



## ***Deductible HMO — Standard PPO Addendum***

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# **2015 Wisconsin Public Employers Group Health Insurance Program**

Participating Local Government  
Employees & Annuitants



Keep this as a reference throughout the year with the *It's Your Choice* guides.

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## 2015 Monthly Local Rates: Deductible HMO Option — Standard PPO

Plan Name	Tier	Non-Medicare Rates*		Medicare Rates		
		Single	Family	Single	Medicare 1**	Medicare 2***
Anthem Blue Preferred Northeast	1	647.00	1,610.00	492.90	1,134.90	980.80
Anthem Blue Preferred Southeast	1	692.80	1,724.50	515.20	1,203.00	1,025.40
Arise Health Plan Northern	1	956.50	2,383.80	647.60	1,599.10	1,290.20
Arise Health Plan Southeast	1	986.80	2,459.50	662.80	1,644.60	1,320.60
Dean Health Insurance	1	628.30	1,563.30	477.00	1,100.30	949.00
Dean Health Insurance - Prevea360	1	761.00	1,895.00	542.10	1,298.10	1,079.20
GHC of Eau Claire	3	1,039.90	2,592.30	574.70	1,609.60	1,144.40
GHC of South Central Wisconsin	1	576.60	1,434.00	457.60	1,029.20	910.20
Gundersen Health Plan	1	740.80	1,844.50	406.10	1,141.90	807.20
Health Tradition Health Plan	1	645.50	1,606.30	490.30	1,130.80	975.60
HealthPartners Health Plan	1	831.30	2,070.80	565.30	1,391.60	1,125.60
Humana - Eastern	3	1,107.50	2,761.30	379.40	1,481.90	753.80
Humana - Western	3	1,107.50	2,761.30	379.40	1,481.90	753.80
Medical Associates Health Plans	1	583.80	1,452.00	405.70	984.50	806.40
Medicare Plus****	N/A****	NA****	NA****	414.30	N/A****	824.30
MercyCare Health Plans	1	587.90	1,462.30	443.20	1,026.10	881.40
Network Health	1	707.20	1,760.50	523.00	1,225.20	1,041.00
Physicians Plus	1	657.40	1,636.00	478.80	1,131.20	952.60
Security Health Plan	3	978.30	2,438.30	553.30	1,526.60	1,101.60
Standard Plan - Balance of State <sup>1</sup> & ****	3	1,095.40	2,732.30	NA****	1,509.70	NA****
Standard Plan - Dane <sup>2</sup> & ****	3	1,018.00	2,537.60	NA****	1,432.30	NA****
Standard Plan - Milwaukee <sup>3</sup> & ****	3	1,181.70	2,946.20	NA****	1,596.00	NA****
Standard Plan - Waukesha <sup>4</sup> & ****	3	1,095.40	2,732.30	NA****	1,509.70	NA****
State Maintenance Plan (SMP)	1	791.20	1,972.00	NA****	1,205.50	NA****
UnitedHealthcare of Wisconsin	1	825.40	2,056.00	582.10	1,402.50	1,159.20
Unity Health Insurance - Community	1	619.80	1,542.00	452.60	1,067.40	900.20
Unity Health Insurance - UW Health	1	533.30	1,325.80	413.60	941.90	822.20
WEA Trust - East	1	764.10	1,902.80	551.50	1,310.60	1,098.00
WEA Trust - Northwest Chippewa Valley	1	893.10	2,225.30	615.90	1,504.00	1,226.80
WEA Trust - Northwest Mayo Clinic Hlth. Sys.	1	893.10	2,225.30	615.90	1,504.00	1,226.80
WEA Trust - South Central	1	726.10	1,807.80	532.40	1,253.50	1,059.80
<b>Standard Plan Area Includes The Following:</b>	<sup>1</sup> BALANCE OF STATE: All other Wisconsin counties (code A4) <sup>2</sup> DANE: Dane, Grant, Jefferson, La Crosse, Polk, St. Croix (code A1) <sup>3</sup> MILWAUKEE: Milwaukee County, also applies to retirees and continuants living out of state (code A2) <sup>4</sup> WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha (code A3)					
N/A= "not applicable." Medicare premium rates apply only to subscribers who have terminated employment. *Members of new participating employers may have a surcharge added to their rates. Your employer will inform you. Contact your payroll office with questions. **Medicare 1 = Family coverage with at least one insured family member enrolled in Medicare Parts A, B & D. ***Medicare 2 = Family coverage with all insured members enrolled in Medicare Parts A, B & D. **** Members with Standard Plan or SMP coverage who become enrolled 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 Standard Plan or SMP.						

