

Local Deductible Access Plan PO4/14

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

Benefits	In-Network Benefit for PARTICIPANTS enrolled in PO4/14 who are not enrolled in MEDICARE	Out-of-Network Benefit for PARTICIPANTS enrolled in PO4/14 who are not enrolled in Medicare
calendar year. ¹¹ PARTICIPANT pays any remaining cost out of pocket.		
<p>Dental Implants</p> <p>Only covered following accident or INJURY.</p> <p>Maximum BENEFIT PLAN payment of \$1,000 per tooth.¹² PARTICIPANT pays any remaining cost out of pocket.</p>	<p>After DEDUCTIBLE and BENEFIT PLAN payment, PARTICIPANT pays remaining out of pocket costs. Remaining costs do not apply to OOPL and MOOP.</p>	<p>After DEDUCTIBLE: PARTICIPANT pays 30% COINSURANCE.</p> <p>After BENEFIT PLAN payment, PARTICIPANT pays remaining out of pocket costs. Remaining costs do not apply to OOPL.</p>
Prescription Drugs	See Uniform Pharmacy Benefits.	See Uniform Pharmacy Benefits.

¹¹ Services not defined as Essential Health Benefits under the Affordable Care Act (ACA) may be subject to annual benefit maximums.

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