Drug Copays and OOPL ⁶ (non-specialty)	After deductible: Level 1=\$5; 2=\$15; 3=\$35. OOPL \$2,500 individual/\$5,000 family. Preventive prescription drugs are not subject to the deductible. See HDHP FAQ on Page 9.	Level 1=\$5; 2=\$15; 3=\$35 ⁷ OOPL \$410 individual/\$820 family
Specialty Drug Copays and OOPL ⁶ Preferred Pharmacy	After deductible: Preferred drugs \$15 to OOPL \$2,500 individual/\$5,000 family. Non-preferred drugs \$50, to OOPL \$2,500 individual/\$5,000 family.	Preferred drugs \$15 to OOPL \$1,000 individual/\$2,000 family; Non-preferred drugs \$50, no OOPL
Specialty Drug Copays and OOPL ⁶ Non-Preferred Pharmacy	After deductible: Preferred and non-preferred drugs \$50 to OOPL \$2,500 individual/\$5,000 family.	Preferred drugs \$50 to OOPL \$1,000 individual/\$2,000 family; Non-preferred drugs \$50, no OOPL family.

Footnotes below refer to the chart on pages 2 through 6:

¹ Deductible applies to all services, including prescription drugs.

² PPOs like WEA Trust have out-of-network deductibles. See plan descriptions in the *It's Your Choice Decision Guide* for details.

³ Coinsurance applies to all services up to the listed out-of-pocket limit (OOPL), then all services are covered at 100%.

⁴ PPOs like WEA Trust have out-of-network coinsurance. See health plan descriptions in the *It's Your Choice Decision Guide* for detail.

⁵ As required by federal law, see list at www.healthcare.gov/what-are-my-preventive-care-benefits/.

⁶ This is separate from other out-of-pocket limits (OOPL), such as the medical.

⁷ Level 3 copays do not apply to the OOPL.

⁸ Medicare Plus supplements Medicare's payment up to 100% coverage. If Medicare denies, this plan also denies except as stated.



Comparison of Program Option 7 Benefit Options

BENEFIT	STANDARD PLAN		MEDICARE PLUS and Medicare Part A, B and D ⁸
	Preferred Provider	Non-Preferred Provider	
Annual Deductible ¹	\$1,700 individual plan/\$3,400 family plan	\$2,000 individual plan/ \$4,000 family plan	No deductible.
Annual Coinsurance ³ & OOP	90%/10% after deductible Combined medical and drug OOP: \$3,500 individual/\$7,000 family (includes deductible)	70%/30% after deductible Combined medical and drug OOP: \$3,800 individual/\$7,600 family (includes deductible)	100%
Routine Preventive	100% ⁵	Deductible and coinsurance	100% Covered by Medicare only.
Hospital Days	Deductible and coinsurance as medically necessary, no day limit	Deductible and coinsurance as medically necessary, no day limit	100% 120 days; semi-private room
Emergency Room	\$75 copay per visit, deductible and coinsurance thereafter.	\$75 copay per visit, Preferred Provider deductible and coinsurance thereafter.	100% no copay.
Ambulance	Deductible and coinsurance	Deductible and coinsurance	100%
Transplants (May cover these and others listed)	Deductible and coinsurance Bone marrow, musculoskeletal, corneal, and kidney	Deductible and coinsurance Bone marrow, musculoskeletal, corneal, and kidney	100% for Medicare approved heart, lung, kidney, pancreas, intestine, bone marrow, cornea, and liver transplants in a Medicare-certified facility.
Mental Health/ Alcohol & Drug Abuse	Deductible and coinsurance	Deductible and coinsurance	Inpatient 100%, up to 120 days. Outpatient & Transitional 100%
Hearing Exam	Benefit for illness or disease to deductible and coinsurance	Benefit for illness or disease to deductible and coinsurance	Benefit for illness or disease 100%
Hearing Aid (per ear)	For dependents younger than 18 years only, every three years—deductible and coinsurance	For dependents younger than 18 years only, every three years—deductible and coinsurance	For dependents younger than 18 years only, every three years—100%
Cochlear Implants	Dependents under 18, deductible and coinsurance device, surgery, follow-up sessions.	Dependents under 18, deductible and coinsurance device, surgery, follow-up sessions.	Dependents under 18, 100% device, surgery, follow-up sessions.

Footnotes appear on Page 5.

