

Comparison of Health Plans (includes Pharmacy Benefits)								
Health Insurance Plan Design Options								
	Health Plan		Access Health Plan		HDHP		Access HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Monthly Premiums*</b>								
<b>Individual / Family</b> (WRS Benefit Package)	\$85 / \$211		\$263 / \$656		\$30 / \$74		\$208 / \$519	
<b>Individual / Family</b> (Grad Assistant / Short-Term Benefit Package)	\$42.50 / \$105.50		\$131.50 / \$328		Not eligible		Not eligible	
<i>*does not include Uniform Dental</i>								
<b>Health Insurance Plan Carrier</b>	See the health plan map to help select a carrier in your county: <a href="http://etf.wi.gov/members/IYC2019/et-2107hpm.asp">http://etf.wi.gov/members/IYC2019/et-2107hpm.asp</a>		Administered by WEA Trust		See the health plan map to help select a carrier in your county: <a href="http://etf.wi.gov/members/IYC2019/et-2107hpm.asp">http://etf.wi.gov/members/IYC2019/et-2107hpm.asp</a>		Administered by WEA Trust	
<b>Statewide / Nationwide Access</b> All plans include nationwide pharmacy coverage; visit <a href="http://www.navitus.com">www.navitus.com</a> for in-network pharmacies.	Local, county-based coverage area.  See the health plan map for details: <a href="http://etf.wi.gov/members/IYC2019/et-2107hpm.asp">http://etf.wi.gov/members/IYC2019/et-2107hpm.asp</a>		Yes		Local, county-based coverage area.  See the health plan map for details: <a href="http://etf.wi.gov/members/IYC2019/et-2107hpm.asp">http://etf.wi.gov/members/IYC2019/et-2107hpm.asp</a>		Yes	
<b>Out-of-Network Benefits</b>	Emergency and Urgent Care only		Yes		Emergency and Urgent Care only		Yes	
<b>Health Savings Account (HSA)</b>	Not a component of this plan design.		Not a component of this plan design.		Yes - Required 2019 employer contributions: \$750 Individual / \$1,500 Family		Yes - Required 2019 employer contributions: \$750 Individual / \$1,500 Family	
<b>*Employees appointed fewer than 1,040 hours (50% of full time) pay 50% of the total monthly premium. Visit <a href="http://www.etf.wi.gov/members/IYC2019/et-2107prta.asp">www.etf.wi.gov/members/IYC2019/et-2107prta.asp</a> for total premium amounts. Crafts workers pay 100% of the total premium.</b>								
Breakdown of Your Health Insurance Costs by Plan Design								
	Health Plan		Access Health Plan		HDHP		Access HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Medical Deductible</b>	\$250 Individual / \$500 Family	NA	\$250 Individual / \$500 Family	\$500 Individual / \$1,000 Family	\$1,500 Individual / \$3,000 Family	NA	\$1,500 Individual / \$3,000 Family	\$2,000 Individual / \$4,000 Family
Counts toward Out-Of-Pocket Limit (OOPL)	Deductible does not apply for office visits, preventive services or prescription drugs.  After an individual within a family plan meets the \$250 deductible, benefits apply as described below.		Deductible does not apply for office visits, preventive services or prescription drugs.  After an individual within a family plan meets the \$250 deductible, benefits apply as described below.	Deductible does not apply for office visits, preventive services or prescription drugs.  After an individual within a family plan meets the \$500 deductible, benefits apply as described below.	Full deductible must be met before the plan pays benefits.  Combined medical and prescription deductible.		Full deductible must be met before the plan pays benefits.  Combined medical and prescription deductible.	Full deductible must be met before the plan pays benefits.  Combined medical and prescription deductible.

