

## COMPARISON OF BENEFIT OPTIONS



The charts on the following pages are designed to compare Uniform Benefits, the Standard Plan and the Medicare Plus plan. There are differences in coinsurance between the Uniform Benefits for participants for whom Medicare is the primary payor and Uniform Benefits for non-Medicare plans.

**The outlines are not intended to be a complete description of coverage.** The Uniform Benefits package is described in detail in your *It's Your Choice: Reference*

*Guide*. Details for the other plans are found in the *Medicare Plus* (ET-4113) and *Standard Plan* (ET-2112) benefit booklets.

Differences might exist among the health plans in the administration of the Uniform Benefits packages. Slight differences may also exist in benefits such as dental or wellness programs, and treatment may vary depending on patient needs, the physicians' preferred practices, and the managed care policies and procedures of the health plan.

Note: Footnotes below refer to the chart on the following pages.

<sup>1</sup> Deductible applies to all services, except prescription drugs.

<sup>2</sup> PPOs have out-of-network deductibles. See PPO Plan Descriptions (WEA Trust PPOs and WPS Metro Choice) for details.

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

<sup>4</sup> PPOs have out-of-network coinsurance. See *Health Plan Descriptions* for detail.

<sup>5</sup> As required by federal law, see list at: <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>. Note: coinsurance may vary by age.

<sup>6</sup> This is separate from other out-of-pocket limits (OOP), such as the medical.

<sup>7</sup> Level 3 copays do not apply to the OOP.

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

# Choose Your Health Plan

## 2013 State—Comparison of Benefit Options

BENEFIT	UNIFORM BENEFITS FOR ELIGIBLE PARTICIPANTS WHO ARE NOT ELIGIBLE FOR NOR ENROLLED IN MEDICARE AS THE PRIMARY PAYOR	UNIFORM BENEFITS FOR RETIRED PARTICIPANTS FOR WHOM MEDICARE IS THE PRIMARY PAYOR
Annual Deductible <sup>1</sup>	No deductible <sup>2</sup>	No deductible <sup>2</sup>
Annual Coinsurance <sup>3</sup> & Out-of-Pocket Limit (OOPL)	90%/10% to annual OOPL \$500 individual/\$1,000 family except as described <sup>4</sup>	As described in this grid and the one on on the following page
Routine Preventive	100% <sup>5</sup>	100%
Hospital Days	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	\$75 copay per visit, 90% coinsurance thereafter to OOPL	\$60 copay per visit
Ambulance	90%/10% coinsurance to OOPL	100%
Transplants (May cover these and others listed)	90%/10% coinsurance to OOPL. <i>Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung</i>	100% <i>Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung</i>
Mental Health/ Alcohol & Drug Abuse	90%/10% coinsurance to OOPL Inpatient, Outpatient & Transitional	100% Inpatient, Outpatient & Transitional
Hearing Exam	90%/10% coinsurance to OOPL	100%
Hearing Aid (per ear)	Every three years: Adults, 80%/20%, up to plan paid \$1,000; dependents younger than 18 years, 90%/10% to OOPL	Every three years: Adults, 80%/20%, up to plan paid \$1,000; dependents younger than 18 years, 100%
Cochlear Implants	Adults, 80%/20% for device, surgery for implantation, follow-up sessions; 90% hospital charge for surgery. Dependents under 18, 90% coinsurance up to OOPL for all services	Adults, 80%/20% for device, surgery for implantation, follow-up sessions; 100% hospital charge. Dependents under 18, 100%.

Footnotes explained on the preceding page.

