



State of Wisconsin
Department of Employee Trust Funds
Robert J. Conlin
SECRETARY

801 W Badger Road
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Correspondence Memorandum

Date: August 3, 2017
To: Group Insurance Board
From: Arlene Larson, Federal Health Programs & Policy Manager
Joan Steele, Health Policy Advisor
Renee Walk, Strategic Health Policy Advisor
Office of Strategic Health Policy
Subject: Health Benefit Program Agreement & Uniform Benefits for the 2018 Plan Year

The Department of Employee Trust Funds (ETF) requests the Group Insurance Board (Board) grant ETF the authority to make the changes and clarifications detailed in this memorandum and to make additional technical changes to the health program agreement as necessary.


Background

At the May 24, 2017, Board meeting, the Board was presented with a [list of changes](#) to be made to the Health Benefit Program Agreement (Agreement). The changes were presented in two primary categories: changes that would occur regardless of the funding structure of the program, and changes that would only occur should the program be self-insured. The changes recommended in May were based on analyses presented to the Board in [August 2016](#).

At the May 24, 2017, Board meeting, ETF staff indicated that, regardless of program or funding structure, the Agreement will replace the former Guidelines document in 2018.

2018 Agreement Changes

All participating health plans have signed 2018 contracts that contain ETF standardized terms and conditions and the rewritten Agreement replacing the former Guidelines document. The Agreement contains the following changes, pending Board approval:

Reviewed and approved by Lisa Ellinger, Director, Office of Strategic Health Policy

Electronically Signed
8/25/17

Board	Mtg Date	Item #
GIB	8.30.17	7B

Service Requirements	Technical Requirements
<ul style="list-style-type: none"> • Requiring a 24-hour nurse line that is available at no cost to participants; • Requiring telehealth services; • Requiring a dedicated toll-free customer service phone number that is staffed during specified times; • Requiring health plan-dedicated web content and a web portal that meets security standards; • Requiring notification of disruptions to the health plan’s customer service phone number and web site; • Including expert services from health plan’s medical consultants and pilot programs in administrative costs; and • Specifying timeframes for responding to ETF requests and inquiries. 	<ul style="list-style-type: none"> • Reinstating the county-based qualification method to the contract; • Requiring provider contracts to include compliance plans; • Adding audit requirements to include the submission of a Model Audit Rule (MAR) Certification on an annual basis in addition to submitting a Service Organization Control (SOC) 1 audit and financial stability documentation; • Adding overpayment recovery requirements; • Prohibiting additional costs to administer any health and wellness benefits beyond Uniform Benefits unless pre-approved by the Board; and • Revising the annual provider submission, formerly called “Addendum 2,” to the provider network submission that will be managed by Segal.

A complete copy of the 2018 Agreement is available [online](#).

Provider Access Standards

Based on a recommendation from the Board’s actuary, Segal Consulting (Segal), the provider access standards in the 2018 Agreement will include an option to achieve plan qualification status by meeting at least 90% geoaccess requirements in the county for hospitals and primary care providers. Segal will present more on this topic in GIB Item 7C.

Changes to the Statewide/Nationwide Plan

The Joint Committee on Finance’s (JCF) rejection of self-insured contracts for 2018 included rejecting the longstanding self-insured contract for the statewide/nationwide health plan, known as the Access Plan (formerly Standard Plan). ETF has developed an Agreement Addendum for this as a fully-insured program. The entire Addendum is available to the Board upon request and will be posted online once it is signed.

Vendors bidding on the statewide/nationwide health plan received the Addendum that includes language specific to offering Medicare Plus. The Addendum also includes the following provisions:

- The Access Plan's Preferred Provider Organization (PPO) schedule of benefits was established and is attached. In-network benefits match Uniform Benefits for 2018, as approved by the Board in [February, 2017](#). The out-of-network benefits have remained the same as 2017.
- A State Maintenance Plan (SMP) section was added to establish requirements for the vendor. Based on negotiations and as detailed in the attached schedule of benefits following the Access Plan, ETF recommends that SMP be established as a PPO with an out-of-network deductible of \$5,000 individual, \$10,000 family with a 50% coinsurance to an unlimited out-of-pocket amount in order to steer care in-network.
- Clarification of coverage for out-of-country claims for the Access Plan was added.

Removal of Domestic Partner Coverage

On July 15 the JCF agreed to a change proposed in the biennial budget that removes health benefits coverage for domestic partners, excluding a small number of surviving domestic partners. Pending State budget approval, this change will be effective January 1, 2018.

Pharmacy Benefit Changes

As part of the successful negotiation of a new contract with Navitus Health Solutions (Navitus), ETF has proposed changes to the pharmacy benefit to maximize savings opportunities. These changes are detailed in GIB Item 6B.

Development of Telehealth Guidelines

The 2018 Agreement includes brief language instructing health plans participating in the program to provide telehealth services "as directed by the DEPARTMENT." This language was included in the original revision of the 2018 Agreement. ETF staff are working on guidance documents for the health plans. The guidelines will be discussed at the September ETF Council on Health Program Improvement meeting involving ETF staff and participating health plans. Guidelines will be issued following health plan feedback.

Staff will be at the Board meeting to answer any questions.

Attachment

State of Wisconsin
Group Health Insurance Program
IYC Access Plan, SMP and IYC Medicare Plus Agreement Addendum

600 IYC ACCESS PLAN Schedule of Benefits

All benefits are paid according to the terms of this contract between the CONTRACTOR, the PBM, and the Group Insurance Board. Uniform Benefits and this SCHEDULE OF BENEFITS are wholly incorporated in the 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. In some situations (for example, EMERGENCY services received from an OUT-OF-NETWORK PROVIDER), benefits will be determined according to the USUAL AND CUSTOMARY CHARGE.

