Wisconsin Public Employees Non-Medicare Benefits Program Options (PO) Effective January 1, 2015

	NON- MEDICARE BENEFITS	Program Option 2	Program Option 4	Program Option 6	NEW Program Option 7 HDHP, compliant with HSA or HRA of employer's choice
(F d s	Iniform Benefits For HMOs and some POs: benefits escribed for ervices at plan roviders only)	Full Pay Uniform Benefits (No deductible or coinsurance.)	\$500 Individual / \$1000 Family deductible*. After deductible is met, Uniform Benefits apply.	90% / 10% coinsurance* to \$500 Individual / \$1000 Family out-of-pocket limit. After coinsurance is met, Uniform Benefits apply.	\$1500 Individual / \$3000 Family deductible*; thereafter 90% / 10% coinsurance to \$2500 Individual / \$5000 Family out-of-pocket limit.
Standard PPO Benefit	Freedom of Provider Choice Benefit:	Standard PPO:	Standard PPO: Contains former PO5's deductible / coinsurance	Standard PPO: Contains former PO3's deductible / coinsurance	HDHP Standard PPO:
	Deductible* (An overall deductible, unless otherwise noted.)	In-Network: \$100 Individual / \$200 Family Out-of-Network: \$500 Individual / \$1000 Family	In-Network: \$500 Individual / \$1000 Family Out-of-Network: \$1000 Individual / \$2000 Family	In-Network: \$250 Individual / \$500 Family Out-of-Network: \$500 Individual / \$1000 Family	Details will be provided at a later date in 2014
	Coinsurance*	In-Network: 100% / 0% Out-of-Network: 80% / 20%	In-Network: 80% / 20% Out-of-Network: 70% / 30%	In-Network: 90% / 10% Out-of-Network: 70% / 30%	Details will be provided at a later date in 2014
	Annual out-of- pocket limit (Includes deductible & coinsurance.)	In-Network: \$100 Individual / \$200 Family Out-of-Network: \$2000 Individual / \$4000 Family	In-Network: \$2000 Individual / \$4000 Family Out-of-Network: \$4000 Individual / \$8000 Family	In-Network: \$1000 Individual / \$2000 Family Out-of-Network: \$2000 Individual / \$4000 Family	Details will be provided at a later date in 2014

^{*}Except as required by federal law.