

# 2019 Health Insurance Plans – FAQs and Examples

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## 1. Changes for 2019

- Employee contributions for all plans will be the same regardless of the plan you choose (approximately \$35 for single coverage and \$97 for family coverage per month).
- Three HMO options will be available: GHC, Dean, and Arise. A WPS PPO option will be available for those who live outside of the HMO coverage area.
- The PPO plan is only available to those who live in these counties: *Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Crawford, Door, Douglas, Dunn, Eau Claire, Florence, Forest, Green Lake, Iron, Jackson, Juneau, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Rusk, Saint Croix, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood*
- All family members must enroll in the same plan.
- Copays for office visits will be \$25 for primary and specialty care, \$50 for advanced radiology, and \$150 for emergency care.
- Prescription copays on GHC, Arise, and WPS will be in four tiers: \$5/\$35/\$50/\$75.
- Prescription copays on Dean will be in three tiers: \$5/\$35/\$50.
- All plans will have a deductible of \$250 for single or \$500 for family with 10% coinsurance up to an annual out of pocket maximum of \$500 for single or \$1,000 for family.
- Each individual in a family will not pay more than \$250 in deductible and \$250 in coinsurance.
- Dean and WPS will cover primary/specialty care for dependents who live out of state. GHC only covers emergency care out of state.
- All plans will continue to offer a wellness reimbursement for participating in preventive care, health screenings, health appraisals, and activities that support your health and well-being.

## 2. Primary Interests Guiding the Changes

- To retain competitive health insurance offerings as compared to higher education and public employers
- To retain access to the majority of health care providers and systems
- To provide equal coverage and costs for employees across the district
- To support long-term sustainability of Madison College by containing health care costs and increasing predictability for budgeting

## 3. Employee Costs

- **How much will I pay in premiums each month?**  
The employee contribution will be the same regardless of the plan you choose (approximately \$35 for single coverage and \$97 for family coverage per month).
- **I am currently enrolled in the GHC HMO; what changes will I see in 2019?**  
The GHC plans will now have a deductible of \$250 for single or \$500 for family with 10% coinsurance up to an annual out of pocket maximum of \$500 for single or \$1,000 for family. Each individual in a family will not pay more than \$250 in deductible and \$250 in coinsurance.
- **How can I offset costs of copays, deductibles, and coinsurance?**  
In November, you will have the option to enroll in a Flexible Spending Account (FSA) to save pre-tax dollars for medical expenses. This would be a pre-tax payroll deduction that can pay for copays, deductibles, and coinsurance. You have until March 15 of the following year to use the money in your FSA.
- **Will there be a charge for virtual appointments?**  
GHC will continue to offer three free virtual appointments through Virtuwel. Arise and WPS will offer unlimited virtual appointments through TeleDoc. Dean will also offer virtual appointments.

## 4. HMO vs. PPO Plans

- **What is the difference between an HMO and a PPO?**

A Health Maintenance Organization (HMO) is a narrow network that only offers in-network coverage; out-of-network coverage is not available. Some HMOs own their own clinics and employ their own health care providers, which reduces the costs. A Preferred Provider Organization (PPO) is a wider network that offers in-network and out of network coverage based on negotiated rates with many providers, hospitals, and clinics. PPO plans provide more flexibility, which means they are much higher in price.

## 5. Transferring Care and Prescriptions

- **What happens if I'm currently being treated for a medical condition and I switch between plans?**

All plans offer assistance with transferring care. Please contact the insurance company you are choosing for guidance on how to transition to a new specialist or primary care provider. They can also help you transfer prescriptions.

## 6. Covered Providers, Hospitals, and Clinics

- **I currently use the WPS Southern Network; which plan would cover my providers?**

The Dean HMO covers Dean/SSM Health providers and many other providers in the following counties: Dane, Adams, Columbia, Crawford, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, and Waukesha. Please see the attached maps of the service areas.

- **I currently use the WPS HealthyU Network; which plan covers UW Health and Meriter?**

The Arise HMO plan has access to all UW Health and Meriter providers. GHC has its own Primary Care providers, however, they utilize many UW Health specialists and UW Hospital for any hospital services.

- **I live in Dane County and my husband and child go to Dean providers and I go to UW Health providers. Which plan should we choose?**

All family members must enroll in the same plan, so you will have to decide as a family whether to use Dean or UW Health providers.

- **I currently use Associated Physicians in Madison. Which plan will cover these providers?**

None of the HMO plans cover Associated Physicians. Arise is currently trying to get Associated Physicians in-network, but we are unsure if this will happen. Those who see providers at Associated Physicians may have to transition their care to providers within the GHC, Dean, or Arise networks.

## 7. Coverage Areas in Wisconsin

- **I currently live in Dane County; what plans will I be eligible for?**

You must choose an HMO: GHC, Dean or Arise. Please see the attached maps of the service areas.