The Group Insurance Board contracts with a PBM to provide prescription drug benefits. The PBM is responsible for the prescription drug benefit as provided for under the terms and conditions of the Uniform Benefits for those who are COVERED under the State of Wisconsin Health Benefit Program.

This Summary Plan Description applies to services received from IN-NETWORK and OUT-OF-NETWORK PROVIDERS. OUT-OF-NETWORK DEDUCTIBLE amounts do not accumulate to the IN-NETWORK OUT-OF-POCKET LIMIT (OOPL).

The covered benefits are subject to the following:

601 State PARTICIPANTS and WPE PARTICIPANTS in PO6/PO16

Benefits IYC Health Plan	In-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³	Out-of-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³
Annual Medical DEDUCTIBLE	\$250 individual/\$500 family. DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL). The family DEDUCTIBLE is EMBEDDED, Medical DEDUCTIBLE does not apply to office visit COPAYMENTS, preventive services* or prescription drugs.	\$500 individual/\$1,000 family. DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL). The family DEDUCTIBLE is embedded. Medical DEDUCTIBLE does not apply prescription drugs.

Benefits IYC Health Plan	In-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³	Out-of-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³
Annual Medical COINSURANCE	After DEDUCTIBLE: BENEFIT PLAN pays 90% / PARTICIPANT pays 10%. Applies to medical services except for office visit COPAYMENTS, preventive services* or prescription drugs. COINSURANCE applies OOPPL except as described below.	After DEDUCTIBLE: BENEFIT PLAN pays 70% / PARTICIPANT pays 30%. Applies to medical services except for prescription drugs. COINSURANCE applies OOPPL except as described below.
Annual Medical OUT-OF-POCKET LIMIT (OOPPL)	\$1,250 PARTICIPANT / \$2,500 family limit except as described below. ¹ The OOPPL is EMBEDDED. Does not apply to prescription drugs. See separate prescription drug benefits for details.	\$2,000 PARTICIPANT / \$4,000 family limit except as described below. ¹ The OOPPL is EMBEDDED. Does not apply to prescription drugs. See separate prescription drug benefits for details.
Annual MAXIMUM OUT-OF-POCKET (MOOP)	\$6,850 individual / \$13,700 family limit. The MOOP is EMBEDDED.	None.
*Routine, Preventive Services as required by federal law	BENEFIT PLAN pays 100%.	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPPL).
Primary Care Office Visit COPAYMENT applies to: <ul style="list-style-type: none"> • Family Practice • General Practice • Internal Medicine • Gynecology/Obstetrics • Midwives (if BENEFIT PLAN offers) • Nurse Practitioners • Physician Assistants • Chiropractic • Mental Health • Physical Therapy • Occupational Therapy • Speech Therapy 	PARTICIPANT pays \$15 COPAYMENT per visit. DEDUCTIBLE need not be met first. COPAYMENT applies towards meeting the annual OOPPL, but not the DEDUCTIBLE.	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPPL).

Benefits IYC Health Plan	In-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³	Out-of-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³
Specialist COPAYMENT Applies to: <ul style="list-style-type: none"> Specialists URGENT CARE 	PARTICIPANT pays \$25 COPAYMENT per visit. DEDUCTIBLE need not be met first. COPAYMENT applies towards meeting the OOPL, but not the DEDUCTIBLE.	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL).
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL).	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL).
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	PARTICIPANT pays \$75 COPAYMENT (counts towards to OOPL). After COPAYMENT and DEDUCTIBLE: BENEFIT PLAN pays 90% COINSURANCE (10% PARTICIPANT cost to OOPL).	PARTICIPANT pays \$75 COPAYMENT (counts towards to OOPL). After COPAYMENT and DEDUCTIBLE: BENEFIT PLAN pays 90% COINSURANCE (10% PARTICIPANT cost to OOPL).
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL). ²	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL). ²
Cochlear Implants for PARTICIPANTS age 18 and older	After DEDUCTIBLE: BENEFIT PLAN pays 90% HOSPITAL CHARGES (10% PARTICIPANT cost to OOPL). BENEFIT PLAN pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOPL or MOOP).	After DEDUCTIBLE: BENEFIT PLAN pays 70% HOSPITAL CHARGES (30% PARTICIPANT cost does not apply to OOPL). BENEFIT PLAN pays 70% device, surgery for implantation, follow-up sessions to train on use (30% PARTICIPANT cost does not apply to OOPL).
Cochlear Implants for PARTICIPANTS under age 18	After DEDUCTIBLE: As required by Wis. Stat. §632.895 (16) , BENEFIT PLAN pays 90% for HOSPITAL CHARGES, device, surgery for implantation and	After DEDUCTIBLE: BENEFIT PLAN pays 70% HOSPITAL CHARGES (30% PARTICIPANT cost does not apply to OOPL).

Benefits IYC Health Plan	In-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³	Out-of-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³
	follow-up sessions to train on use (10% PARTICIPANT cost to OOPL).	BENEFIT PLAN pays 70% device, surgery for implantation, follow-up sessions to train on use (30% PARTICIPANT cost does not apply to OOPL).
Hearing Aids for PARTICIPANTS age 18 and older . One aid per ear no more than once every 3 years.	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOPL or MOOP). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT 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) , BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL).	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.
Temporomandibular Joint Disorders	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT. Other services: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT. Other services: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.
Dental Implants	After DEDUCTIBLE: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.
Prescription Drugs	See AGREEMENT Section 400.	See AGREEMENT Section 400.

