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.

[1] Deductible applies to all services, except prescription drugs.

[2] PPPs have out-of-network deductibles. See PPP Plan Descriptions (WEA Trust PPPs and WPS Metro Choice) for details.

[3] Coinsurance applies to all services up to the listed out-of-pocket maximum (OOPM), then all services are covered at 100%.

[4] PPPs have out-of-network coinsurance. See PPP Plan Descriptions for detail.

[5] This is separate from other out-of-pocket maximums (OOPM), such as the medical.

[6] Level 3 copays do not apply to the OOPM.

2012—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[1]	No deductible[2]	No deductible[2]
Annual Coinsurance[3] & Out-of-Pocket Maximum (OOPM)	90%/10% to annual OOPM $500 individual/$1,000 family except as described[4]	As described in this grid and the one on Page 33
Routine Preventive	100%*	100%
Hospital Days	90%/10% coinsurance to OOPM 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 OOPM	$60 copay per visit
Ambulance	90%/10% coinsurance to OOPM	100%
Transplants *(May cover these and others listed)*	90%/10% coinsurance to OOPM. *Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung*	100% *Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung*
Mental Health/ Alcohol & Drug Abuse	90%/10% coinsurance to OOPM Inpatient, Outpatient & Transitional	100% Inpatient, Outpatient & Transitional
Hearing Exam	90%/10% coinsurance to OOPM	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 OOPM.	Every three years: Adults, 80%/20%, up to plan paid $1,000; dependents younger than 18 years, 100%.

*As required by federal law: healthcare.gov/law/about/provisions/services/lists.html.
Note: coinsurance may vary by age.

Superscript footnotes 1 through 6 explained on Page 31.

2012—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
Cochlear Implants	Adults, 80%/20% for device, surgery, follow-up sessions; 90% hospital charge for surgery. Dependents under 18, 90% coinsurance up to OOPM for all services.	Adults, 80%/20% for device, surgery for implantation, follow-up sessions; 100% hospital charge. Dependents under 18, 100%.
Routine Vision Exam	90%/10% coinsurance to OOPM for all members except 100% for children under age 5*	100%, one per year
Skilled Nursing Facility (non custodial care)	90%/10% coinsurance to OOPM, 120 days per benefit period	100%, 120 days per benefit period
Home Health (non custodial)	90%/10% coinsurance to OOPM, 50 per year. Plan may approve an additional 50.	100%, 50 per year. Plan may approve an additional 50.
Physical/Speech /Occupational Therapy	90%/10% coinsurance to OOPM, 50 per year. Plan may approve an additional 50.	100%, 50 per year. Plan may approve an additional 50.
Durable Medical Equipment	80%/20% coinsurance to OOPM	80%/20% coinsurance, $500 OOPM 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.
Primary Care Provider/Clinic	Varies by plan	Varies by plan
Treatment for Morbid Obesity	Excluded	Excluded
Oral Surgery	90%/10% coinsurance to OOPM, 11 procedures	100%, 11 procedures
Dental Care	Varies by plan	Varies by plan
Drug Copays and OOPM[5]	Level 1=$5; 2=$15; 3=$35[6]. OOPM $410 individual/$820 family	Level 1=$5; 2=$15; 3=$35[6]. OOPM $410 individual/$820 family

*As required by federal law: healthcare.gov/law/about/provisions/services/lists.html.
Note: coinsurance may vary by age.

2012—State
Comparison of Benefit Options

BENEFIT	STANDARD PLAN		MEDICARE PLUS
	Preferred Provider	Non-Preferred Provider	
Annual Deductible[1]	$200 individual/$400 family	$500 individual/$1,000 family	No deductible
Annual Coinsurance[3] & OOPM	90%/10% Annual OOPM *(includes deductible)*: $800 individual/$1,600 family	70%/30% Annual OOPM *(includes deductible):* $2,000 individual/$4,000 family	As described below
Routine Preventive*	100%	Deductible and coinsurance	Covered by Medicare only.
Hospital Days	Deductible and coinsurance as medically necessary, no day limit	Deductible and coinsurance as medically necessary, no day limit	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% *Bone marrow, parathyroid, musculoskeletal, corneal, and kidney*
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%

*As required by federal law: healthcare.gov/law/about/provisions/services/lists.html.
Note: coinsurance may vary by age.

Superscript footnotes 1 through 6 explained on Page 31.

2012—State
Comparison of Benefit Options

BENEFIT	STANDARD PLAN		MEDICARE PLUS
	Preferred Provider	Non-Preferred Provider	
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.
Routine Vision Exam	100% for children under age 5. 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	120 days per benefit period
Home Health (non custodial)	Deductible and coinsurance, 50 per plan year. Plan may approve an additional 50.	Deductible and coinsurance, 50 per plan year. Plan may approve an additional 50.	100% up to 365 visits
Physical/Speech/ Occupational Therapy	Deductible and coinsurance, 50 per plan year. Plan may approve an additional 50.	Deductible and coinsurance, 50 per plan year. Plan may approve an additional 50.	100%, no limit on visits or days
Durable Medical Equipment	Deductible and coinsurance	Deductible and coinsurance	100%
Hospital Pre-Certification	WPS Medical Management Program for inpatient stays. Voluntary 2nd surgical opinion	WPS Medical Management Program for inpatient stays. Voluntary 2nd surgical opinion	None required
Referrals	Not required	Not required	Not required
Primary Care Provider/Clinic	Not required	Not required	Not 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	Not specifically excluded
Oral Surgery	23 procedures—deductible and coinsurance	23 procedures—deductible and coinsurance	23 procedures. 100%
Dental Care	No benefit	No benefit	No benefit
Drug Copays and OOPM[5]	Level 1=$5; 2=$15; 3=$35[6]. OOPM $1,000 individual/ $2,000 family	Level 1=$5; 2=$15; 3=$35[6]. OOPM $1,000 individual/ $2,000 family	Level 1=$5; 2=$15; 3=$35[6]. OOPM $410 individual/ $820 family