# Comparison of Program Option 4 Benefit Options

This chart is designed to compare Uniform Benefits, the Standard PPO Plan and Medicare Plus. It is not intended to be a complete description of coverage. Differences might exist among the health plans in the administration of the Uniform Benefits package.

BENEFIT	DEDUCTIBLE UNIFORM BENEFITS	STANDARD PLAN		MEDICARE PLUS and Medicare Parts A, B and D <sup>8</sup>
		Preferred Provider	Non-Preferred Provider	
Annual Deductible <sup>1</sup>	\$500 individual/ \$1,000 family <sup>2</sup>	\$500 individual/ \$1,000 family.	\$1,000 individual/ \$2,000 family.	No deductibles
Annual Co-insurance & OOP <sup>3</sup>	As described below <sup>4</sup>	80%/20% Annual OOP (includes deductible): \$2,000 individual/\$4,000 family.	70%/30% Annual OOP (includes deductible): \$4,000 individual/\$8,000 family.	100%
Maximum Out-of-Pocket Limit (MOOP)	For non-Medicare members \$6,600 single / \$13,200 family for federally required essential health benefits. For Medicare eligible and enrolled, none.	\$6,600 single / \$13,200 family for federally required essential health benefits	None	None
Routine Preventive <sup>5</sup>	100% <sup>5</sup>	100% <sup>5</sup>	Deductible and coinsurance	100% Covered by Medicare only.
Hospital Days	Deductible, then 100% as medically necessary, plan providers only	Deductible and coinsurance as medically necessary, no day limit	Deductible and coinsurance as medically necessary, no day limit	100% 120 days; semi-private room
Emergency Room	\$60 copay per visit	\$75 copay per visit, deductible and coinsurance thereafter.	\$75 copay per visit, Preferred Provider deductible and coinsurance thereafter.	100% no copay
Ambulance	Deductible, then 100%	Deductible and coinsurance	Deductible and coinsurance	100%
Transplants (May cover these and others listed)	Deductible, then 100% Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney with pancreas, heart with lung, and lung	Deductible and coinsurance Bone marrow, parathyroid, musculoskeletal, corneal, and kidney	Deductible and coinsurance Bone marrow, parathyroid, musculoskeletal, corneal, and kidney	100% for Medicare approved heart, lung, kidney, pancreas, intestine, bone marrow, cornea, and liver transplants in a Medicare-certified facility
Mental Health/ Alcohol & Drug Abuse	Deductible, then 100% Inpatient, Outpatient, and Transitional	Deductible and coinsurance	Deductible and coinsurance	Inpatient 100%, up to 120 days Outpatient & Transitional 100%
Hearing Exam	Deductible, then 100%	Benefit for illness or disease to deductible and coinsurance	Benefit for illness or disease to deductible and coinsurance	Benefit for illness or disease, 100%
Hearing Aid (per ear)	Every 3 years deductible, then: Adults, 80%/20%, up to \$1,000; dependents younger than 18 years, 100%, maximum does not apply.	For dependents younger than 18 years only, every 3 years. - deductible and coinsurance	For dependents younger than 18 years only, every 3 years. - deductible and coinsurance	For dependents younger than 18 years only, every three years—100%

Footnotes appear on Page 4.