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOPL, to the federal MOOP.

² Federally required preventive services are covered at 100%.

³ MEDICARE eligible annuitants and their MEDICARE eligible DEPENDENTS are limited to participation under the IYC MEDICARE PLUS BENEFITS.

602 State PARTICIPANTS and WPE PARTICIPANTS in High Deductible Health Plan (HDHP) WPE PO7/PO17

Benefits HDHP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
Annual Medical DEDUCTIBLE	<p>\$1,500 per individual plan / \$3,000 per family plan.</p> <p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>The family DEDUCTIBLE is NON-EMBEDDED and applies to prescription drugs.</p> <p>Medical DEDUCTIBLE does not apply to preventive services*.</p>	<p>\$2,000 individual plan / \$4,000 family plan.</p> <p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>The family DEDUCTIBLE is NON-EMBEDDED and applies to prescription drugs.</p>
Annual Medical COINSURANCE	<p>After DEDUCTIBLE: BENEFIT PLAN pays 90% / PARTICIPANT pays 10%</p> <p>Applies to medical services except for office visit COPAYMENTS, preventive services* or prescription drugs.</p> <p>COINSURANCE applies OOPL except as described below.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 70% / PARTICIPANT pays 30%.</p> <p>Applies to medical services except for prescription drugs.</p> <p>COINSURANCE applies OOPL except as described below.</p>
Annual Medical OUT-OF-POCKET LIMIT (OOPL)	<p>After DEDUCTIBLE: \$2,500 per individual plan / \$5,000 per family plan.</p> <p>The OOPL is NON-EMBEDDED.</p> <p>Applies to prescription drugs.</p>	<p>After DEDUCTIBLE: \$3,800 per individual plan / \$7,600 per family plan.</p> <p>The OOPL is NON-EMBEDDED.</p> <p>Applies to prescription drugs.</p>
*Routine, Preventive Services as required by federal law	BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL).

Benefits HDHP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
Primary Care Office Visit COPAYMENT applies to: <ul style="list-style-type: none"> • Family Practice • General Practice • Internal Medicine • Gynecology/Obstetrics • Midwives (if BENEFIT PLAN offers) • Nurse Practitioners • Physician Assistants • Chiropractic • Mental Health • Physical Therapy • Occupational Therapy • Speech Therapy 	PARTICIPANT pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: PARTICIPANT pays \$15 COPAYMENT per visit. COPAYMENT applies towards meeting the annual OOP.	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOP).
Specialist COPAYMENT Applies to: <ul style="list-style-type: none"> • Specialists • URGENT CARE 	PARTICIPANT pays the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: PARTICIPANT pays \$25 COPAYMENT per visit. COPAYMENT applies towards meeting the annual OOP.	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOP).
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOP).	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOP).
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	After DEDUCTIBLE: PARTICIPANT pays \$75 COPAYMENT (counts towards OOP). BENEFIT PLAN pays 90% COINSURANCE (10% PARTICIPANT cost to OOP).	After DEDUCTIBLE: PARTICIPANT pays \$75 COPAYMENT (counts towards OOP). BENEFIT PLAN pays 90% COINSURANCE (10% PARTICIPANT cost to OOP).
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOP). ²	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOP). ²

Benefits HDHP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
Cochlear Implants for PARTICIPANTS age 18 and older	<p>After DEDUCTIBLE: BENEFIT PLAN pays 90% HOSPITAL CHARGES (10% PARTICIPANT cost to OOPL).</p> <p>BENEFIT PLAN pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost to OOPL).</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 70% HOSPITAL CHARGES (30% PARTICIPANT cost to OOPL).</p> <p>BENEFIT PLAN pays 70% device, surgery for implantation, follow-up sessions to train on use (30% PARTICIPANT cost to OOPL).</p>
Cochlear Implants for PARTICIPANTS under age 18	<p>After DEDUCTIBLE: As required by Wis. Stat. §632.895 (16), BENEFIT PLAN pays 90% for HOSPITAL CHARGES, device, surgery for implantation and follow-up sessions to train on use (10% PARTICIPANT cost to OOPL).</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 70% HOSPITAL CHARGES (30% PARTICIPANT cost to OOPL).</p> <p>BENEFIT PLAN pays 70% device, surgery for implantation, follow-up sessions to train on use (30% PARTICIPANT cost to OOPL).</p>
Hearing Aids for PARTICIPANTS age 18 and older. One aid per ear no more than once every 3 years.	<p>After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL).</p> <p>Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL).</p> <p>Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.</p>
Hearing Aids for PARTICIPANTS under age 18	<p>After DEDUCTIBLE: As required by Wis. Stat. § 632.895 (16), BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL).</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL).</p> <p>Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.</p>
Temporomandibular Joint Disorders	<p>After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT.</p> <p>Other services BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL).</p> <p>Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT.</p> <p>Other services: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL).</p> <p>Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical</p>

Benefits HDHP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
	treatment per PARTICIPANT per calendar year.	treatment per PARTICIPANT per calendar year.
Dental Implants	After DEDUCTIBLE: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.
Prescription Drugs	After medical DEDUCTIBLE above, subject to copays in Section 400, then to OOPL. See Note, below, for exceptions on preventive prescription drugs.	After medical DEDUCTIBLE above, subject to copays in Section 400, then to OOPL. See Note, below, for exceptions on preventive prescription drugs.

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOPL, to the federal MOOP.

² Federally required preventive services are covered at 100%.

³ Wisconsin Public Employer MEDICARE eligible annuitants and their MEDICARE eligible DEPENDENTS are limited to participation under the IYC MEDICARE PLUS BENEFITS.