- **I live outside of Dane County; what plans will I be eligible for?**

The WPS Statewide PPO option is available for those who live in these counties: Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Crawford, Door, Douglas, Dunn, Eau Claire, Florence, Forest, Green Lake, Iron, Jackson, Juneau, Kenosha, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Rusk, Saint Croix, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood.

- **I have a child in college in Eau Claire and I live in Dane County; what plan would cover us?**

Both Dean and Arise offer a statewide network for dependents in college. If you choose GHC, your child would have to come home for non-emergency care or use student health services at their college campus.

## 8. Out of State Coverage

- **What if I need emergency medical care when I'm traveling?**  
All plans cover urgent and emergency medical care worldwide. Please call the insurance company that you choose for guidance on which hospital or clinic to use in another state or country. If you are outside of the country, you would be required to pay up front and then request reimbursement from the insurance company once you return home.
- **I currently have a child in college in another state. What coverage is available out of state?**
  - GHC HMO: urgent and emergency care is covered anywhere, however, there is not a nationwide network to be able to set up ongoing care outside of the area. Dependents out of state would have to come home for non-emergency care or use student health services at their college campus.
  - Dean HMO: urgent and emergency care is covered anywhere. In addition, you can call the Dean customer service team and they will help you set up your dependent child to access care on a nationwide network. This does require a call to Dean to make sure everything is set up properly in their system.
  - Arise HMO and WPS PPO: urgent and emergency care is covered anywhere. In addition, dependents living outside of the service area have access to the First Health nationwide network that allows access to ongoing care.

## 9. Copays, Deductibles, and Coinsurance

- **What are copays? Do these apply toward the deductible or out of pocket maximum?**  
A copay is a flat fee that will apply to every prescription and office visit (primary care, specialist, urgent care, emergency) except for office visits that are coded as "Preventive Care Services." Copays do not apply toward the deductible or out of pocket maximum.
- **What is a deductible?**  
A deductible is the annual amount that you must pay before the insurance company will pay. You do not have to pay a deductible for "Preventive Care Services." The deductible for all plans will be \$250 for single coverage and \$500 for family coverage. This resets in January of each year and applies toward your out of pocket maximum.
- **What is coinsurance?**  
After you have met your deductible, you will be responsible for paying 10% of all claims up to your out of pocket maximum. The out of pocket maximum will be \$500 for single coverage and \$1,000 for family coverage.
- **What counts toward the out of pocket maximum?**  
Deductible and coinsurance count toward the out of pocket maximum. Copays do not apply. The out of pocket maximum will be \$500 per individual and \$1,000 per family.
- **Can I still use the on-site GHC Clinic at no charge?**  
We are currently evaluating the on-site clinic and will announce any changes in Fall 2018.
- **What will be the costs for mental health care including psychotherapy and counseling?**  
GHC and Arise do not charge a copay for outpatient mental health care. Dean charges a \$25 copay for outpatient mental health care. Inpatient and transitional mental health care will be subject to deductible and coinsurance.

## 10. Switching Plans or Adding a Spouse or Dependent

- **Are qualifying events to add a spouse or dependent changing?**  
No. Qualifying events will be handled the same as they are today. A qualifying event will allow you to make changes to your plan elections outside of open enrollment. Examples include marriage, birth, adoption, and loss of coverage elsewhere. Each November, you will be offered an open enrollment period to make changes to your plan effective January 1.
- **What if I don't like the plan I choose; can I switch to a different plan?**  
Yes, each November you will have the option to switch plans during open enrollment for coverage effective January 1.

## 11. Retiree Plan Changes

- **What changes will be made to the retiree plans?**  
Retiree plans will have the same plan options and coverage as the active employee plans. Spouses will continue to pay the single rates for the plan they choose.
- **I live in Madison in the summer and Florida in the winter; what plans would cover me in both places?**  
Dean, Arise, and WPS have nationwide networks that could cover you in Wisconsin and Florida.

## 2019 Health Insurance Costs - Examples

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### 12. How do costs compare between GHC, Dean, and UW?

Costs vary widely between health care systems, and the same MRI can cost \$500 at one location and \$5,000 at another location. If you'd like to compare costs and quality ratings online, use the search tools on the [Wisconsin Hospital Association Transparency website](#). We also recommend asking the clinics to disclose total costs before a procedure so that you can shop around and get the best value.

In general, GHC tends to have the lowest prices for health care compared to the other medical systems. Dean/SSM tends to be mid-range on their prices, and UW Health tends to have the highest prices. Keep this in mind when choosing a plan since you will pay a deductibles and coinsurance for most health care services except for preventive care.

