Cost Sharing Illustration for Health/Access Plans vs. HDHP/Access HDHP

Cost Sharing is the amount of out of pocket expenses for health costs that are paid by a plan participant. It includes the annual deductible, coinsurance, copayments and out-of-pocket limits for pharmacy and health care expenses. The monthly premium for plans with higher expected out of pocket costs is typically less.

### Premium

The monthly amount that must be paid for your enrollment in the insurance plan.

### Deductible

The amount you could owe during an annual coverage period (calendar year) for health care services your health insurance or plan covers before your health insurance or plan begins to pay. The deductible may not apply to all services.

### Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 10%) of the allowed amount for the service. The health insurance or plan pays the rest of the allowed amount. You pay coinsurance after you have met your deductible.

### Copay

A set dollar amount you pay for a covered health care service (such as an office visit or prescription drug) usually paid at the time you receive the service. The amount can vary by the type of covered health care service. The remaining cost is covered by the plan.

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Preventive care is covered at 100%. No deductible or copay required.

**Out-of-Pocket Limit (OOPL)**

The most you pay during a policy period (usually a calendar year) before plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or charges for health care services your Health Plan does not cover. An individual within a family can reach an individual OOPL before the family OOPL is met and not have to pay any copayment/coinsurance. Family OOPLs for HDHP plans are not embedded and the full OOPL must be met before the plan will pay 100% for is met.

**Maximum Out-of-Pocket Limit (MOOP)**

For medical and prescription drug out-of-pocket costs that do not stop at the plan’s out-of-pocket limit, the federal maximum out-of-pocket limit provides a safety net that does not allow you to incur any out-of-pocket expenses more than $6,850/ single or $13,700/ family.

For the State of Wisconsin Group Health Insurance Program, this applies to some Prescription Drug (Rx) Formulary Levels.