Breakdown of Your Costs by Plan Design, Without Medicare

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

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



Plan features out-of-network benefits. Learn more at etf.wi.gov/IYC2018

Level 4 - Individual / Family

\$1,200 / \$2,400