Several health care cost transparency tools are available to help you compare costs and look up safety ratings of hospitals and provider systems. Learn more at <http://www.wha.org/transparency.aspx>

### 13. Single Coverage Example – Preventive Care Only:

In June, Fred gets an annual checkup. His office visit is coded as Preventive Care Services. This is his first and only medical care he has received this year. Fred is enrolled in a single plan so he has a \$250 deductible and a \$500 out of pocket maximum per year. Here is an example of his costs:

1. Fred pays \$0 in copays since his office visit was coded as Preventive Care Services.
2. He also pays \$0 for deductible and coinsurance because Preventive Care Services are covered at 100% through the Affordable Care Act.
3. The total cost to Fred was \$0.

### 14. Single Coverage Example – Surgery:

The first week of January, Wilma has a surgery that results in \$10,000 in medical bills plus \$100 for a generic prescription. A month later, in February, she has another office visit and procedure that totals \$5,000 plus \$100 for a generic prescription. She is enrolled in a single plan so her deductible is \$250 and her total out of pocket maximum is \$500 per year. Here is an example of her costs:

1. Wilma pays a copay of \$25 to see a specialist for the procedure.
2. She also pays a copay of \$5 for a generic prescription.
3. In January, she receives a bill for \$500 that includes:
  - \$250 deductible
  - \$250 in coinsurance (10% of \$10,000, capped at the \$500 out of pocket maximum)
4. In February, she pays a copay of \$25 for another office visit and a \$5 copay for a prescription. She has already met her deductible and out of pocket maximum, so for the rest of the year, she does not receive any other bills for coinsurance or deductible.
5. The total cost of this care was \$15,200, and Wilma pays \$500 plus copays.

## 15. Family Coverage Example – Preventive Care and Lab Tests:

In May, Betty and her husband and child all get annual checkups with Preventive Care Services. She and her husband need additional lab tests after the checkup. The lab tests result in a \$500 bill. This is the first medical care they have received all year. Betty is enrolled in a family plan so her deductible is \$500 and her total out of pocket maximum is \$1,000 per year. Here is an example of her costs:

1. Betty pays \$0 in copays and \$0 for the three office visits since the checkups are coded as Preventive Care Services, which are covered at 100% through the Affordable Care Act.
2. She receives a bill for \$500 for lab tests, which meets their family deductible for the year.
3. For future health care visits over the rest of the year, they will pay 10% coinsurance up to \$500 in order to meet their out of pocket maximum of \$1,000.
4. The total cost of Betty's care was \$500 for the lab tests. She only pays \$500 for the lab tests to meet her deductible because her preventive care office visits were covered at no charge.

## 16. Family Coverage Example – Sick Child:

In January, Pearl brings her sick child into the clinic, which results in a \$200 bill for diagnostic testing. This is the first medical care her family has received all year. Pearl is enrolled in a family plan so her deductible is \$500 and her total out of pocket maximum is \$1,000 per year. Here is an example of her costs:

1. Pearl pays a \$25 office visit copay and a \$5 generic prescription copay.
2. She receives a bill for \$200 in deductible for her child.
3. For her child's future health care visits over the rest of the year, she will pay another \$50 in deductible and 10% coinsurance up to the child's individual out of pocket maximum of \$500.
4. The total cost of Betty's care was \$200 and she pays \$200 in deductible plus copays.

## 17. Family Coverage Example – Surgery:

In January, Barney has an MRI that results in a \$5,000 bill. A few weeks later he has surgery that totals \$20,000 plus \$100 for a generic prescription. He is enrolled in a family plan so his deductible is \$500 and his total out of pocket maximum is \$1,000 per year. Here is an example of his costs:

1. Barney pays an advanced radiology copay of \$50 to get an MRI.
2. At his next visit, he pays an office visit copay of \$25 for surgery and \$5 for a prescription.
3. This is the first medical care his family has had this year, so Barney receives a bill for \$250 deductible and \$250 in coinsurance (which caps his individual out of pocket costs at \$500).
4. For future health care visits over the rest of the year, Barney's family will have to pay another \$250 to meet their family deductible followed by 10% coinsurance up to \$500 in order to meet their family out of pocket maximum of \$1,000.
5. The total cost of this care was \$25,100, and Barney pays \$500 plus copays.

## 18. Family Coverage Example – Childbirth:

In January, Pebbles has a baby at a local hospital. The total bill comes to \$15,500 plus \$200 for two generic prescriptions. She is enrolled in a family plan so her deductible is \$500 and her total out of pocket maximum is \$1,000 per year. Here is an example of her costs:

1. Since she is admitted to the hospital, she does not pay an office visit copay.
2. She pays \$10 for two generic prescriptions.
3. Her family has not met their deductible yet for this year, so she receives a bill for:
  - \$500 deductible for family coverage (for mother and child)
  - \$500 in coinsurance (10% of \$40,000, capped at the \$1,000 out of pocket maximum)
4. For future health care visits over the rest of the year, they will not receive any other bills for coinsurance since they have already met their family out of pocket maximum of \$1,000.
5. The total cost of this care was \$40,200, and Pebbles pays \$1,000 plus copays.