Comparison of Program Option 7 Benefit Options

BENEFIT	STANDARD PLAN		MEDICARE PLUS and Medicare Part A, B and D ⁸
	Preferred Provider	Non-Preferred Provider	
Routine Vision Exam	100% for children as required by federal law. Illness or disease only, deductible and coinsurance	No benefit for routine. Illness or disease only, deductible and coinsurance	No benefit for routine. Illness or disease only, 100%
Skilled Nursing Facility (non custodial care)	Deductible and coinsurance, as medically necessary, 120 days per benefit period.	Deductible and coinsurance, as medically necessary, 120 days per benefit period.	Medicare approved facility: 100% 120 days/benefit period. Non-Medicare approved facility, if transferred within 24 hours of hospital release, benefits payable up to 30 days/ confinement.
Home Health (non custodial)	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50 visits.	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50 visits.	100%
Physical/Speech/ Occupational Therapy	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50 visits.	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50 visits.	100%,
Durable Medical Equipment	Deductible and coinsurance	Deductible and coinsurance	100%
Hospital Pre-Certification	WPS Medical Management Program for inpatient stays.	WPS Medical Management Program for inpatient stays.	None required
Treatment for Morbid Obesity	Preferred provider deductible and coinsurance. Surgical treatment requires prior authorization.	Non-preferred provider deductible and coinsurance. Surgical treatment requires prior authorization.	100% for Medicare covered service
Oral Surgery	23 procedures—deductible and coinsurance	23 procedures—deductible and coinsurance	100%
Dental Care	No benefit	No benefit	No benefit
Drug Copays and OOP ⁶ (non-specialty)	Level 1=\$5; 2=\$15; 3=\$35. OOP \$1,000 individual/ \$2,000 family	Level 1=\$5; 2=\$15; 3=\$35. OOP \$1,000 individual/ \$2,000 family	Level 1=\$5; 2=\$15; 3=\$35 ⁷ . OOP \$410 individual/\$820 family
Specialty Drug Copays and OOP ⁶	Preferred Drugs \$15 to OOP \$1,000 individual/\$2,000 family. Non-Preferred drugs \$50, no OOP.	Preferred Drugs \$50 to OOP \$1,000 individual/\$2,000 family. Non-Preferred drugs \$50, no OOP.	Drugs at Preferred Pharmacy, see Preferred Provider column. Drugs at Non-Preferred Pharmacy, see Non-Preferred Provider column.

Footnotes appear on Page 5.

Federally required Summaries of Benefits and Coverage (SBCs) and the Uniform Glossary are available at etf.wi.gov/members/IYC2015/IYC_Local-health-plan-summaries15.html. If you need printed copies sent to you, please call ETF at 1-877-533-5020 to let us know which plan's Summary of Benefits and Coverage you want.



Uniform Benefits: Schedule of Benefits

All benefits are paid according to the terms of the Master Contract between the Health Plan and PBM and Group Insurance Board. Uniform Benefits in the *It's Your Choice: Reference Guide* (ET-2128r-15) and this medical Schedule of Benefits are wholly incorporated in the Master Contract. The Schedule of Benefits describes certain essential dollar or visit limits of Your coverage and certain rules, if any, You must follow to obtain covered services.

Benefit: Participating Wisconsin Public Employer's (WPE)	High Deductible Health Plan WPE eligible Participants who are not enrolled in Medicare as the primary payor³	WPE Medicare enrolled Participants in Traditional Uniform Benefits
Annual Medical Deductible applies to Out-of-Pocket-Limit (OOPL).	The Deductible must be met before coverage begins. The Deductibles are: \$1,500 per individual plan \$3,000 per family plan. Deductible includes prescription drugs and Uniform Dental allowable services.	None
Annual Medical Coinsurance	After Deductible: 90%/10%. Coinsurance applies to OOPL except as described below.	100% except as described below for: durable medical equipment, cochlear implants and hearing aids. Then, 80% to Out-of-Pocket-Limit (OOPL).
Annual Medical Out-of-Pocket Limit (OOPL)	After Deductible: \$2,500 per individual plan \$5,000 per family plan except as described below	None except as described below for: durable medical equipment, cochlear implants and hearing aids. Then, 80% to OOPL. ¹
Routine, preventive services as required by federal law	100%	100%
Illness/injury related services	After Deductible: 90% (10% member cost to OOPL)	100%
Emergency Room Copay (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	After deductible, \$75 to OOPL. After deductible and copay 90% (10% member cost to OOPL)	\$60
Medical Supplies, Durable medical Equipment and Durable Diabetic Equipment and Related Supplies	After Deductible: 80% (20% member cost to OOPL) ²	80% to an annual OOPL of \$500 per Participant; no aggregate family limit (20% member cost to OOPL) ²
Cochlear Implants for Participants age 18 and older	After Deductible: 90% hospital charges (10% member cost to OOPL). 80% device, surgery for implantation, followup sessions to train on use (20% member cost to OOPL).	100% hospital charges. 80% device, surgery for implantation, follow-up sessions to train on use (20% member cost does not apply to OOPL)
Cochlear Implants Participants under age 18	After Deductible: As required by Wis. Stat. §632.895 (16), 90% for hospital charges, device, surgery for implantation and follow-up sessions to train on use. (10% member cost to OOPL)	100% hospital charges hospital, device, surgery for implantation and follow-up sessions to train on use.

