

Wisconsin Public Employers Group Health Insurance Program

Certificate of Coverage
2021 Benefit Year

It's Your Choice Local Traditional Plan
(Program Options PO2/12)

Revised 09/08/2020

UNIFORM BENEFITS

As of the 1994 coverage year, all HEALTH PLANS offering coverage in the Wisconsin Public Employers Group Health Insurance Program must provide the Uniform Benefits as described in this document. The HEALTH PLAN may not alter the language, benefits or exclusions and limitations of the Uniform Benefits plan. HEALTH PLANS are required to provide PARTICIPANTS with a description of any PRIOR AUTHORIZATION or REFERRAL requirements of the HEALTH PLAN.

II. Schedule of Benefits

All benefits are paid according to the terms of the contract between the HEALTH PLAN(S) and the Group Insurance Board and in accordance with federal and state law. Uniform Benefits and this SCHEDULE OF BENEFITS are wholly incorporated in the contract. The SCHEDULE OF BENEFITS describes certain essential dollar or visit limits of coverage and certain rules, if any, the PARTICIPANT must follow to obtain covered services. In some situations (for example, EMERGENCY services received from an OUT-OF-NETWORK PROVIDER), benefits will be determined according to the USUAL AND CUSTOMARY CHARGE.

The Group Insurance Board contracts with a PBM to provide prescription drug benefits. The PBM is responsible for the prescription drug benefit as provided for under the terms and conditions of the UNIFORM BENEFITS for those who are COVERED under the State of Wisconsin HEALTH BENEFIT PROGRAM.

This Summary Plan Description applies to services received from IN-NETWORK PROVIDERS. If any OUT-OF-NETWORK benefits are available, the PARTICIPANT will be provided with a supplemental SCHEDULE OF BENEFITS that will show the level of benefits for services provided by OUT-OF-NETWORK PROVIDERS. OUT-OF-NETWORK DEDUCTIBLE amounts do not accumulate to the IN-NETWORK OUT-OF-POCKET LIMIT (OOPL).

Except as specifically stated for EMERGENCY and URGENT CARE (see Sections [III, A, 1](#) and [III, A, 2](#)), PARTICIPANTS do not have coverage for services from OUT-OF-NETWORK PROVIDERS unless a PARTICIPANT receives a PRIOR AUTHORIZATION from the HEALTH PLAN before such services are obtained.

The covered benefits are subject to the following:

Local / Wisconsin Public Employers (WPE)	
Benefits ¹	PARTICIPANTS enrolled in Program Option (PO) 2/12 & those enrolled in MEDICARE.
Annual Medical DEDUCTIBLE	None.
Annual Medical COINSURANCE ²	None.
Annual medical OUT-OF-POCKET LIMIT (OOPL)	\$500 per PARTICIPANT.
Annual MAXIMUM OUT-OF-POCKET (MOOP)	\$6,850 PARTICIPANT / \$13,700 family limit. The MOOP is EMBEDDED
Preventive Services as required by federal law	No out of pocket costs.
Primary Care Office Visit ³	No out of pocket costs.
Telemedicine, telehealth, or e-visit service	No out of pocket costs.
Specialist Office Visit / URGENT CARE Visit	No out of pocket costs.
ILLNESS/INJURY related services beyond the office visit or Emergency Room visit	No out of pocket costs.
Emergency Room Visit Copayment waived if admitted as an inpatient or for observation for 24 hours or longer. PARTICIPANT may be responsible for other charges in addition to the visit COPAYMENT. See Illness/Injury related services.	PARTICIPANT pays \$60 COPAYMENT.

¹ Wisconsin Public Employer MEDICARE eligible annuitants and their MEDICARE eligible DEPENDENTS are limited to participation under the PO2/12 Uniform Benefits SCHEDULE OF BENEFITS.

² Separate COINSURANCE applies for DURABLE MEDICAL EQUIPMENT and MEDICAL SUPPLIES.

³ See Section III. Benefits and Services for a list of example provider types considered to be Primary Care providers under this BENEFIT PLAN.

Local / Wisconsin Public Employers (WPE)	
Benefits¹	PARTICIPANTS enrolled in Program Option (PO) 2/12 & those enrolled in MEDICARE.
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies. ⁴⁵	PARTICIPANT pays 20% COINSURANCE. COINSURANCE applies toward OOPPL and MOOP.
Cochlear Implants for PARTICIPANTS <u>under age 18</u> Includes all charges related to implant and follow-up training sessions	No out of pocket costs.
Cochlear Implant Devices, Professional Surgery for Implantation, and Follow-Up Device Training for PARTICIPANTS <u>age 18 and older</u>	PARTICIPANT pays 20% COINSURANCE. COINSURANCE does not apply to OOPPL or MOOP. ⁶
Cochlear Implant HOSPITAL CHARGES for participants <u>age 18 and older</u>	No out of pocket costs.
Hearing Aids for PARTICIPANTS <u>under age 18</u>	No out of pocket costs. ⁷
Hearing Aids for PARTICIPANTS <u>age 18 and older</u> . LIMIT: One aid per ear once every 3 years.	PARTICIPANT pays 20% COINSURANCE. COINSURANCE does not apply to OOPPL or MOOP. ⁸ Maximum BENEFIT PLAN payment of \$1,000 per hearing aid. ⁹ PARTICIPANT pays any remaining cost out of pocket. Additional out of pocket cost does not apply to OOPPL or MOOP.
Diagnosis and Non-Surgical Treatment of Temporo- mandibular Joint Disorders¹⁰	Maximum BENEFIT PLAN payment of \$1,250 per PARTICIPANT per calendar year ¹¹ . PARTICIPANT pays remaining out of pocket costs. Remaining costs do not apply to OOPPL or MOOP.

⁴ Excludes hearing aids and cochlear implants for adults and dental implants.

⁵ Includes intraoral splints for treatment of temporomandibular joint disorder.

⁶ Services not defined as Essential Health Benefits under the Affordable Care Act (ACA) are not subject to the ACA MOOP under Uniform Benefits.

⁷ As required by [Wis. Stat. §632.895 \(16\)](#)

⁸ Services not defined as Essential Health Benefits under the Affordable Care Act (ACA) are not subject to the ACA MOOP under Uniform Benefits.

⁹ Services not defined as Essential Health Benefits under the Affordable Care Act (ACA) may be subject to annual benefit maximums.

¹⁰ Intraoral splints covered as DURABLE MEDICAL EQUIPMENT.

¹¹ Services not defined as Essential Health Benefits under the Affordable Care Act (ACA) may be subject to annual benefit maximums.

Local / Wisconsin Public Employers (WPE)	
Benefits¹	PARTICIPANTS enrolled in Program Option (PO) 2/12 & those enrolled in MEDICARE.
Dental Implants Only covered following accident or INJURY.	Maximum BENEFIT PLAN payment of \$1,000 per tooth. ¹² PARTICIPANT pays remaining out of pocket costs. Remaining costs do not apply to OOPL or MOOP.
Prescription Drugs	See Uniform Pharmacy Benefits.

¹² Services not defined as Essential Health Benefits under the Affordable Care Act (ACA) may be subject to annual benefit maximums.