603 WPE PARTICIPANTS in Traditional Program Option (PO2/PO12)

Benefits Local Traditional Plan	In-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³
Annual Medical DEDUCTIBLE	None.	<p>\$500 individual / \$1,000 family.</p> <p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>After an individual within a family plan meets the \$500 DEDUCTIBLE, COINSURANCE will apply to covered medical services.</p> <p>Medical DEDUCTIBLE does not apply to prescription drugs.</p>

Benefits Local Traditional Plan	In-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE ³	Out-of-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE ³
Annual Medical COINSURANCE	BENEFIT PLAN pays 100% except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids.	After DEDUCTIBLE: BENEFIT PLAN pays 80% / PARTICIPANT pays 20%. Applies to medical services except for prescription drugs. COINSURANCE applies to OOPPL except as described below.
Annual Medical OUT-OF-POCKET LIMIT (OOPPL)	None except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLAN pays 80% to OOPPL. ¹	\$2,000 individual / \$4,000 family limit except as described below. ¹ The OOPPL is EMBEDDED. Does not apply to prescription drugs. See separate prescription drug benefits for details.
Annual MAXIMUM OUT-OF-POCKET (MOOP)	\$6,850 PARTICIPANT / \$13,700 family limit. The MOOP is EMBEDDED	None.
*Routine, Preventive Services as required by federal law	BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPPL).
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPPL).
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	PARTICIPANT pays \$60 COPAYMENT.	PARTICIPANT pays \$60 COPAYMENT.
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	BENEFIT PLAN pays 80% (20% PARTICIPANT cost to \$500 per PARTICIPANT; no family limit. ²	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPPL)- ²

Benefits Local Traditional Plan	In-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE ³	Out-of-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE ³
Cochlear Implants for PARTICIPANTS age 18 and older	<p>BENEFIT PLAN pays 100% HOSPITAL CHARGES.</p> <p>BENEFIT PLAN/ MEDICARE pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOPL or MOOP).</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 80% HOSPITAL CHARGES (20% PARTICIPANT cost does not apply to OOPL).</p> <p>After DEDUCTIBLE: BENEFIT PLAN pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOPL).</p>
Cochlear Implants for PARTICIPANTS under age 18	<p>BENEFIT PLAN pays 100% HOSPITAL CHARGES, device, surgery for implantation and follow-up sessions to train on use.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 80% HOSPITAL CHARGES (20% PARTICIPANT cost does not apply to OOPL).</p> <p>After DEDUCTIBLE: BENEFIT PLAN pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOPL).</p>
Hearing Aids for PARTICIPANTS age 18 and older . One aid per ear no more than once every 3 years.	<p>BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOPL or MOOP).</p> <p>Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOPL).</p> <p>Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.</p>
Hearing Aids for PARTICIPANTS under age 18	<p>As required by Wis. Stat. § 632.895 (16), BENEFIT PLANS pays 100%.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOPL).</p> <p>Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.</p>
Temporomandibular Joint Disorders	<p>BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as</p>

Benefits Local Traditional Plan	In-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³
	Other services BENEFIT PLAN/ MEDICARE pays 100%. Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.	DURABLE MEDICAL EQUIPMENT. After DEDUCTIBLE: Other services BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.
Dental Implants	BENEFIT PLAN pays 100% following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.
Prescription Drugs	See Section 400.	See Section 400.

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOPL, to the federal MOOP.

² Federally required preventive services are covered at 100%.

³ Wisconsin Public Employer MEDICARE eligible annuitants and their MEDICARE eligible DEPENDENTS are limited to participation under the IYC MEDICARE PLUS BENEFITS.

604 WPE PARTICIPANTS in Deductible PO 4/14

Benefits Local Deductible Plan	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
Annual Medical DEDUCTIBLE	\$500 individual / \$1,000 family. DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).	\$1,000 individual / \$2,000 family.

Benefits Local Deductible Plan	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE ³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE ³
	<p>The DEDUCTIBLE is EMBEDDED.</p> <p>Medical DEDUCTIBLE does not apply to preventive services* or prescription drugs.</p>	<p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>The DEDUCTIBLE is EMBEDDED.</p> <p>Medical DEDUCTIBLE does not apply to prescription drugs.</p>
Annual Medical COINSURANCE	After DEDUCTIBLE: BENEFIT PLAN pays 100% except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLAN pays 80% to OOPL.	<p>After DEDUCTIBLE: BENEFIT PLAN pays 70% / PARTICIPANT pays 30%.</p> <p>Applies to medical services except for prescription drugs.</p> <p>COINSURANCE applies to OOPL except as described below.</p>
Annual Medical OUT-OF-POCKET LIMIT (OOPL)	After DEDUCTIBLE, none except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLANS pays 80% to OOPL. ¹	\$4,000 individual / \$8,000 family limit except as described below. ¹
Annual MAXIMUM OUT-OF-POCKET (MOOP)	<p>\$6,850 PARTICIPANT / \$13,700 family limit.</p> <p>The MOOP is EMBEDDED</p>	None.
*Routine, Preventive Services as required by federal law	BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL).
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	After DEDUCTIBLE: BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL).
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	PARTICIPANT pays \$60 COPAYMENT . After COPAYMENT , DEDUCTIBLE applies.	PARTICIPANT pays \$60 COPAYMENT . After COPAYMENT , DEDUCTIBLE applies.

