

## **Choose a Plan Design**

A plan design determines:

- How much you pay per month
- How much you pay when you visit a provider
- Whether you can see providers locally or nationwide
- If you can see providers out-of-network

## Monthly Cost (Premium)

	IYC Health Plan	High Deductible Health Plan (HDHP)	Access Plan	Access HDHP
Active Employees				
Individual With / Without Uniform Dental	\$124 / 120	\$46 / 42	\$296 / 292	\$218 / 214
<b>Family</b> With / Without Uniform Dental	\$307 / 297	\$114 / 104	\$734 / 724	\$541 / 531
UW Grad Assistants				
<b>Individual</b> With / Without Uniform Dental	\$64 / 60	Not available	\$150 / 146	Not available
<b>Family</b> With / Without Uniform Dental	\$158.50 / 148.50	Not available	\$372 / 362	Not available

Employees appointed fewer than 1,040 hours (50% of full time) pay 50% of the total monthly premium; visit **etf.wi.gov** for full premium amounts.