**Breakdown of Your Health Insurance Costs by Plan Design, continued**

	Health Plan		Access Health Plan		HDHP		Access HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Primary Care Physician (PCP) Office Visit</b>  Family Practice General Practice Internal Medicine Gynecology/Obstetrics Pediatrics Nurse Practitioner Physician Assistant Chiropractor Physical / Occupational / Speech Therapy (in office visit setting)  Additional services such as lab work, X-Rays, etc., count toward deductible and coinsurance.	\$15 copay per visit up to OOPL  Does <u>not</u> count toward deductible.	NA	\$15 copay per visit up to OOPL  Does <u>not</u> count toward deductible.	After deductible:  You pay 30% coinsurance up to OOPL.	After deductible:  \$15 copay per visit up to OOPL.	NA	After deductible:  \$15 copay per visit up to OOPL.	After deductible:  You pay 30% coinsurance up to OOPL.
<b>Specialty Office Visit</b>  Speciality Providers Urgent Care Vision Exam (in office visit setting)  Additional services such as lab work, X-Rays, etc., count toward deductible and coinsurance.	\$25 copay per visit up to OOPL  Does <u>not</u> count toward deductible.	NA	\$25 copay per visit up to OOPL  Does <u>not</u> count toward deductible.	After deductible:  You pay 30% coinsurance up to OOPL.	After deductible:  \$25 copay per visit up to OOPL.	NA	After deductible:  \$25 copay per visit up to OOPL.	After deductible:  You pay 30% coinsurance up to OOPL.
<b>Annual Medical Coinsurance</b>  A percentage that applies to medical services except office visits and preventive services (if lab work or other services are provided during the preventive visit, coinsurance may apply).	After deductible:  You pay 10% coinsurance up to OOPL.	NA	After deductible:  You pay 10% coinsurance up to OOPL.	After deductible:  You pay 30% coinsurance up to OOPL.	After deductible:  You pay 10% coinsurance up to OOPL.	NA	After deductible:  You pay 10% coinsurance up to OOPL.	After deductible:  You pay 30% coinsurance up to OOPL.
<b>Preventive Services</b>  See: <a href="https://www.healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	Plan pays 100%	NA	Plan pays 100%	After deductible:  You pay 50% coinsurance up to OOPL.	Plan pays 100%	NA	Plan pays 100%	After deductible:  You pay 50% coinsurance up to OOPL.
<b>Transplants</b>  Most transplants require prior authorization. Contact your health insurance plan carrier directly for additional information.	After deductible:  You pay 10% coinsurance up to OOPL.	NA	After deductible:  You pay 10% coinsurance up to OOPL.	After deductible:  You pay 30% coinsurance up to OOPL.	After deductible:  You pay 10% coinsurance up to OOPL.	NA	After deductible:  You pay 10% coinsurance up to OOPL.	After deductible:  You pay 30% coinsurance up to OOPL.

**Breakdown of Your Health Insurance Costs by Plan Design, continued**

	Health Plan		Access Health Plan		HDHP		Access HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Mental Health / Alcohol &amp; Drug Abuse</b>  Additional services such as lab work, assessments, etc., are subject to deductible and coinsurance	<b>Outpatient Services:</b> \$15 copay per visit  <b>Inpatient &amp; Covered Transitional Services:</b> After deductible, you pay 10% coinsurance up to OOPL.	NA	<b>Outpatient Services:</b> \$15 copay per visit  <b>Inpatient &amp; Covered Transitional Services:</b> After deductible, you pay 10% coinsurance up to OOPL.	<b>After deductible:</b>  You pay 30% coinsurance up to OOPL.	<b>After deductible:</b>  <b>Outpatient Services:</b> \$15 copay per visit  <b>Inpatient &amp; Covered Transitional Services:</b> You pay 10% coinsurance up to OOPL.	NA	<b>After deductible:</b>  <b>Outpatient Services:</b> \$15 copay per visit  <b>Inpatient &amp; Covered Transitional Services:</b> You pay 10% coinsurance up to OOPL.	<b>After deductible:</b>  You pay 30% coinsurance up to OOPL.
<b>Emergency Room</b>  Copay waived if admitted as inpatient directly from emergency room or for observation for 24 hours or longer	\$75 copay per visit.  Copay applies to OOPL.	\$75 copay per visit.  Copay applies to OOPL.	\$75 copay per visit.  Copay applies to OOPL.	<b>After \$75 copay (per visit) and deductible:</b> You pay 10% coinsurance up to OOPL.	<b>After deductible:</b> \$75 copay per visit.  Copay applies to OOPL.	<b>After deductible:</b> \$75 copay per visit.  Copay applies to OOPL.	<b>After deductible:</b> \$75 copay per visit.  Copay applies to OOPL.	<b>After deductible:</b> You pay 50% coinsurance up to OOPL.
<b>Annual Medical Out-of-Pocket Limit (OOPL)</b>	\$1,250 Individual / \$2,500 Family  (separate OOPL for prescription drugs)	NA	\$1,250 Individual / \$2,500 Family  (separate OOPL for prescription drugs)	\$2,000 Individual / \$4,000 Family  (separate OOPL for prescription drugs)	\$2,500 Individual / \$5,000 Family  (medical <u>and</u> prescription drug expenses count toward combined OOPL)  Family coverage: must meet full family OOPL before plan pays 100%.	NA	\$2,500 Individual / \$5,000 Family  (medical <u>and</u> prescription drug expenses count toward combined OOPL)  Family coverage: must meet full family OOPL before plan pays 100%.	\$3,800 Individual / \$7,600 Family  (medical <u>and</u> prescription drug expenses count toward combined OOPL)  Family coverage: must meet full family OOPL before plan pays 100%.