Benefits Local Deductible Plan	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE ³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE ³
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to \$500 OOPL per PARTICIPANT; no family limit. ²	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL) ²
Cochlear Implants for PARTICIPANTS age 18 and older	After DEDUCTIBLE: BENEFIT PLAN pays 100% HOSPITAL CHARGES. BENEFIT PLAN pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOPL or MOOP).	After DEDUCTIBLE: BENEFIT PLAN pays 70% HOSPITAL CHARGES (30% PARTICIPANT cost does not apply to OOPL). BENEFIT PLAN pays 70% device, surgery for implantation, follow-up sessions to train on use (30% PARTICIPANT cost does not apply to OOPL).
Cochlear Implants for PARTICIPANTS under age 18	After DEDUCTIBLE: BENEFIT PLAN pays 100% HOSPITAL CHARGES, device, surgery for implantation and follow-up sessions to train on use.	After DEDUCTIBLE: BENEFIT PLAN pays 70% HOSPITAL CHARGES (30% PARTICIPANT cost does not apply to OOPL). BENEFIT PLAN pays 70% device, surgery for implantation, follow-up sessions to train on use (30% PARTICIPANT cost does not apply to OOPL).
Hearing Aids for PARTICIPANTS age 18 and older . One aid per ear no more than once every 3 years.	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOPL or MOOP). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT 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) , BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.
Temporomandibular Joint Disorders	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as	After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL) for intraoral splints as

Benefits Local Deductible Plan	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
	<p>DURABLE MEDICAL EQUIPMENT.</p> <p>Other services BENEFIT PLAN/MEDICARE pays 100%. Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.</p>	<p>DURABLE MEDICAL EQUIPMENT.</p> <p>Other services BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.</p>
Dental Implants	<p>After DEDUCTIBLE: BENEFIT PLAN pays 100% following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 70% (30% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.</p>
Prescription Drugs	See Section 400.	See Section 400.

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOPL, to the federal MOOP, see more information Section 400.

² Federally required preventive services are covered at 100%.

³ Wisconsin Public Employer MEDICARE eligible annuitants and their MEDICARE eligible DEPENDENTS are limited to participation under the IYC MEDICARE PLUS BENEFITS.

700 SMP

This Section applies to eligible State of Wisconsin EMPLOYEES and WISCONSIN PUBLIC EMPLOYERS EMPLOYEES and their eligible DEPENDENTS who have elected the SMP.

For those EMPLOYEES AND DEPENDENTS who elected the SMP, BENEFITS are those described in the AGREEMENT's Section 400 UNIFORM BENEFITS that are in effect at the time medical services are provided to a PARTICIPANT.

To be eligible for SMP benefits, all of the following apply:

- A. Participants under the age of 65 and/or not eligible for Medicare as the primary payer are eligible to participate in the SMP on the date they become participants.
- B. The requirements that a participant must be under age 65 and/or not eligible for Medicare is deferred until the participant's termination of employment with the State of Wisconsin or WISCONSIN PUBLIC EMPLOYER.
- C. A participant whose participation in the SMP terminates because of Medicare eligibility automatically becomes a participant under the IYC MEDICARE PLUS coverage.
- D. The BOARD will determine the geographical area where the SMP may be offered.

701 State PARTICIPANTS and WPE PARTICIPANTS in PO6/PO16

Benefits SMP	In-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor ³	Out-of-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor ³
Annual Medical DEDUCTIBLE	<p>\$250 individual/\$500 family.</p> <p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>The family DEDUCTIBLE is EMBEDDED,</p> <p>Medical DEDUCTIBLE does not apply to office visit COPAYMENTS, preventive services* or prescription drugs.</p>	<p>\$5,000 individual/\$10,000 family.</p> <p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>The family DEDUCTIBLE is embedded.</p> <p>Medical DEDUCTIBLE does not apply prescription drugs.</p>
Annual Medical COINSURANCE	After DEDUCTIBLE: BENEFIT PLAN pays 90% / PARTICIPANT pays 10%.	After DEDUCTIBLE: BENEFIT PLAN pays 50% / PARTICIPANT pays 50%.

Benefits SMP	In-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³	Out-of-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³
	<p>Applies to medical services except for office visit COPAYMENTS, preventive services* or prescription drugs.</p> <p>COINSURANCE applies OOPPL except as described below.</p>	<p>Applies to medical services except for prescription drugs.</p> <p>COINSURANCE applies OOPPL except as described below.</p>
<p>Annual Medical OUT-OF-POCKET LIMIT (OOPPL)</p>	<p>\$1,250 PARTICIPANT / \$2,500 family limit except as described below.¹</p> <p>The OOPPL is EMBEDDED.</p> <p>Does not apply to prescription drugs. See separate prescription drug benefits for details.</p>	<p>Unlimited per PARTICIPANT / unlimited per family limit except as described below.¹</p> <p>The OOPPL is EMBEDDED.</p> <p>Does not apply to prescription drugs. See separate prescription drug benefits for details.</p>
<p>Annual MAXIMUM OUT-OF-POCKET (MOOP)</p>	<p>\$6,850 individual / \$13,700 family limit.</p> <p>The MOOP is EMBEDDED.</p>	<p>None.</p>
<p>*Routine, Preventive Services as required by federal law</p>	<p>BENEFIT PLAN pays 100%.</p>	<p>PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met.</p> <p>After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPPL).</p>
<p>Primary Care Office Visit COPAYMENT applies to:</p> <ul style="list-style-type: none"> • Family Practice • General Practice • Internal Medicine • Gynecology/Obstetrics • Midwives (if BENEFIT PLAN offers) • Nurse Practitioners • Physician Assistants • Chiropractic • Mental Health • Physical Therapy • Occupational Therapy • Speech Therapy 	<p>PARTICIPANT pays \$15 COPAYMENT per visit.</p> <p>DEDUCTIBLE need not be met first.</p> <p>COPAYMENT applies towards meeting the annual OOPPL, but not the DEDUCTIBLE.</p>	<p>PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met.</p> <p>After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPPL).</p>
<p>Specialist COPAYMENT Applies to:</p> <ul style="list-style-type: none"> • Specialists • URGENT CARE 	<p>PARTICIPANT pays \$25 COPAYMENT per visit.</p>	<p>PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met.</p>

