

Health & Pharmacy Benefits Plan Design Comparison

Medical Cost by Plan Design	Health Plan	Access Health Plan	High Deductible Health Plan (HDHP)	Access High Deductible Health Plan (HDHP)
Monthly Premiums (w/out Uniform Dental)*				
Individual/Family (WRS benefit package)	\$92 / \$229	\$251 / \$623	\$32 / \$80	\$191 / \$474
Individual/Family (Grad Asst/Short-term benefit package)	\$46 / \$114.50	\$125.50 / \$311.50	Not Eligible	Not Eligible
<i>*Employees appointed less than 1,040 hours (50% of full-time) pay 50% of the total premium. Review Total Premiums. Crafts workers pay 100% of the total premium.</i>				
Health Insurance Plan Carrier	Health Plan Search (choose a plan in the county you will seek services in)	WEA Trust	Health Plan Search (choose a plan in the county you will seek services in)	WEA Trust
Statewide / Nationwide Access All plans include pharmacy coverage; visit www.navitus.com for in-network pharmacies	Local county-based coverage only. Health Plan Search (choose a plan in the county you will seek services in)	Statewide/Nationwide coverage	Local county-based coverage only. Health Plan Search (choose a plan in the county you will seek services in)	Statewide/Nationwide coverage
Out-of-Network Benefits	Emergency and Urgent Care only	Includes out-of-network benefits for most services	Emergency and Urgent Care only	Includes out-of-network benefits for most services
Health Savings Account (HSA)	Not a component of this plan design	Not a component of this plan design	Required component of this plan design. Employer contribution of up to \$750 individual and \$1,500 family (if eligible)	Required component of this plan design. Employer contribution of up to \$750 individual and \$1,500 family (if eligible)
Preventive Services See healthcare.gov/preventive-care-benefits	In-Network: You pay \$0	In-Network: You pay \$0 Out-of-Network: After deductible, you pay 50% coinsurance up to out-of-pocket limit	In-Network: You pay \$0	In-Network: You pay \$0 Out-of-Network: After deductible, you pay 50% coinsurance up to out-of-pocket limit
Telehealth, Telemedicine, e-visits⁴	In-Network: You pay \$0	In-Network: You pay \$0	In-Network: You pay \$0	In-Network: You pay \$0

Health & Pharmacy Benefits Plan Design Comparison

Medical Cost by Plan Design (continued)	Health Plan	Access Health Plan	High Deductible Health Plan (HDHP)	Access High Deductible Health Plan (HDHP)
<p>Annual Medical Deductible</p> <p>Counts toward out-of-pocket limit</p>	<p>In-Network: \$250 Individual \$500 Family</p> <p>Not applicable for office visits, preventive services or prescription drugs.</p> <p>After one individual within a family meets the \$250 deductible, benefits apply as described below.</p> <p>Separate medical and prescription drug deductible.</p>	<p>In-Network: \$250 Individual \$500 Family</p> <p>Out-of-Network: \$500 Individual \$1,000 Family</p> <p>Not applicable for office visits, preventive services or prescription drugs.</p> <p>After one individual within a family meets the \$250 (in-network) or \$500 (out-of-network) deductible, benefits apply as described below.</p> <p>Separate medical and prescription drug deductible.</p>	<p>In-Network: \$1,500 Individual \$3,000 Family</p> <p>Deductible must be met by one individual or a combination of family members before the plan pays.</p> <p>Combined medical and prescription drug deductible.</p>	<p>In-Network: \$1,500 Individual \$3,000 Family</p> <p>Out-of-Network: \$2,000 Individual \$4,000 Family</p> <p>Deductible must be met (by one individual or a combination of family members before the plan pays.</p> <p>Combined medical and prescription drug deductible.</p>
<p>Annual Medical Coinsurance</p> <p>Percentage of the cost of services that applies to medical services, except for office visits and preventive services (lab work or other services provided during office or preventive visit subject to coinsurance).</p>	<p>In-Network: After deductible, you pay 10% coinsurance up to out-of-pocket limit</p>	<p>After deductible, you pay 10% (in-network) or 30% (out-of-network) coinsurance up to out-of-pocket limit</p>	<p>In-Network: After deductible, you pay 10% coinsurance up to out-of-pocket limit</p>	<p>After deductible, you pay 10% (in-network) or 30% (out-of-network) coinsurance up to out-of-pocket limit</p>
<p>Annual Medical Out-of-Pocket Limit</p>	<p>In-Network: \$1,250 Individual \$2,500 Family</p> <p>Separate out-of-pocket limit for prescription drugs</p>	<p>In-Network / Out-of-Network: Individual: \$1,250 / \$2,000 Family: \$2,500 / \$4,000</p> <p>Separate out-of-pocket limit for prescription drugs</p>	<p>In-Network: \$2,500 Individual \$5,000 Family</p> <p>Combined medical and prescription drug out-of-pocket limit</p>	<p>In-Network / Out-of-Network: Individual: \$2,500 / \$3,800 Family: \$5,000 / \$7,600</p> <p>Combined medical and prescription drug out-of-pocket limit</p>

