

The EMPLOYER electing the Deductible Health Plan option coverage shall not pay the deductible on behalf of the EMPLOYEE/PARTICIPANT unless it is under Section 125 of the Internal Revenue Code.

The EMPLOYER electing the High Deductible Health Plan option coverage shall not pay the deductible on behalf of the EMPLOYEE/PARTICIPANT unless it is under Section 125 Health Savings Account (HSA) or under Section 152 and 213(d) Health Reimbursement Account (HRA) of the Internal Revenue Code. The EMPLOYER is not required to offer an HSA or HRA with the High Deductible Health Plan.

**Wisconsin Public Employees
Non-Medicare Medical Benefits/Program Options (POs)**

For HMOs and some PPOs: Represents benefits for in-network providers		Program Option 2*/12 IYC Local Traditional Plan	Program Option 4*/14 IYC Local Deductible Plan	Program Option 6*/16 IYC Local Health Plan	Program Option 7*/17 IYC Local High Deductible Health Plan (HDHP)
Uniform Benefits	Deductible (Unless otherwise noted, it is an overall deductible)	No deductible	\$500 Individual \$1,000 Family Except as required by federal law. Does not apply to prescription drug copayments.	\$250 Individual \$500 Family Except as required by federal law. Does not apply to office visit and prescription drug copayments.	\$1,500 Individual \$3,000 Family Except as required by federal law. <i>Note:</i> Deductible must be met before coverage begins. For family coverage, full family deductible must be met. Deductible includes prescription drug coverage. Once met, office visit and prescription drug copayments apply up to OOPPL.
	Office Visit Copayment	None	None	\$15 Primary Care, \$25 Specialty Care. Applies to OOPPL but not deductible.	After deductible \$15 Primary Care, \$25 Specialty Care. Applies to OOPPL.
	Coinsurance	None except 20% for durable medical equipment, adult hearing aids and adult cochlear implants.	After deductible, none except 20% for durable medical equipment, adult hearing aids and adult cochlear implants.	After deductible you pay 10% except for office visit copayments.	After deductible you pay 10% except for office visit and prescription drug copayments.
	Annual out-of-pocket limit (OOPPL): includes deductible and coinsurance	None except up to \$500 Individual for durable medical equipment and adult cochlear implants. Plan pays no more than \$1,000 for each adult hearing aid. See etf.wi.gov .	After deductible, none except up to \$500 Individual for durable medical equipment and adult cochlear implants. Plan pays no more than \$1,000 for each adult hearing aid. See etf.wi.gov .	\$1,250 Individual \$2,500 Family	\$2,500 Individual \$5,000 Family