Benefits SMP	In-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³	Out-of-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³
	<p>DEDUCTIBLE need not be met first.</p> <p>COPAYMENT applies towards meeting the OOP, but not the DEDUCTIBLE.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOP).</p>
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	<p>PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met.</p> <p>After DEDUCTIBLE: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOP).</p>	<p>PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met.</p> <p>After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOP).</p>
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	<p>PARTICIPANT pays \$75 COPAYMENT (counts towards to OOP).</p> <p>After COPAYMENT and DEDUCTIBLE: BENEFIT PLAN pays 90% COINSURANCE (10% PARTICIPANT cost to OOP).</p>	<p>PARTICIPANT pays \$75 COPAYMENT (counts towards to OOP).</p> <p>After COPAYMENT and DEDUCTIBLE: BENEFIT PLAN pays 90% COINSURANCE (10% PARTICIPANT cost to OOP).</p>
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	<p>PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met.</p> <p>After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOP).²</p>	<p>PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met.</p> <p>After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOP).²</p>
Cochlear Implants for PARTICIPANTS age 18 and older	<p>After DEDUCTIBLE: BENEFIT PLAN pays 90% HOSPITAL CHARGES (10% PARTICIPANT cost to OOP).</p> <p>BENEFIT PLAN pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOP or MOOP).</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 50% HOSPITAL CHARGES (50% PARTICIPANT cost does not apply to OOP).</p> <p>BENEFIT PLAN pays 50% device, surgery for implantation, follow-up sessions to train on use (50% PARTICIPANT cost does not apply to OOP).</p>
Cochlear Implants for PARTICIPANTS under age 18	<p>After DEDUCTIBLE: As required by Wis. Stat. §632.895 (16), BENEFIT PLAN pays 90% for HOSPITAL CHARGES, device, surgery for implantation and follow-up sessions to train on use (10% PARTICIPANT cost to OOP).</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 50% HOSPITAL CHARGES (50% PARTICIPANT cost does not apply to OOP).</p> <p>BENEFIT PLAN pays 50% device, surgery for implantation, follow-up sessions to train on use</p>

Benefits SMP	In-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³	Out-of-Network Benefit for PARTICIPANTS who do not have MEDICARE as the primary payor³
		(50% PARTICIPANT cost does not apply to OOPL).
Hearing Aids for PARTICIPANTS age 18 and older . One aid per ear no more than once every 3 years.	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOPL or MOOP). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT 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) , BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL).	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.
Temporomandibular Joint Disorders	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT. Other services: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT. Other services: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.
Dental Implants	After DEDUCTIBLE: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.
Prescription Drugs	See AGREEMENT Section 400.	See AGREEMENT Section 400.

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOPL, to the federal MOOP.

² Federally required preventive services are covered at 100%.

³ MEDICARE eligible annuitants and their MEDICARE eligible DEPENDENTS are limited to participation under the IYC MEDICARE PLUS BENEFITS.

702 State PARTICIPANTS and WPE PARTICIPANTS in High Deductible Health Plan (HDHP) WPE PO7/PO17

Benefits SMP HDHP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
Annual Medical DEDUCTIBLE	<p>\$1,500 per individual plan / \$3,000 per family plan.</p> <p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>The family DEDUCTIBLE is NON-EMBEDDED and applies to prescription drugs.</p> <p>Medical DEDUCTIBLE does not apply to preventive services*.</p>	<p>\$5,000 individual plan /\$10,000 family plan.</p> <p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>The family DEDUCTIBLE is NON-EMBEDDED and applies to prescription drugs.</p>
Annual Medical COINSURANCE	<p>After DEDUCTIBLE: BENEFIT PLAN pays 90% / PARTICIPANT pays 10%</p> <p>Applies to medical services except for office visit COPAYMENTS, preventive services* or prescription drugs.</p> <p>COINSURANCE applies OOPL except as described below.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 50% / PARTICIPANT pays 50%.</p> <p>Applies to medical services except for prescription drugs.</p> <p>COINSURANCE applies OOPL except as described below.</p>
Annual Medical OUT-OF-POCKET LIMIT (OOPL)	<p>After DEDUCTIBLE: \$2,500 per individual plan / \$5,000 per family plan.</p> <p>The OOPL is NON-EMBEDDED.</p> <p>Applies to prescription drugs.</p>	<p>After DEDUCTIBLE: Unlimited per individual plan / unlimited per family plan.</p> <p>The OOPL is NON-EMBEDDED.</p> <p>Applies to prescription drugs.</p>
*Routine, Preventive Services as required by federal law	BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL).