Health & Pharmacy Benefits Plan Design Comparison

Medical Cost by Plan Design (continued)	Health Plan	Access Health Plan	High Deductible Health Plan (HDHP)	Access High Deductible Health Plan (HDHP)
Primary Care Physician / Office Visit Family Practice General Practice Internal Medicine Gynecology/Obstetrics Pediatrics Nurse Practitioner Physician Assistant Chiropractor Physical / Occupational / Speech Therapy (office visit setting) Additional services (e.g. lab work, x-Rays) count toward deductible and coinsurance.	In-Network: \$15 copay per visit up to out-of-pocket limit	In-Network: \$15 copay per visit up to out-of-pocket limit Out-of-Network: After deductible, you pay 30% coinsurance up to out-of-pocket limit	In-Network: After deductible, \$15 copay per visit up to out-of-pocket limit	In-Network: After deductible, \$15 copay per visit up to out-of-pocket limit Out-of-Network: After deductible, you pay 30% coinsurance up to out-of-pocket limit
Specialty Office Visit Specialty Providers Urgent Care Vision Exam (office visit setting) Additional services (e.g. lab work, x-Rays) count toward deductible and coinsurance.	In-Network: \$25 copay per visit up to out-of-pocket limit	In-Network: \$25 copay per visit up to out-of-pocket limit Out-of-Network: After deductible, you pay 30% coinsurance up to out-of-pocket limit	In-Network: After deductible, \$25 copay per visit up to out-of-pocket limit	In-Network: After deductible, \$25 copay per visit up to out-of-pocket limit Out-of-Network: After deductible, you pay 30% coinsurance up to out-of-pocket limit
Emergency Room Copay waived if admitted as inpatient or for observation for at least 24 hours	In-Network: \$75 copay per visit	In-Network: \$75 copay per visit Out-of-Network: After \$75 copay (per visit) and deductible, you pay 10% coinsurance up to out-of-pocket limit	In-Network: After deductible, \$75 copay per visit	In-Network: After deductible, \$75 copay per visit Out-of-Network: After deductible, you pay 50% coinsurance up to out-of-pocket limit

Health & Pharmacy Benefits Plan Design Comparison

Medical Cost by Plan Design (continued)	Health Plan	Access Health Plan	High Deductible Health Plan (HDHP)	Access High Deductible Health Plan (HDHP)
<p>Mental Health / Alcohol and Drug Abuse Additional services (e.g. assessments) are subject to deductible and coinsurance.</p>	<p>In-Network Outpatient: \$15 copay per visit</p> <p>Inpatient and Covered Transitional Services: After deductible, you pay 10% coinsurance up to out-of-pocket limit</p>	<p>In-Network Outpatient: \$15 copay per visit</p> <p>Inpatient and Covered Transitional Services: After deductible, you pay 10% coinsurance up to out-of-pocket limit</p> <p>Out-of-Network: After deductible, you pay 30% coinsurance up to out-of-pocket limit</p>	<p>In-Network Outpatient: After deductible, \$15 copay per visit</p> <p>Inpatient and Covered Transitional Services: After deductible, you pay 10% coinsurance up to out-of-pocket limit</p>	<p>In-Network Outpatient: After deductible, \$15 copay per visit</p> <p>Inpatient and Covered Transitional Services: After deductible, you pay 10% coinsurance up to out-of-pocket limit</p> <p>Out-of-Network: After deductible, you pay 30% coinsurance up to out-of-pocket limit</p>
<p>Transplants Most transplants require prior authorization. Contact your health insurance plan carrier directly for more information.</p>	<p>In-Network: After deductible, you pay 10% coinsurance up to out-of-pocket limit</p>	<p>After deductible, you pay 10% (in-network) or 30% (out-of-network) coinsurance up to out-of-pocket limit</p>	<p>In-Network: After deductible, you pay 10% coinsurance up to out-of-pocket limit</p>	<p>After deductible, you pay 10% (in-network) or 30% (out-of-network) coinsurance up to out-of-pocket limit</p>
Prescription Cost by Plan Design	Health Plan	Access Health Plan	High Deductible Health Plan (HDHP)	Access High Deductible Health Plan (HDHP)
<p>Annual Prescription Deductible Annual fixed dollar amount you pay before the plan pays.</p>	<p>None</p>	<p>None</p>	<p>Combined medical and prescription drug deductible (see above); must be met before the next section applies.</p>	<p>Combined medical and prescription drug deductible (see above); must be met before the next section applies.</p>