# Comparison of Program Option 4 Benefit Options

BENEFIT	DEDUCTIBLE UNIFORM BENEFITS	STANDARD PLAN		MEDICARE PLUS and Medicare Parts A, B and D <sup>8</sup>
		Preferred Provider	Non-Preferred Provider	
Cochlear Implants	Adults, 80%/20% for device, surgery, follow-up sessions (not to OOPL); 100% hospital charge for surgery. Dependents under 18, 100%.	Dependents under 18, deductible and coinsurance device, surgery, follow-up sessions.	Dependents under 18, deductible and coinsurance device, surgery, follow-up sessions.	Dependents under 18, 100% device, surgery, follow-up sessions
Routine Vision Exam <sup>5</sup>	Deductible then one per year, 100%. No deductible, 100% coverage for children covered as required by federal law.	100% for children. Illness or disease only, deductible and coinsurance.	No benefit for routine. Illness or disease only, deductible and coinsurance.	No benefit for routine. Illness or disease only, 100%
Skilled Nursing Facility (non custodial care)	Deductible, then 100%, 120 days per benefit period	Deductible and coinsurance, as medically necessary, 120 days per benefit period.	Deductible and coinsurance, as medically necessary, 120 days per benefit period.	Medicare approved facility: 100% 120 days/benefit period. Non-Medicare approved facility, if transferred within 24 hours of hospital release, benefits payable up to 30 days/confinement
Home Health (non custodial)	Deductible, then 100% 50 visits per year; Plan may add 50 visits.	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50 visits.	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50 visits.	100%
Physical/Speech / Occupational Therapy	Deductible, then 100% 50 visits per year; Plan may prior authorize an additional 50 visits.	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50 visits.	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50 visits.	100%
Durable Medical Equipment	Deductible, then 80%/20% co-insurance, \$500 OOPL	Deductible and coinsurance	Deductible and coinsurance	100%
Hospital Pre-Certification	Varies by plan	WPS Medical Management Program for inpatient stays.	WPS Medical Management Program for inpatient stays.	None required
Referrals	In-network varies by plan. Out-of-network required.	None required	None required	None required
Treatment for Morbid Obesity	Excluded	Preferred provider deductible and coinsurance at Centers of Excellence (COE) provider	Non-preferred provider deductible and coinsurance outside COE provider	100% for Medicare covered service
Oral Surgery	Deductible, then 100% 11 procedures	23 procedures. -deductible and coinsurance	23 procedures. -deductible and coinsurance	100%
Dental Care	Uniform Dental Benefit, if offered	No benefit	No benefit	No benefit
Drug Copays and OOPL <sup>6</sup> (Non Specialty)	Level 1=\$5; 2=\$15; 3=\$35 <sup>7</sup> . OOPL \$410 individual/\$820 family.	Level 1=\$5; 2=\$15; 3=\$35 <sup>7</sup> . OOPL \$1,000 individual/ \$2,000 family.	Level 1=\$5; 2=\$15; 3=\$35 <sup>7</sup> . OOPL \$1,000 individual/ \$2,000 family.	Level 1=\$5; 2=\$15; 3=\$35 <sup>7</sup> . OOPL \$410 individual/\$820 family
Specialty Drug Copays and OOPL <sup>6</sup> Preferred Pharmacy	Preferred drugs \$15 to OOPL \$1,000 individual/\$2,000 family; Non-preferred drugs \$50, no OOPL	Preferred drugs \$15 to OOPL \$1,000 individual/\$2,000 family; Non-preferred drugs \$50, no OOPL	Not applicable	Preferred drugs \$15 to OOPL \$1,000 individual/\$2,000 family; Non-preferred drugs \$50, no OOPL
Specialty Drug Copays and OOPL <sup>6</sup> Non-Preferred Pharmacy	Preferred drugs \$50 to OOPL \$1,000 individual/\$2,000 family; Non-preferred drugs \$50, no OOPL	Not applicable	Preferred drugs \$50 to OOPL \$1,000 individual/\$2,000 family; Non-preferred drugs \$50, no OOPL	Preferred drugs \$50 to OOPL \$1,000 individual/\$2,000 family; Non-preferred drugs \$50, no OOPL

Footnotes appear on Page 4.

## Comparison of Benefit Options Footnotes

- <sup>1</sup> Deductible applies to all services, except certain preventive services and prescription drugs.
- <sup>2</sup> PPOs like WEA Trust have out-of-network deductibles. See Plan Descriptions in *It's Your Choice: Decision Guide* for details.
- <sup>3</sup> Coinsurance applies to all services up to the listed out-of-pocket limit, (OOPL) then all services are covered at 100%.
- <sup>4</sup> PPOs like WEA Trust have out-of-network coinsurance. See Plan Descriptions in *It's Your Choice: Decision Guide* for details.
- <sup>5</sup> As required by federal law: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>.
- <sup>6</sup> This is separate from other out-of-pocket limits, such as the medical.
- <sup>7</sup> Level 3 copays don't apply to the OOPL.
- <sup>8</sup> Medicare Plus supplements Medicare's payment up to 100% coverage. If Medicare denies, this plan also denies except as stated.

Federally required Summaries of Benefits and Coverage (SBCs) and the Uniform Glossary are available at: [etf.wi.gov/members/IYC2015/IYC\\_Local-health-plan-summaries15.html](http://etf.wi.gov/members/IYC2015/IYC_Local-health-plan-summaries15.html). If you need printed copies sent to you, please call ETF at 1-877-533-5020 to let us know which plan's Summary of Benefits and Coverage you want.

## Uniform Benefits: Schedule of Benefits

All benefits are paid according to the terms of the Master Contract between the Health Plan and PBM and Group Insurance Board. Uniform Benefits in the *It's Your Choice: Reference Guide* (ET-2128r-15) and this medical Schedule of Benefits are wholly incorporated in the Master Contract. The Schedule of Benefits describes certain essential dollar or visit limits of Your coverage and certain rules, if any, You must follow to obtain covered services.

