

2024 Health & Pharmacy Benefits Plan Design Comparison

Medical Benefits 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)	\$112 / \$276	\$267 / \$663	\$39 / \$97	\$194 / \$484
Individual/Family (Graduate Assistant / Short-term Academic Staff Benefit Package)	\$56 / \$138	\$133.50 / \$331.50	Not Eligible	Not Eligible
<i>*Employees appointed less than 1,040 hours (50% of full-time) pay 50% of the total monthly premiums</i>				
Health Insurance Plan Carrier	Health Plan Search (choose a plan in the county you will receive services in)	Dean Health Plan	Health Plan Search (choose a plan in the county you will receive services in)	Dean Health Plan
Provider Availability All plans include pharmacy coverage; visit www.navitus.com for in-network pharmacies	Local county-based coverage only. (choose a plan in the county you will receive services in)	Nationwide coverage	Local county-based coverage only. (choose a plan in the county you will receive services in)	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) (through the UW System)	N/A	N/A	Requirement for this plan design. Employer contribution of up to \$750 individual and \$1,500 family (if eligible)	Requirement for 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: Your cost varies by carrier, service type, and provider specialty	In-Network: Your cost varies by carrier, service type, and provider specialty	In-Network: Your cost varies by carrier, service type, and provider specialty	In-Network: Your cost varies by carrier, service type, and provider specialty

2024 Health & Pharmacy Benefits Plan Design Comparison

Medical Benefits 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 pharmacy benefits.</p> <p>After one individual meets the \$250 deductible, benefits apply as described below.</p> <p>Separate medical and pharmacy benefits 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 pharmacy benefits.</p> <p>After one individual meets the \$250 (in-network) or \$500 (out-of-network) deductible, benefits apply as described below.</p> <p>Separate medical and pharmacy benefits deductible.</p>	<p>In-Network: \$1,600 Individual \$3,200 Family*</p> <p><i>*Family deductible must be met by one individual or a combination of family members before the plan pays.</i></p> <p>Combined medical and pharmacy benefits deductible.</p>	<p>In-Network: \$1,600 Individual \$3,200 Family*</p> <p>Out-of-Network: \$2,000 Individual \$4,000 Family*</p> <p><i>*Family deductible must be met by one individual or a combination of family members before the plan pays.</i></p> <p>Combined medical and pharmacy benefits deductible.</p>
<p>Annual Medical 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 pharmacy benefits</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 pharmacy benefits</p>	<p>In-Network: \$2,500 Individual \$5,000 Family</p> <p>Combined medical and pharmacy benefits 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 pharmacy benefits out-of-pocket limit</p>

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Medical Benefits 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 (for example, lab work, x-Ray) count toward deductible & 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 (for example, lab work, x-Ray) count toward deductible & 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 to inpatient directly from emergency room or for observation for 24 hours or longer	In-Network: \$75 copay per visit Deductible and copay applies to services beyond the copay	In-Network: \$75 copay per visit Deductible and copay applies to services beyond the copay 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, coinsurance applies to services beyond the copay	In-Network: After deductible, \$75 copay per visit, coinsurance applies to services beyond the copay Out-of-Network: After deductible, you pay 50% coinsurance up to out-of-pocket limit

2024 Health & Pharmacy Benefits Plan Design Comparison

Medical Benefits 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</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>Transplants</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>

2024 Health & Pharmacy Benefits Plan Design Comparison

Pharmacy Benefits Cost by Plan Design	Health Plan	Access Health Plan	High Deductible Health Plan (HDHP)	Access High Deductible Health Plan (HDHP)
Annual Pharmacy Benefits Deductible	None	None	Combined medical and pharmacy benefits deductible (see above); must be met before the next section applies.	Combined medical and pharmacy benefits deductible (see above); must be met before the next section applies.
Pharmacy Benefits Cost Additional cost applies for “dispense as written” pharmacy benefits that are not medically necessary. Level 4 Specialty 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 Pharmacy Benefits Out-of-Pocket Limit³	Levels 1 & 2: \$600 Individual \$1,200 Family Level 3 & 4: \$9,450 Individual \$18,900 Family	Levels 1 & 2: \$600 Individual \$1,200 Family Level 3 & 4: \$9,450 Individual \$18,900 Family	\$2,500 Individual \$5,000 Family (Combined medical and pharmacy benefits out-of-pocket limit)	\$2,500 Individual \$5,000 Family (Combined medical and pharmacy benefits 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 an individual within a family meets an **individual** out-of-pocket limit.
- **HDHP and Access HDHP:** Not embedded. This means an individual is responsible for their out-of-pocket expenses until the family out-of-pocket is met.

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

Main Differences:

- **Plan Designs:** Deductibles, copays, and premiums. Go to the [How to Choose Your Health Insurance Plan web page](#) to help you select a plan design.
- **Insurance Carriers:** The counties in which they serve. Use the [Health Plan Search](#) to help you select a 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.