Health & Pharmacy Benefits Plan Design Comparison

Prescription Cost by Plan Design (continued)	Health Plan	Access Health Plan	High Deductible Health Plan (HDHP)	Access High Deductible Health Plan (HDHP)
Prescription Cost Additional cost applies for “dispense as written” prescriptions drugs that are not medically necessary. Level 4 Specialty prescription drugs must be filled at specialty pharmacy (Lumicera or UW specialty pharmacies).	Preventive: You pay \$0 Level 1: \$5 copay, Level 2: 20% up to \$50 maximum per prescription Level 3: 40% up to \$150 maximum per prescription Level 4 Specialty: \$50 copay	Preventive: You pay \$0 Level 1: \$5 copay, Level 2: 20% up to \$50 maximum per prescription Level 3: 40% up to \$150 maximum per prescription Level 4 Specialty: \$50 copay	Preventive: You pay \$0 After Deductible: Level 1: \$5 copay, Level 2: 20% up to \$50 maximum per prescription Level 3: 40% up to \$150 maximum per prescription Level 4 Specialty: \$50 copay	Preventive: You pay \$0 After Deductible: Level 1: \$5 copay, Level 2: 20% up to \$50 maximum per prescription Level 3: 40% up to \$150 maximum per prescription Level 4 Specialty: \$50 copay
Annual Prescription Out-of-Pocket Limit³	Levels 1 & 2: \$600 Individual \$1,200 Family Level 3: \$6,850 Individual \$13,700 Family Level 4: \$1,200 Individual \$2,400 Family	Levels 1 & 2: \$600 Individual \$1,200 Family Level 3: \$6,850 Individual \$13,700 Family Level 4: \$1,200 Individual \$2,400 Family	\$2,500 Individual \$5,000 Family (Combined medical and prescription out-of-pocket limit)	\$2,500 Individual \$5,000 Family (Combined medical and prescription out-of-pocket limit)

Preventive Drugs identified by the Affordable Care Act (ACA):

- ¹**Zero Dollar:** Paid for by the plan (even if the deductible has not been met).
- ²**First Dollar:** Subject to copay/coinsurance (even if the deductible has not been met). After the deductible, copay/coinsurance apply up to the out-of-pocket limit.

³Family Out-of-Pocket Limits:

- **Health Plan and Access Health Plan:** Embedded. This means that an individual within a family meets an **individual** out-of-pocket limit.
- **HDHP and Access HDHP:** Not embedded. This means that an individual is responsible for their out-of-pocket expenses until the family out-of-pocket is met.

⁴Telehealth, Telemedicine, e-visits: IRS created a temporary safe harbor to allow telehealth services without cost-sharing through December 31, 2021 for all plans in the State Group Health Insurance Program. Cost-sharing still applies for services that would have been provided in an office visit setting; but have moved online due to the pandemic.

Main Differences:

- **Plan Designs:** Deductibles, copays and premiums. Use [ALEX](#), the virtual benefits counselor, to help select your plan design.
- **Insurance Carriers:** The counties in which they serve. Use the [Health Plan Search](#) to help select your health insurance carrier. For more information, visit the UW System Employee Benefits website at www.wisconsin.edu/ohrwd/benefits/.

This document is a summary of plan features and does not include all eligibility or plan Provisions. Every effort has been made to ensure this information is correct and current. The terms and conditions of the plans are established by state and federal laws and regulations and plan contracts. These sources of authority have control over the information in this summary to the extent there are any differences or conflicts.