**Breakdown of Your Prescription (Rx) Costs by Plan Design**

 Locate an In-Network pharmacy at: [www.navitus.com/Navitus.Web/media/pdf/Navitus-Pharmacy-Network-Listing-National-and-Chains.pdf](http://www.navitus.com/Navitus.Web/media/pdf/Navitus-Pharmacy-Network-Listing-National-and-Chains.pdf)

	Health Plan		Access Health Plan		HDHP		Access HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Prescription Deductible<sup>1</sup></b>  Annual fixed dollar amount a member pays before the plan pays.	None	NA	None	NA	Combined medical and prescription drug deductible; must be met before the next section applies.	NA	Combined medical and prescription drug deductible; must be met before the next section applies.	NA
<b>Prescription Cost</b>  Additional cost applies for "dispense as written" prescription drugs that are not medically necessary.  Level 4 Specialty prescription drugs must be filled at specialty pharmacy (Lumicera or UW specialty pharmacies).	<b>Level 1:</b> \$5 copay, <b>Level 2:</b> 20% up to \$50 maximum per prescription, <b>Level 3:</b> 40% up to \$150 maximum per prescription, <b>Level 4 Specialty:</b> \$50 copay, <b>Preventive:</b> \$0 (plan pays 100%).	NA	<b>Level 1:</b> \$5 copay, <b>Level 2:</b> 20% up to \$50 maximum per prescription, <b>Level 3:</b> 40% up to \$150 maximum per prescription, <b>Level 4 Specialty:</b> \$50 copay, <b>Preventive:</b> \$0 (plan pays 100%).	NA	<b>After Deductible:</b> <b>Level 1:</b> \$5 copay, <b>Level 2:</b> 20% up to \$50 maximum per prescription, <b>Level 3:</b> 40% up to \$150 maximum per prescription, <b>Level 4 Specialty:</b> \$50 copay, <b>Preventive:</b> \$0 (plan pays 100%).	NA	<b>After Deductible:</b> <b>Level 1:</b> \$5 copay, <b>Level 2:</b> 20% up to \$50 maximum per prescription, <b>Level 3:</b> 40% up to \$150 maximum per prescription, <b>Level 4 Specialty:</b> \$50 copay, <b>Preventive:</b> \$0 (plan pays 100%).	NA
<b>Annual Prescription Out-of-Pocket Limit (OOPL)<sup>2</sup></b>	<b>Levels 1 &amp; 2:</b> \$600 Individual / \$1,200 Family <b>Level 3:</b> \$6,850 Individual / \$13,700 Family <b>Level 4:</b> \$1,200 Individual / \$2,400 Family	NA	<b>Levels 1 &amp; 2:</b> \$600 Individual / \$1,200 Family <b>Level 3:</b> \$6,850 Individual / \$13,700 Family <b>Level 4:</b> \$1,200 Individual / \$2,400 Family	NA	\$2,500 Individual / \$5,000 Family  (medical <u>and</u> prescription drug expenses count toward combined OOPL)  Family coverage: must meet full family OOPL before plan pays 100%.	NA	\$2,500 Individual / \$5,000 Family  (medical <u>and</u> prescription drug expenses count toward combined OOPL)  Family coverage: must meet full family OOPL before plan pays 100%.	NA

<sup>1</sup> "Zero Dollar" preventive drugs identified by the Affordable Care Act (ACA) are paid for by the plan even if the deductible has not been met.

"First Dollar" preventive drugs identified by the ACA are subject to copay/coinsurance even if the deductible has not been met. After the deductible is met, the member is still responsible for the copay/coinsurance up to the OOPL.

<sup>2</sup> Family OOPLs for the Health Plan and Access Health Plan are embedded. This means that an individual within a family meets an individual OOPL. Family OOPLs for the HDHP and Access HDHP are not embedded. This means that an individual will continue to pay until the family OOPL is met.

 Main differences in plan designs: deductibles, copays and premiums. Visit ALEX at [www.wisconsin.edu/ohrwd/benefits/alex/](http://www.wisconsin.edu/ohrwd/benefits/alex/), a virtual benefits counselor, for help choosing your plan design. Main difference in health insurance carriers: the counties in which they serve. Choose a plan design and health insurance plan carrier that best fits your needs. Visit the UW System Employee Benefits website at [www.wisconsin.edu/ohrwd/benefits/](http://www.wisconsin.edu/ohrwd/benefits/) for additional information.