Footnotes appear on Page 8.

Uniform Benefits: Schedule of Benefits

Benefit: Participating Wisconsin Public Employer's (WPE)	High Deductible Health Plan WPE eligible Participants who are not enrolled in Medicare as the primary payor ³	WPE Medicare enrolled Participants in Traditional Uniform Benefits
Hearing Aids for Participants age 18 and older. One aid per ear no more than once every 3 years.	After Deductible: 80% (20% member cost to OOPL) Maximum health plan payment of \$1,000 per hearing aid.	80% (20% member cost does not apply to OOPL) Maximum health plan payment of \$1,000 per hearing aid.
Hearing Aids for Participants under age 18	After Deductible: As required by Wis. Stat. §632.895 (16), 90%. (10% member cost to OOPL)	As required by Wis. Stat. §632.895 (16), 100%.
Temporomandibular Joint Disorders:	After Deductible: 80% (20% member cost to OOPL) for intraoral splints as Durable Medical Equipment. Other services 90% (10% member cost to OOPL). Maximum health plan payment of \$1,250 for diagnostic procedures and nonsurgical treatment per Participant per calendar year.	80% (20% member cost to OOPL) for intraoral splints as Durable Medical Equipment. Other services 100%. Maximum health plan payment of \$1,250 for diagnostic procedures and nonsurgical treatment per Participant per calendar year.
Dental Implants:	After Deductible: 90% (10% member cost to OOPL) following accident or injury up to a maximum health plan payment of \$1,000 per tooth.	100% following accident or injury up to a maximum health plan payment of \$1,000 per tooth.
Prescription Drugs:	After deductible, subject to copays to OOPL, described in the <i>It's Your Choice Reference Guide</i> in the Uniform Benefits section on pages 28 and 29. See Note, below, for exceptions on preventive prescription drugs	See below. Further detail in the <i>It's Your Choice Reference Guide</i> , Uniform Benefits Certificate of Coverage.

For Traditional Uniform Benefits only, under no circumstances will You pay beyond the federal maximum out-of-pocket (MOOP) limit which is \$6,600 single / \$13,200 family for federally required essential health benefits.

¹Note that some services will continue to be paid by You past the OOPL, including emergency room and Level 3 prescription drug Copayments.

²Federally required preventive services are covered at 100%.

³Wisconsin Public Employer Medicare eligible annuitants and their Medicare eligible dependents are limited to participation under the PO2 Uniform Benefits Schedule of Benefits.

Frequently Asked Questions

1. What is a High Deductible Health Plan (HDHP)?

It is a health plan that, under federal law, has a minimum annual deductible and a maximum annual out-of-pocket limit set by the IRS. An HDHP does not pay any health care costs until the annual deductible has been met (with the exception of preventive services mandated by the Patient Protection and Affordable Care Act). The plan is designed to offer a lower monthly premium in turn for more shared health care costs by the member.

2. What is a deductible?

A deductible is the fixed amount that you must pay before your insurance begins to make payments for covered medical, prescription drug and Uniform Dental services. For example, if you have a \$1,500 deductible, you must incur \$1,500 in covered medical expenses (for which you are responsible for paying) before your insurance pays anything (with the exception of preventive services mandated by the Patient Protection and Affordable Care Act).

3. How will I know when I've met my deductible?

Health plans will provide you with periodic explanation of benefit statements that will provide this information. While it's always a good idea to keep track of your out-of-pocket medical expenses, you can check with your health plan to determine where you are in meeting your deductible.

4. Are prescription and dental benefits still offered under the HDHP?

Yes, the prescription benefits remain the same, with the exception of an added deductible. Preventive prescription drugs are provided with first dollar coverage, meaning that Navitus Health Solutions pays before you meet your deductible. You will be responsible for the copay on these medications with the exception of certain drugs which are covered at 100% by law. You can find the list of preventive prescription drugs on the ETF website.

5. Why is the deductible so high?

An HDHP must meet certain requirements, including the minimum amount of the deductible and maximum out-of-pocket limit, as set by the IRS.

6. Are any services covered under the HDHP before I reach my deductible?

Yes, in-network preventive medical services, certain preventive prescription drugs and dental cleaning and diagnostic evaluations for children age 10 and younger are covered prior to meeting your deductible. See a list of preventive medical services at www.healthcare.gov/what-are-my-preventive-care-benefits/. See Question 4 for more information about preventive prescription drugs.

7. Is there a separate deductible for medical and prescription drug costs?

The amount you pay for medical claims submitted to your health plan and prescription drug claims submitted to the Pharmacy Benefit Manager (PBM), which is currently Navitus Health Solutions, LLC, both count towards a single deductible. More FAQs online at etf.wi.gov/members/IYC2015/IYC_Local_faq.html.