

## 2022 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)
<b>Monthly Premiums (w/out Uniform Dental)*</b> <b>Individual/Family</b> (WRS Benefit Package)	\$96 / \$237	\$257 / \$639	\$34 / \$83	\$195 / \$485
<b>Individual/Family</b> (Graduate Assistant / Short-term Academic Staff Benefit Package)	\$48 / \$118.50	\$128.50 / \$319.50	Not Eligible	Not Eligible
<i>*Employees appointed less than 1,040 hours (50% of full-time) pay 50% of the <a href="#">total premiums</a>.</i>				
<b>Health Insurance Plan Carrier</b>	<a href="#">Health Plan Search</a> (choose a plan in the county you will seek services in)	WEA Trust	<a href="#">Health Plan Search</a> (choose a plan in the county you will seek services in)	WEA Trust
<b>Statewide / Nationwide Access</b>  All plans include pharmacy coverage; visit <a href="http://www.navitus.com">www.navitus.com</a> for in-network pharmacies	Local county-based coverage only. (choose a plan in the county you will seek services in)	Statewide / Nationwide coverage	Local county-based coverage only. (choose a plan in the county you will seek services in)	Statewide / Nationwide coverage
<b>Out-of-Network Benefits</b>	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
<b>Health Savings Account (HSA)</b>	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)
<b>Preventive Services</b>  See <a href="http://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	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
<b>Telehealth, Telemedicine, e-visits<sup>4</sup></b>	In-Network: Your cost varies by carrier	In-Network: Your cost varies by carrier	In-Network: Your cost varies by carrier	In-Network: Your cost varies by carrier

## 2022 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><b>Annual Medical Deductible</b></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>Medical and prescription drug deductible are separate.</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>Medical and prescription drug deductible are separate.</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><b>Annual Medical Coinsurance</b></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><b>Annual Medical Out-of-Pocket Limit</b></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>

## 2022 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><b>Primary Care Physician / Office Visit</b></p> <p>Family Practice, General Practice, Internal Medicine, Gynecology/Obstetrics, Pediatrics, Nurse Practitioner, Physician Assistant, Chiropractor, Physical / Occupational / Speech Therapy (office visit setting)</p> <p>Additional services (for example, lab work, x-Ray) count toward deductible &amp; coinsurance</p>	<p>In-Network:</p> <p>\$15 copay per visit up to out-of-pocket limit</p>	<p>In-Network:</p> <p>\$15 copay per visit up to out-of-pocket limit</p> <p>Out-of-Network:</p> <p>After deductible, you pay 30% coinsurance up to out-of-pocket limit</p>	<p>In-Network:</p> <p>After deductible, \$15 copay per visit up to out-of-pocket limit</p>	<p>In-Network:</p> <p>After deductible, \$15 copay per visit up to out-of-pocket limit</p> <p>Out-of-Network:</p> <p>After deductible, you pay 30% coinsurance up to out-of-pocket limit</p>
<p><b>Specialty Office Visit</b></p> <p>Specialty Providers Urgent Care Vision Exam (office visit setting)</p> <p>Additional services (for example, lab work, x-Ray) count toward deductible &amp; coinsurance</p>	<p>In-Network:</p> <p>\$25 copay per visit up to out-of-pocket limit</p>	<p>In-Network:</p> <p>\$25 copay per visit up to out-of-pocket limit</p> <p>Out-of-Network:</p> <p>After deductible, you pay 30% coinsurance up to out-of-pocket limit</p>	<p>In-Network:</p> <p>After deductible, \$25 copay per visit up to out-of-pocket limit</p>	<p>In-Network:</p> <p>After deductible, \$25 copay per visit up to out-of-pocket limit</p> <p>Out-of-Network:</p> <p>After deductible, you pay 30% coinsurance up to out-of-pocket limit</p>
<p><b>Emergency Room</b></p> <p>Copay waived if admitted as inpatient or for observation for at least 24 hours</p>	<p>In-Network:</p> <p>\$75 copay per visit</p>	<p>In-Network:</p> <p>\$75 copay per visit</p> <p>Out-of-Network: After \$75 copay (per visit) and deductible, you pay 10% coinsurance up to out-of-pocket limit</p>	<p>In-Network:</p> <p>After deductible, \$75 copay per visit</p>	<p>In-Network:</p> <p>After deductible, \$75 copay per visit</p> <p>Out-of-Network: After deductible, you pay 50% coinsurance up to out-of-pocket limit</p>

## 2022 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><b>Mental Health / Alcohol and Drug Abuse</b></p> <p>Additional services (for example, 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><b>Transplants</b></p> <p>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><b>Annual Prescription Deductible</b></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>

## 2022 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)
<b>Prescription Cost</b> 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).	<b>Preventive:</b> You pay \$0 <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> You pay \$0 <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> You pay \$0  <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> You pay \$0  <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>Annual Prescription Out-of-Pocket Limit<sup>3</sup></b>	<b>Levels 1 &amp; 2:</b> \$600 Individual \$1,200 Family <b>Level 3 &amp; 4:</b> \$8,700 Individual \$17,400 Family	<b>Levels 1 &amp; 2:</b> \$600 Individual \$1,200 Family <b>Level 3 &amp; 4:</b> \$8,700 Individual \$17,400 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):**

- <sup>1</sup>**Zero Dollar:** Paid for by the plan (even if the deductible has not been met).
- <sup>2</sup>**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.

**<sup>3</sup>Family 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.

**<sup>4</sup>Telehealth, Telemedicine, e-visits:** Generally, out-of-pocket expenses are less for telehealth, telemedicine, and e-visits than they are for office visits and emergency room visits.

**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/](http://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.*