



# Breakdown of Your Costs by Plan Design, Without Medicare

The information below will help you compare the benefits available through the different It's Your Choice (IYC) plan design options. This list contains only the most commonly used benefits. **Complete information is available online.**

	Local Traditional Health Plan	Local Access Plan 
<b>Annual Medical Deductible</b>		None
<b>Annual Medical Coinsurance</b> Paid after deductible and until OOPL is met		Plan pays 100% for most services Exceptions: Durable medical equipment, certain hearing aids and cochlear implants
<b>Annual Medical Out-of-Pocket Limit (OOPL)</b> For federally required essential health benefits		\$6,850 Individual / \$13,700 Family Only applies to durable medical equipment, certain hearing aids and cochlear implants
<b>Preventive Services</b> See <a href="http://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>		Plan pays 100%
<b>Emergency Room</b> Copay waived if admitted to inpatient directly from emergency room or for observation for 24 hours or longer		\$60 copay per visit
<b>Vision Exam</b> Annual routine exam and exams related to illness/injury		Plan pays 100%
<b>Hearing Exam</b>		Plan pays 100%
<b>Hearing Aid</b> (per ear, every 3 years)		Child: Plan pays 100% Adult: You pay 20% and 100% of costs exceeding plan payment of \$1,000
<b>Durable Medical Equipment</b>		You pay 20%, up to \$500 per person
<b>Physical/Speech/Occupational Therapy</b>		Plan pays 100%, up to 50 combined visits per year Plan may approve 50 more visits per therapy type per year
<b>Skilled Nursing Facility</b> (non-custodial care)		Plan pays 100% for 120 days per plan year
<b>Prescription Deductible</b>		None
<b>Prescription Copay</b> Level 1 / 2 / 3 Level 4 Specialty Preventive		\$5 / 20% (\$50 max) / 40% (\$150 max)* \$50 copay (Must fill at Lumicera or UW specialty pharmacies) Plan pays 100%, regardless of deductible
<b>Prescription Out-of-Pocket Limit</b> Levels 1 & 2 - Individual / Family Level 3 - Individual / Family Level 4 - Individual / Family		\$600 / \$1,200 \$6,850 / \$13,700 \$1,200 / \$2,400

 \*Level 3 "Dispense as Written" or "DAW-1" drugs may cost more - see *What is Changing* on page 2 or contact Navitus for details  
 Plan features out-of-network benefits. Learn more at [etf.wi.gov/IYC2019](http://etf.wi.gov/IYC2019)

## STEP 2

# CHOOSE A HEALTH PLAN, CONTINUED

### Monthly Premium Rates (in dollars)

	With Dental Individual / Family	Without Dental Individual / Family
<b>Local Traditional Health Plan<sup>1</sup></b>		
Dean Health Insurance ★★★★★☆	700.00 / 1,719.16	669.80 / 1,643.66
Dean Health Insurance - Prevea360 ★★★★★☆	703.20 / 1,727.16	673.00 / 1,651.66
GHC of Eau Claire ★★★★★☆	845.80 / 2,083.66	815.60 / 2,008.16
GHC of South Central Wisconsin ★★★★★☆	701.30 / 1,722.40	671.10 / 1,646.90
HealthPartners Health Plan ★★★★★☆	992.20 / 2,449.66	962.00 / 2,374.16
Medical Associates Health Plans ★★★★★☆	627.10 / 1,536.90	596.90 / 1,461.40
MercyCare Health Plans ★★★★★☆	777.32 / 1,912.46	747.12 / 1,836.96
Network Health ★★★★★☆	831.20 / 2,047.16	801.00 / 1,971.66
Quartz - Community ★★★★★☆	801.74 / 1,973.50	771.54 / 1,898.00
Quartz - UW Health ★★★★★☆	675.70 / 1,658.40	645.50 / 1,582.90
Robin with HealthPartners Health Plan <i>not yet rated</i>	992.20 / 2,449.66	962.00 / 2,374.16
Security Health Plan - Central ★★★★★☆	1,170.02 / 2,894.20	1,139.82 / 2,818.70
Security Health Plan - Valley ★★★★★☆	1,165.98 / 2,884.10	1,135.78 / 2,808.60
State Maintenance Plan (SMP) <sup>4</sup> by WEA Trust ★★★★★☆	865.18 / 2,132.10	834.98 / 2,056.60
WEA Trust - East ★★★★★☆	888.00 / 2,189.16	857.80 / 2,113.66
WEA Trust West - Chippewa Valley ★★★★★☆	1,075.20 / 2,657.16	1,045.00 / 2,581.66
WEA Trust West - Mayo Clinic Health System ★★★★★☆	1,009.90 / 2,493.90	979.70 / 2,418.40
<b>Local Access Plan<sup>1</sup></b>		
WEA Trust <sup>4</sup> ★★★★★☆ <i>All counties</i>	1,294.04 / 3,204.28	1,263.84 / 3,128.78

The overall performance star ratings are based on several quality measures. Visit the Map tab at [etf.wi.gov/IYC2019](http://etf.wi.gov/IYC2019) and click on the quality rating of the plans you are interested in for more information.

## STEP 3

# CONSIDER SUPPLEMENTAL BENEFITS

## Uniform Dental Benefit Option

Your employer may choose to offer Uniform Dental Benefits along with your health insurance coverage. *Ask your benefits office about available options.* The table lists only the most commonly used benefits. **Visit [etf.wi.gov/IYC2019](http://etf.wi.gov/IYC2019) for complete information, including limitations and benefit exclusions.**



### Monthly Payment (Premium)

See pages 11 - 12

### In-Network Providers

Delta Dental PPO or Premier providers  
No out-of-network coverage

### Annual Deductible

None

### Annual Benefit Max

\$1,000 / person

### Diagnostic & Preventive Services

Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, fillings

100%

### Basic Services

Anesthesia (general and IV sedation)

80%

### Major / Restorative Services

Non-surgical extractions (above gumline)

90%

Crowns, bridges, dentures, root canal therapy (endodontics)

Not covered

### Waiting Period

None

### Orthodontics (Under Age 19)

Coverage  
Lifetime Maximum  
Waiting Period

50%  
\$1,500  
None

### Contact

1-844-337-8383  
[deltadentalwi.com/state-of-wi](http://deltadentalwi.com/state-of-wi)

### Health Insurance Required ✓

Uniform Dental is only available if you enroll in health insurance under the WPE Group Health Insurance Program. Contact your benefits office to see if your employer offers the Uniform Dental Benefit.

Your dental coverage will mirror your health insurance; if you elect family health insurance with dental, you will be enrolled in family dental coverage. If you elect individual health insurance with dental coverage, you will be enrolled in individual dental coverage.

### Go to the Delta Dental website and create an account to:

- ✓ Find in-network providers
- ✓ Print ID cards
- ✓ View your benefits and claims
- ✓ Find valuable dental health resources
- ✓ Ask questions

## Other Benefits

May be offered by your employer. Check with your employer if you are uncertain these are available to you.

### **Securian WPE Life Insurance**

Life insurance coverage up to five times your annual earnings, plus optional spouse and dependent coverage. Offered by Securian Financial Group, Inc.

### **Wisconsin Deferred Compensation Program**

A supplemental retirement savings and investment program.



### **Income Continuation Insurance Program**

An "income replacement" benefit payable if you become disabled.