Benefit: Participating Wisconsin Public Employers (WPE)	WPE eligible Participants in Deductible Uniform Benefits including Medicare eligible and enrolled
Annual Medical Deductible applies to Out-of-Pocket-Limit (OOPL).	\$500 per individual \$1,000 aggregate per family
Annual Medical Coinsurance	100% except as described below for: durable medical equipment, cochlear implants and hearing aids. Then, 80% to OOPL.
Annual Medical Out-of-Pocket Limit (OOPL)	After \$500 per individual \$1,000 aggregate per family deductible, none except as described below for: durable medical equipment, cochlear implants and hearing aids. Then, 80% to OOPL. <sup>1</sup>
Routine, preventive services as required by federal law	100%
Illness/injury related services	100%
Emergency Room Copay (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	\$60
Medical Supplies, Durable Medical Equipment and Durable Diabetic Equipment and Related Supplies	80% to an annual OOPL of \$500 per Participant; no aggregate family limit (20% member cost to OOPL) <sup>2</sup>
Cochlear Implants for Participants age 18 and older	100% hospital charges. 80% device, surgery for implantation, follow-up sessions to train on use (20% member cost does not apply to OOPL).
Cochlear Implants Participants under age 18	100% hospital, device, surgery for implantation and follow-up sessions to train on use.
Hearing Aids for Participants age 18 and older. One aid per ear no more than once every 3 years.	80% (20% member cost does not apply to OOPL) Maximum health plan payment of \$1,000 per hearing aid.
Hearing Aids for Participants under age 18	As required by Wis. Stat. §632.895 (16), 100%.
Temporomandibular Joint Disorders:	80% (20% member cost to OOPL) for intraoral splints as Durable Medical Equipment. Other services 100%. Maximum health plan payment of \$1,250 for diagnostic procedures and nonsurgical treatment per Participant per calendar year.
Dental Implants:	100% following accident or injury up to a maximum of \$1,000 per tooth.
Prescription Drugs:	See <i>It's Your Choice Reference Guide</i> prescription drug schedule of benefits on pages 28 and 29.

Under no circumstances will You pay beyond the federal maximum out-of-pocket (MOOP) limit which is \$6,600 single / \$13,200 family for federally required essential health benefits.

<sup>1</sup>Note that some services will continue to be paid by You past the OOPL, including emergency room and Level 3 prescription drug Copayments.

<sup>2</sup>Federally required preventive services are covered at 100%.

# **FREQUENTLY ASKED QUESTIONS AND THEIR ANSWERS**

## **General Information**

### **CAN MY EMPLOYER PAY FOR MY OUT-OF-POCKET COSTS FOR MEDICAL SERVICES AND PRESCRIPTION DRUG COPAYS, DEDUCTIBLES AND/OR COINSURANCE?**

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No, however, if your employer offers you a medical Flexible Spending Account (FSA), you may be able to lower the amount you pay for certain medical out-of-pocket costs.

A medical FSA program allows you to reduce your taxable income by an agreed-upon amount each pay period and to have these amounts set aside to pay certain medical expenses. Contributions are made on a pre-tax basis to your account as established by you annually. These contributions are returned to you by submitting receipts and other required documentation to your employer's FSA administrator.

A medical reimbursement account is used to pay medical expenses for you, your spouse and dependents that are not paid by insurance. This would include deductibles and coinsurance amounts; drugs; dental, vision and hearing care; orthodontia; and other uncovered medical procedures or supplies.

## **Deductible HMO (for the Alternate Plans)**

### **MY EMPLOYER RECENTLY SELECTED THE DEDUCIBLE PROGRAM OPTION 4. HOW IS THE DEDUCTIBLE HMO OPTION DIFFERENT FROM UNIFORM BENEFITS, THE TRADITIONAL HMO PROGRAM OPTION 2?**

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Under the Deductible HMO option, you have an upfront deductible per calendar year of \$500 per individual, \$1,000 per family for medical services with the exception of federally mandated preventive care services, that are paid for in full. That is, you usually pay the first \$500 in services per individual or \$1,000 per family. Once the deductible is met, you receive benefits as described in Uniform Benefits, for example, copayment on emergency room visits, coinsurance on durable medical equipment (DME), etc.

