



Breakdown of Your Medical Costs

The table below lists how much you will pay for common services received in-network.

	Local Traditional Health Plan	Local Access Plan 
Annual Medical Deductible		None
Annual Medical Out-of-Pocket Limit (OOPL) Individual / Family		\$6,850 / \$13,700
The most you will pay in a year for covered medical services		Only applies to durable medical equipment, certain hearing aids and cochlear implants
Medical Coinsurance		None Plan pays 100% for most services Exceptions: durable medical equipment, certain hearing aids and cochlear implants
Preventive Services See healthcare.gov/preventive-care-benefits		\$0
Telehealth Visit		\$0
Primary Care Office Visit		\$0
Specialty Provider Office Visit		\$0
Urgent Care		\$0
Emergency Room Copoly waived if admitted to inpatient directly from emergency room or for observation for 24 hours or longer		\$60 copay
Durable Medical Equipment and Supplies		20% up to \$500 per person
Hearing Aids for Adults Per ear, every 3 years		20% until plan pays \$1,000, then 100% of the costs
Hearing Aids for Children Under Age 18 Per ear, every 3 years		\$0

 The Local Access Plan offers out-of-network benefits. To learn about the out-of-network benefits, visit our website.

Breakdown of Your Pharmacy Costs

You must use an in-network pharmacy. Visit etf.benefits.navitus.com to find an in-network pharmacy near you. In-network pharmacies are available nationwide. Both plan designs have the same pharmacy benefits.

Prescription Deductible

None

Prescription Copay / Coinsurance

Level 1	\$5 or less
Level 2	20% (\$50 max)
Level 3	40% (\$150 max) ¹
Level 4	\$50 ²
Preventive (As federally required)	\$0 - Plan pays 100%

Prescription Out-Of-Pocket Limit

Levels 1 & 2 (Individual / Family)	\$600 / \$1,200
Level 3 (Individual / Family)	\$6,850 / \$13,700
Level 4 (Individual / Family)	\$1,200 / \$2,400

¹For Level 3 "Dispense as Written" or "DAW-1" drugs, your doctor must submit a one-time FDA MedWatch form to Navitus. If there is no form on file with Navitus, you will pay more. Contact Navitus for details.

²Must fill at Lumicera specialty pharmacy or UW Health Specialty Pharmacies.



Mail-Order Pharmacy

Why use a mail-order pharmacy?

- **You'll pay less**
Only 2 copays for a 3-month supply
- **It's safe and confidential**
Your medications are delivered in a confidential and weather-resistant package
- **You're supported**
Have a question about your medication?
Pharmacists are available 24/7

For more information, visit serve-you-rx.com/navitus or call **1-800-481-4940**



Vaccines at Pharmacies

Get vaccinated at any in-network pharmacy using your pharmacy benefit.

- **How much does it cost?** \$0, it's free!
- **Which vaccines are available?** Influenza, Pneumonia, Tetanus, Hepatitis, Shingles, Measles, Mumps, Human Papillomavirus (HPV), Pertussis, Varicella, Meningitis

Just show your Navitus card at the pharmacy. If you prefer, you can still get vaccinated at your doctor's office using your medical benefit.

Monthly Premiums (Participants without Medicare)

Uniform Dental premiums are added to your medical premiums if you choose coverage. See premiums on page 18.

	Local Traditional Health Plan	
	Individual	Family
Dean Health Insurance	\$712.64	\$1,748.08
Dean Health Insurance - Prevea360	\$715.98	\$1,756.44
GHC of Eau Claire	\$835.02	\$2,054.04
GHC of South Central Wisconsin	\$719.52	\$1,765.28
HealthPartners Health Plan	\$946.82	\$2,333.54
Medical Associates Health Plans	\$640.62	\$1,568.04
MercyCare Health Plans	\$761.14	\$1,869.34
Network Health	\$863.32	\$2,124.78
Quartz - Community	\$853.36	\$2,099.88
Quartz - UW Health	\$659.52	\$1,615.28
Robin with HealthPartners Health Plan	\$946.82	\$2,333.54
State Maintenance Plan (SMP) ¹ by WEA Trust	\$846.20	\$2,082.00
WEA Trust - East	\$881.50	\$2,170.24
WEA Trust West - Chippewa Valley	\$1,066.12	\$2,631.78
WEA Trust West - Mayo Clinic Health System	\$966.34	\$2,382.34

	Local Access Plan	
	Individual	Family
WEA Trust ¹	\$1,286.20	\$3,182.00

¹Members with the Access Plan or SMP coverage who enroll in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Access Plan or SMP.

What is Covered

	Uniform Dental & Preventive Plan	Select Plan	Select Plus Plan
In-Network providers (No out-of-network coverage)	Delta Dental PPO & Premier providers	Delta Dental PPO	Delta Dental PPO & Premier providers
Annual deductible	None	\$100 / person	\$25 / person
Annual benefit max	\$1,000 / person	\$1,000 / person	\$2,500 / person
Waiting period	None	None	None
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests	100%	No coverage	No coverage
Fillings	100%	No coverage	No coverage
Anesthesia (general and IV sedation)	80%	50%	80%
Emergency pain relief	80%	No coverage	No coverage
Periodontal maintenance	100%	No coverage	No coverage
Crowns, bridges, dentures, implants	No coverage	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage	50%	80%
Non-surgical extractions (above gumline)	90%	No coverage	No coverage
Orthodontics coverage	50% (Under age 19)	No coverage	50% (Any age)
Orthodontics lifetime maximum	\$1,500	No coverage	\$1,500