

COMPARISON OF BENEFIT OPTIONS



The chart on the following pages is designed to compare Uniform Benefits, the Standard Plan and the State Maintenance Plan (SMP).

This outline is 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 *Standard Plan* (ET-2131), and the *State Maintenance Plan* (ET-2165) benefit booklets.

All of the plans listed are substantially equivalent in the value of their benefits. However, there may be differences among the health plans in the administration of the benefits package. Health plans may have slight differences in benefits such as dental or wellness programs. Treatment may vary depending on patient needs, the physicians' preferred practices, and the health plan's managed care policies and procedures.

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

¹ Deductible applies to all Uniform Benefits medical services when employer selects deductible option. Deductible applies to only Major Medical* Standard Plan and SMP services. Deductible does not apply to certain preventive services and prescription drugs.

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

³ Coinsurance out-of-pocket maximum (OOPM) does not include deductible.

⁴ PPPs have out-of-network coinsurance. See PPP Plan Descriptions for details.

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.

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BENEFIT	UNIFORM BENEFITS	STANDARD PLAN	STATE MAINTENANCE PLAN (SMP)
Annual Deductible ¹	No deductible ² (or option of \$500 single/\$1,000 family).	Major Medical* only Non-Medicare: \$250 single, \$500 family. Medicare: \$150 single, \$300 family.	Major Medical* only \$200 single, \$400 family.
Annual Coinsurance ³	As described in this grid. ⁴	Major Medical* only 80%/20% to OOPM \$1,000 single/\$2,000 family.	Major Medical* only 80%/20%, to OOPM \$1,000 single/\$2,000 family.
Hospital Days	As medically necessary, plan providers only.	100%, up to 365 per admission, then Major Medical*.	100%, up to 365 days per admission, then Major Medical*.
Emergency Room	\$60 copay per visit.	100%, no copay on Base**. Major Medical* deductible/coinsurance, as applicable.	100%, no copay on Base**. Major Medical* deductible/coinsurance, as applicable.
Ambulance	100%.	Plan pays first \$50 per trip, then applies Major Medical* deductible/coinsurance.	Plan pays first \$50 per trip, then applies Major Medical* deductible/coinsurance.
Transplants (may cover these and others listed)	<i>Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung.</i>	100% <i>Bone marrow, parathyroid, musculoskeletal, corneal, and kidney.</i>	100% <i>Bone marrow, parathyroid, musculoskeletal, corneal, and kidney.</i>
Mental Health/Alcohol & Drug Abuse	Inpatient, Outpatient, and Transitional 100%.	Inpatient 100% 120 days; Outpatient and Transitional portions can be covered under Base** and/or Major Medical* deductible/coinsurance.	Inpatient, 100% 120 days; Outpatient and Transitional portions can be covered under Base** and/or Major Medical* deductible/coinsurance.
Routine Physical	One per year.	Major Medical* deductible/coinsurance applies to the office visit, except as required by federal law.	100%.
Hearing Exam	100%.	Benefit for illness or disease, Major Medical* deductible/coinsurance applies.	100% benefit for illness or disease.
Hearing Aid (per ear)	Every three years: Adults, 80%/20%, up to \$1,000; Dependents under 18, 100%, maximum does not apply.	For dependents younger than 18 years only, every three years: 100%—subject to Major Medical* deductible/coinsurance.	For dependents younger than 18 years only, every three years subject to Major Medical* deductible/coinsurance.

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BENEFIT	UNIFORM BENEFITS	STANDARD PLAN	STATE MAINTENANCE PLAN (SMP)
Cochlear Implants	Adults 80%/20% for device, surgery, follow-up sessions; 100% hospital charge for surgery. Dependents younger than 18 years, 100%.	Dependents younger than 18 years, portions can be covered under Base** and/or Major Medical* deductible/coinsurance.	Dependents younger than 18 years, portions can be covered under Base** and/or Major Medical* deductible/coinsurance.
Routine Vision Exam	One per year.	No benefit for routine. Illness or disease only, Major Medical* deductible/coinsurance applies.	Preventive up to age 18, 100% one per year. Age 18 and older, illness or disease only, 100%.
Skilled Nursing Facility (non custodial care)	120 days per benefit period.	100%, up to a max of 120 days per confinement, less hospital days used.	100%, up to a max of 120 days per confinement, less hospital days used.
Home Health (non custodial)	50 visits per year. Plan may add 50 visits.	100%, up to 365 days less hospital days used.	100%, up to 365 days, less hospital days used.
Physical/Speech/Occupational Therapy	50 visits per year; Plan may prior authorize an additional 50 visits.	Major Medical* deductible/coinsurance, no limit on visits or days.	Major Medical* deductible/coinsurance, no limit on visits or days.
Durable Medical Equipment	80%/20% coinsurance, \$500 OOPM.	Major Medical* deductible/coinsurance.	Major Medical* deductible/coinsurance.
Referrals	In-network varies by plan. Out of network required.	Not required.	In-network not required. Out of network required.
Primary Care Provider/Clinic	Varies by plan.	Not required.	Any provider in network.
Surgical Treatment for Morbid Obesity	Excluded.	100% Base** benefits, Major Medical* services to deductible/coinsurance.	Excluded.
Oral Surgery	11 procedures.	23 procedures. 100%.	23 procedures. 100%.
Dental Care	Varies by plan.	No benefit.	Preventive up to age 12, 100%.
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 . No OOPM.	Level 1=\$5; 2=\$15; 3=\$35 ⁶ . No OOPM.

Superscripts 1 through 6 are explained on Page 29.

* Common Major Medical services include durable medical equipment, physical/speech/occupational therapy, medical services and supplies, cardiac rehabilitation, and total extraction and replacement of teeth.

** Base benefits are hospital inpatient services and most professional services such as surgery and anesthesia. Note that professional services have an aggregate maximum payment of \$10,000 per participant per illness or injury. Professional charges after \$10,000 may be payable under Major Medical services.