# Choose Your Health Plan

## 2013 State—Comparison of Benefit Options

BENEFIT	UNIFORM BENEFITS FOR ELIGIBLE PARTICIPANTS WHO ARE NOT ELIGIBLE FOR NOR ENROLLED IN MEDICARE AS THE PRIMARY PAYOR	UNIFORM BENEFITS FOR RETIRED PARTICIPANTS FOR WHOM MEDICARE IS THE PRIMARY PAYOR
Routine Vision Exam	90%/10% coinsurance to OOPPL for all members except 100% for children under age 5 <sup>5</sup>	100%, one per year
Skilled Nursing Facility (non-custodial care)	90%/10% coinsurance to OOPPL, 120 days per benefit period	100%, 120 days per benefit period
Home Health (non-custodial)	90%/10% coinsurance to OOPPL, 50 visits per year. Plan may approve an additional 50	100%, 50 visits per year. Plan may approve an additional 50
Physical/Speech /Occupational Therapy	90%/10% coinsurance to OOPPL, 50 visits per year. Plan may approve an additional 50	100%, 50 visits per year. Plan may approve an additional 50
Durable Medical Equipment	80%/20% coinsurance to OOPPL	80%/20% coinsurance to annual \$500 OOPPL 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	90%/10% coinsurance to OOPPL, 11 procedures	100%, 11 procedures
Dental Care	Varies by plan	Varies by plan
Drug Copays and OOPPL <sup>6</sup> (non-specialty)	Level 1=\$5; 2=\$15; 3=\$35. OOPPL \$410 individual/\$820 family	Level 1=\$5; 2=\$15; 3=\$35. OOPPL \$410 individual/\$820 family
Specialty Drug Copays and OOPPL <sup>6</sup> - <b>Preferred Pharmacy</b>	Formulary drugs \$15 to OOPPL \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOPPL	Formulary drugs \$15 to OOPPL \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOPPL
Specialty Drug Copays and OOPPL <sup>6</sup> - <b>Non-Preferred Pharmacy</b>	Formulary drugs \$50 to OOPPL \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOPPL	Formulary drugs \$50 to OOPPL \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOPPL

Footnotes explained on Page 27.

# Choose Your Health Plan

## 2013 State—Comparison of Benefit Options

BENEFIT	STANDARD PLAN		MEDICARE PLUS and Medicare Part A, B and D <sup>8</sup>
	Preferred Provider	Non-Preferred Provider	
Annual Deductible <sup>1</sup>	\$200 individual/ \$400 family	\$500 individual/ \$1,000 family	No deductibles
Annual Coinsurance <sup>3</sup> & OOP <sup>L</sup>	90%/10% Annual OOP <sup>L</sup> ( <i>includes deductible</i> ): \$800 individual/\$1,600 family	70%/30% Annual OOP <sup>L</sup> ( <i>includes deductible</i> ): \$2,000 individual/\$4,000 family	100%
Routine Preventive	100% <sup>5</sup>	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 ( <i>May cover these and others listed</i> )	Deductible and coinsurance <i>Bone marrow, musculoskeletal, corneal, and kidney</i>	Deductible and coinsurance <i>Bone marrow, musculoskeletal, corneal, and kidney</i>	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 explained on Page 27.

## 2013 State—Comparison of Benefit Options

BENEFIT	STANDARD PLAN		MEDICARE PLUS and Medicare Part A, B and D <sup>8</sup>
	Preferred Provider	Non-Preferred Provider	
Routine Vision Exam	100% for children under age 5 <sup>5</sup> . 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	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50	100%
Physical/Speech/ Occupational Therapy	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50	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 at Centers of Excellence provider	Non-preferred provider deductible and coinsurance outside Centers of Excellence provider	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 <sup>6</sup> (non-specialty)	Level 1=\$5; 2=\$15; 3=\$35 <sup>7</sup> OOP \$1,000 individual/ \$2,000 family	Level 1=\$5; 2=\$15; 3=\$35 <sup>7</sup> OOP \$1,000 individual/ \$2,000 family	Level 1=\$5; 2=\$15; 3=\$35 <sup>6</sup> OOP \$410 individual/\$820 family
Specialty Drug Copays and OOP <sup>6</sup>	Formulary drugs \$15 to OOP \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOP	Formulary drugs \$50 to OOP \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOP	Drugs at preferred pharmacy, see Preferred Provider column. Drugs at non-preferred pharmacy, see Non-Preferred Provider column

Footnotes explained on Page 27.