Benefits SMP HDHP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
Primary Care Office Visit COPAYMENT applies to: <ul style="list-style-type: none"> • Family Practice • General Practice • Internal Medicine • Gynecology/Obstetrics • Midwives (if BENEFIT PLAN offers) • Nurse Practitioners • Physician Assistants • Chiropractic • Mental Health • Physical Therapy • Occupational Therapy • Speech Therapy 	PARTICIPANT pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: PARTICIPANT pays \$15 COPAYMENT per visit. COPAYMENT applies towards meeting the annual OOP.	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOP).
Specialist COPAYMENT Applies to: <ul style="list-style-type: none"> • Specialists • URGENT CARE 	PARTICIPANT pays the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: PARTICIPANT pays \$25 COPAYMENT per visit. COPAYMENT applies towards meeting the annual OOP.	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOP).
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOP).	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOP).
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	After DEDUCTIBLE: PARTICIPANT pays \$75 COPAYMENT (counts towards OOP). BENEFIT PLAN pays 90% COINSURANCE (10% PARTICIPANT cost to OOP).	After DEDUCTIBLE: PARTICIPANT pays \$75 COPAYMENT (counts towards OOP). BENEFIT PLAN pays 90% COINSURANCE (10% PARTICIPANT cost to OOP).
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOP). ²	PARTICIPANTS pay the full allowed cost until the DEDUCTIBLE is met. After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOP). ²

Benefits SMP HDHP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
Cochlear Implants for PARTICIPANTS age 18 and older	After DEDUCTIBLE: BENEFIT PLAN pays 90% HOSPITAL CHARGES (10% PARTICIPANT cost to OOPL). BENEFIT PLAN pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost to OOPL).	After DEDUCTIBLE: BENEFIT PLAN pays 50% HOSPITAL CHARGES (50% PARTICIPANT cost to OOPL). BENEFIT PLAN pays 50% device, surgery for implantation, follow-up sessions to train on use (50% PARTICIPANT cost to OOPL).
Cochlear Implants for PARTICIPANTS under age 18	After DEDUCTIBLE: As required by Wis. Stat. §632.895 (16) , BENEFIT PLAN pays 90% for HOSPITAL CHARGES, device, surgery for implantation and follow-up sessions to train on use (10% PARTICIPANT cost to OOPL).	After DEDUCTIBLE: BENEFIT PLAN pays 50% HOSPITAL CHARGES (50% PARTICIPANT cost to OOPL). BENEFIT PLAN pays 50% device, surgery for implantation, follow-up sessions to train on use (50% PARTICIPANT cost to OOPL).
Hearing Aids for PARTICIPANTS age 18 and older. One aid per ear no more than once every 3 years.	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL). Maximum BENEFIT 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) , BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL).	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.
Temporomandibular Joint Disorders	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT. Other services BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT. Other services: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical

Benefits SMP HDHP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
	treatment per PARTICIPANT per calendar year.	treatment per PARTICIPANT per calendar year.
Dental Implants	After DEDUCTIBLE: BENEFIT PLAN pays 90% (10% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.
Prescription Drugs	After medical DEDUCTIBLE above, subject to copays in Section 400, then to OOPL. See Note, below, for exceptions on preventive prescription drugs.	After medical DEDUCTIBLE above, subject to copays in Section 400, then to OOPL. See Note, below, for exceptions on preventive prescription drugs.

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOPL, to the federal MOOP.

² Federally required preventive services are covered at 100%.

³ Wisconsin Public Employer MEDICARE eligible annuitants and their MEDICARE eligible DEPENDENTS are limited to participation under the IYC MEDICARE PLUS BENEFITS.

703 WPE PARTICIPANTS in Traditional Program Option (PO2/PO12)

Benefits Local Traditional SMP	In-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³
Annual Medical DEDUCTIBLE	None.	<p>\$5,000 individual / \$10,000 family.</p> <p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>After an individual within a family plan meets the \$5,000 DEDUCTIBLE, COINSURANCE will apply to covered medical services.</p>

Benefits Local Traditional SMP	In-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE ³	Out-of-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE ³
		Medical DEDUCTIBLE does not apply to prescription drugs.
Annual Medical COINSURANCE	BENEFIT PLAN pays 100% except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids.	After DEDUCTIBLE: BENEFIT PLAN pays 50% / PARTICIPANT pays 50%. Applies to medical services except for prescription drugs. COINSURANCE applies to OOPPL except as described below.
Annual Medical OUT-OF-POCKET LIMIT (OOPPL)	None except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLAN pays 80% to OOPPL. ¹	Unlimited per individual / unlimited per family limit except as described below. ¹ The OOPPL is EMBEDDED. Does not apply to prescription drugs. See separate prescription drug benefits for details.
Annual MAXIMUM OUT-OF-POCKET (MOOP)	\$6,850 PARTICIPANT / \$13,700 family limit. The MOOP is EMBEDDED	None.
*Routine, Preventive Services as required by federal law	BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPPL).
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPPL).
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	PARTICIPANT pays \$60 COPAYMENT .	PARTICIPANT pays \$60 COPAYMENT .
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	BENEFIT PLAN pays 80% (20% PARTICIPANT cost to \$500 per PARTICIPANT; no family limit. ²	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPPL)- ²

Benefits Local Traditional SMP	In-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³
Cochlear Implants for PARTICIPANTS age 18 and older	BENEFIT PLAN pays 100% HOSPITAL CHARGES. BENEFIT PLAN/ MEDICARE pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOPL or MOOP).	After DEDUCTIBLE: BENEFIT PLAN pays 50% HOSPITAL CHARGES (50% PARTICIPANT cost does not apply to OOPL). After DEDUCTIBLE: BENEFIT PLAN pays 50% device, surgery for implantation, follow-up sessions to train on use (50% PARTICIPANT cost does not apply to OOPL).
Cochlear Implants for PARTICIPANTS under age 18	BENEFIT PLAN pays 100% HOSPITAL CHARGES, device, surgery for implantation and follow-up sessions to train on use.	After DEDUCTIBLE: BENEFIT PLAN pays 50% HOSPITAL CHARGES (50% PARTICIPANT cost does not apply to OOPL). After DEDUCTIBLE: BENEFIT PLAN pays 50% device, surgery for implantation, follow-up sessions to train on use (50% PARTICIPANT cost does not apply to OOPL).
Hearing Aids for PARTICIPANTS age 18 and older. One aid per ear no more than once every 3 years.	BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOPL or MOOP). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.
Hearing Aids for PARTICIPANTS under age 18	As required by Wis. Stat. § 632.895 (16) , BENEFIT PLANS pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.
Temporomandibular Joint Disorders	BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL) for intraoral splints as