### **ARE THERE ANY SERVICES THAT DO NOT APPLY TO THE UPFRONT DEDUCTIBLE?**

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The deductible does not apply to federally mandated preventive care services. In addition, pharmacy claims do not apply and continue to be subject to existing prescription drug copays.

### **WHAT ARE ROUTINE OR PREVENTIVE SERVICES, AND WHY ARE THEY TREATED DIFFERENTLY THAN TREATMENT OF AN ILLNESS OR INJURY?**

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Routine, preventive care is care that is designed to help prevent disease, or to diagnose it in the early stages. Federal health care reform requires first dollar coverage of preventive care services when grandfathering is lost as a result of significant benefit and/or premium changes. The list of federally required preventive services is available at: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>. Your provider uses standardized codes to bill your insurer for services. These codes require providers, when performing a non-trivial treatment of an illness or injury, to separate the claim from the preventive service. In general, don't expect to have the evaluation or treatment of an illness or injury paid as preventive when it occurs during a preventive exam.

## **HOW WILL I KNOW WHEN MY DEDUCTIBLE IS MET?**

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Until you meet your deductible, your HMO will send you an Explanation of Benefits (EOB) each time it processes a claim. The EOB will identify information about the claim, including the provider name, the amount billed, and the amount applying to your deductible, which you are responsible for paying the provider. Typically you would pay your provider after you receive the EOB from your health plan. The EOB will allow you to track when your deductible is met.

## **Standard Preferred Provider Organization (PPO)**

### **WHAT IS A PPO?**

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A PPO network offers participants the choice to see any provider, but there are differences in reimbursements depending on whether you go in-network or out-of-network. When you receive services from providers, you will need to meet up-front deductible and coinsurance amounts with the exception of in-network federally mandated preventive care services, that are paid for in full. If you receive services from an in-network provider, you will have lower out-of-pocket costs. If you receive services from an out-of-network provider, you contribute more toward your health-care costs by incurring additional deductible and coinsurance costs.

Please note that in- and out-of-network deductibles, and coinsurance out-of-pocket amounts accumulate separately. Your in-network costs do not apply to the out-of-network deductible and coinsurance, and vice versa. Therefore, if you use both in- and out-of-network providers, you will pay more for your care.

When using a preferred provider network, claim charges are discounted by in-network providers to a greater extent than those of out-of-network providers. As members use in-network service, the plan saves money and future increases would reflect the savings.

A hospital pre-certification program is included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice with 48 hours after an emergency admission or as soon as reasonably possible. If you do not notify WPS, their payment for your claim will be reduced by \$100. You will be responsible to pay that amount in addition to your deductible.

Refer to the Comparison of Program Option 4 Benefit Options grid earlier in this brochure for more details. This arrangement can be attractive to members who, for the most part, are comfortable with the plan's providers but occasionally feel the need to utilize a particular specialist or desire coverage for care while traveling. In addition, members who have students away at college may choose the plan to offer comprehensive coverage to all family members, regardless of where they live. The provider network is nationwide, so covered members who receive care out of state will have improved access to providers.

Note that the Standard PPO is separate from Uniform Benefits offered by the alternate plans (HMOs and WEA Trust). All eligible employees and annuitants have the option to enroll in this plan.

### **HOW DO I KNOW WHICH PROVIDERS ARE IN-NETWORK PROVIDERS?**

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You get this information from WPS Health Insurance (WPS) over the Internet at [www.wpsic.com/state](http://www.wpsic.com/state). Or you can call WPS at (800) 634-6448 for information or to request a printed provider directory.

## **IF I WANT THE FREEDOM OF PROVIDER CHOICE OF THE STANDARD PPO AND AM RETIRED WHERE MY DEPENDENTS OR I HAVE MEDICARE, WHAT IS MY BENEFIT PLAN?**

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Insured Retirees and their dependents who are eligible for Medicare Parts A & B and choose the Standard Plan will be automatically enrolled in Medicare Plus. Medicare Plus is a Medicare supplement plan. An insured retiree and his/her dependents who are not eligible for Medicare will remain in the Standard Plan.

Refer to the Comparison of Program Option 4 Benefit Options in this addendum and the Medicare Plus plan description page in the It's Your Choice: Decision Guide for more details.

## **State Maintenance Plan (SMP)**

### **HOW ARE SMP BENEFITS DIFFERENT FROM AN ALTERNATE PLAN?**

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A hospital pre-certification program is included. This program requires at least 48 hours or as soon as reasonably possible prior notice of non-emergency hospital admissions, or notice with 48 hours after an emergency admission. If you do not notify WPS Health Insurance (WPS), their payment for your claim will be reduced by \$100.