

## Wisconsin Public Employers Tier One Dane County Service Area 2016

**NON-MEDICARE BENEFITS Program** compliant with HSA or HRA of employer's choice  
**Uniform Benefits (For HMOs and some PPOs: benefits described for services at plan providers only)**

**Option 2 Program-** Full Pay Uniform Benefits (No deductible or coinsurance.)\*\*\*\*\*

**Option 4 Program-**\$500 Individual / \$1000 Family deductible\*,\*\*\*\*\*.

**Option 6-** 2015, Uniform Benefits apply. 90% / 10% coinsurance\*(office calls at 10%\*0 to \$500 Individual / \$1000 Family out-of-pocket limit. After coinsurance is met, Uniform Benefits apply\*.\*\*\*\*\*

**1/1/2016- After deductible is met, Uniform Benefits apply. Deductible \$250.00 single, \$500.00 Family Once deductible is met 90%/10% co insurance to \$1000.00 single \$2000.00 Family\*, office calls at \$15.00 for primary care \$25.00 for specialist office calls.\*\*\*\*\***

**Option 7** HDHP- \$1500 Individual / \$3000 Family deductible\*; thereafter 90% / 10% coinsurance to \$2500 Individual / \$5000 Family out-of-pocket limit. (Employer contribution increase for 2016).\*\*\*\*\*

\*Except as required by federal law.

Convert to structure a coinsurance for cost sharing for prescription drug levels 2-4 and increase the out-of-pocket limits. \*\*

### Level

	Current	Proposed *****
Member Costs		
Level 1	\$5	\$5
Level 2	\$15	20% (\$50 max)
Level 3	\$35***	40% (\$150 max)***
Level 4		
• Preferred	\$15*****	\$50*****
• Non-preferred	\$50	40% (\$200 max)
Member Out-of-Pocket Limits (OOPL)		
Levels 1 & 2***	\$410 S / \$820 F*****	\$600 S / \$1,200 F
Level 4	\$1,000 S / \$2,000 F	\$1,200 S / \$2,400

\*\* These plan design changes will be effective across all plan options.

\*\*\*Level 3 limits co-pays do not apply out of pocket limits,

\*\*\*\*Reduced co-pays applies when preferred medications are obtain from a preferred specialty pharmacy

\*\*\*\*\* All Benefit changes apply to current retirees.