Benefits Local Traditional SMP	In-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for WPE eligible PARTICIPANTS who are not enrolled in MEDICARE³
	Other services BENEFIT PLAN/ MEDICARE pays 100%. Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.	DURABLE MEDICAL EQUIPMENT. After DEDUCTIBLE: Other services BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.
Dental Implants	BENEFIT PLAN pays 100% following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.
Prescription Drugs	See Section 400.	See Section 400.

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOPL, to the federal MOOP.

² Federally required preventive services are covered at 100%.

³ Wisconsin Public Employer MEDICARE eligible annuitants and their MEDICARE eligible DEPENDENTS are limited to participation under the IYC MEDICARE PLUS BENEFITS.

704 WPE PARTICIPANTS in Deductible PO 4/14

Benefits Local Deductible SMP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
Annual Medical DEDUCTIBLE	\$500 individual / \$1,000 family. DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).	\$5,000 individual / \$10,000 family.

Benefits Local Deductible SMP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE ³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE ³
	<p>The DEDUCTIBLE is EMBEDDED.</p> <p>Medical DEDUCTIBLE does not apply to preventive services* or prescription drugs.</p>	<p>DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL).</p> <p>The DEDUCTIBLE is EMBEDDED.</p> <p>Medical DEDUCTIBLE does not apply to prescription drugs.</p>
Annual Medical COINSURANCE	After DEDUCTIBLE: BENEFIT PLAN pays 100% except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLAN pays 80% to OOPL.	<p>After DEDUCTIBLE: BENEFIT PLAN pays 50% / PARTICIPANT pays 50%.</p> <p>Applies to medical services except for prescription drugs.</p> <p>COINSURANCE applies to OOPL except as described below.</p>
Annual Medical OUT-OF-POCKET LIMIT (OOPL)	After DEDUCTIBLE, none except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLANS pays 80% to OOPL. ¹	Unlimited per individual / unlimited per family limit except as described below. ¹
Annual MAXIMUM OUT-OF-POCKET (MOOP)	<p>\$6,850 PARTICIPANT / \$13,700 family limit.</p> <p>The MOOP is EMBEDDED</p>	None.
*Routine, Preventive Services as required by federal law	BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL).
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	After DEDUCTIBLE: BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL).
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	PARTICIPANT pays \$60 COPAYMENT . After COPAYMENT , DEDUCTIBLE applies.	PARTICIPANT pays \$60 COPAYMENT . After COPAYMENT , DEDUCTIBLE applies.

Benefits Local Deductible SMP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE ³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE ³
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to \$500 OOPL per PARTICIPANT; no family limit. ²	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL) ²
Cochlear Implants for PARTICIPANTS age 18 and older	After DEDUCTIBLE: BENEFIT PLAN pays 100% HOSPITAL CHARGES. BENEFIT PLAN pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOPL or MOOP).	After DEDUCTIBLE: BENEFIT PLAN pays 50% HOSPITAL CHARGES (50% PARTICIPANT cost does not apply to OOPL). BENEFIT PLAN pays 50% device, surgery for implantation, follow-up sessions to train on use (50% PARTICIPANT cost does not apply to OOPL).
Cochlear Implants for PARTICIPANTS under age 18	After DEDUCTIBLE: BENEFIT PLAN pays 100% HOSPITAL CHARGES, device, surgery for implantation and follow-up sessions to train on use.	After DEDUCTIBLE: BENEFIT PLAN pays 50% HOSPITAL CHARGES (50% PARTICIPANT cost does not apply to OOPL). BENEFIT PLAN pays 50% device, surgery for implantation, follow-up sessions to train on use (50% PARTICIPANT cost does not apply to OOPL).
Hearing Aids for PARTICIPANTS age 18 and older . One aid per ear no more than once every 3 years.	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOPL or MOOP). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT 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) , BENEFIT PLAN pays 100%.	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost does not apply to OOPL). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.
Temporomandibular Joint Disorders	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as	After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL) for intraoral splints as

Benefits Local Deductible SMP	In-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³	Out-of-Network Benefit for eligible PARTICIPANTS who are not enrolled in MEDICARE³
	<p>DURABLE MEDICAL EQUIPMENT.</p> <p>Other services BENEFIT PLAN/MEDICARE pays 100%. Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.</p>	<p>DURABLE MEDICAL EQUIPMENT.</p> <p>Other services BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL). Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.</p>
Dental Implants	<p>After DEDUCTIBLE: BENEFIT PLAN pays 100% following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.</p>	<p>After DEDUCTIBLE: BENEFIT PLAN pays 50% (50% PARTICIPANT cost to OOPL) following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.</p>
Prescription Drugs	See Section 400.	See Section 400.

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOPL, to the federal MOOP, see more information Section 400.

² Federally required preventive services are covered at 100%.

³ Wisconsin Public Employer MEDICARE eligible annuitants and their MEDICARE eligible DEPENDENTS are limited to participation under the IYC MEDICARE PLUS BENEFITS.