

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) health plan design options. This list contains only the most commonly used benefits. Complete information is available online.



Local Health Plan	Local Access Plan
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Annual Medical Deductible Individual / Family Counts toward out-of-pocket limit (OOPL)	\$250 / \$500 Medical deductible does not apply to office visit copays, preventive services or prescription drugs
Primary Care Office Visit Copay does not count toward deductible Additional services such as lab work, X-rays, etc., count toward the deductible and coinsurance	\$15 copay per visit up to OOPL
Specialty Office Visit Copay does not count toward deductible Additional services such as lab work, X-rays, etc., count toward the deductible and coinsurance	\$25 copay per visit up to OOPL
Annual Medical Coinsurance Applies to medical services except for office visit or emergency room copayments and preventive services	After deductible is met you pay 10% up to OOPL
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	\$75 copay per visit Deductible and coinsurance applies to services beyond the copay up to OOPL
Annual Medical Out-of-Pocket Limit (OOPL) Individual / Family	\$1,250 / \$2,500
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 Level 4 - Individual / Family	\$600 / \$1,200 \$6,850 / \$13,700 \$1,200 / \$2,400



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