

# Health, Dental, and Voluntary Insurance Options

Effective January 1 through December 31, 2019

Madison College offers four health insurance options, one dental insurance option, and a voluntary vision insurance option for full-time employees. This includes three HMO options (Arise, Dean, GHC-SCW) and a PPO option (WPS) for health insurance. Your options are determined by where you live (you can select an HMO regardless of where you live as long as you are willing to travel to see the plan's in-network providers).

**DURING OPEN ENROLLMENT, ALL BENEFITS ELIGIBLE EMPLOYEES MUST TAKE ACTION TO ELECT A HEALTH PLAN FOR 2019.**

Madison College Health Insurance Premiums - 2019					
Plan Name	Coverage	Employee's Monthly Pre-Tax Premium (split between 2 payslips)	Monthly Portion Paid by College	Total Monthly Premium (COBRA Rate)	Total Annual Cost of Each Plan
Madison College pays over 93% off your health insurance premiums					
<b>Arise Health Plan – HMO</b>					
Primary care: UW Health, Meriter, Aurora, ProHealth, Aspirius, Gundersen, Bellin, ThedaCare and more. Search providers at <a href="http://wecareforwisconsin.com">wecareforwisconsin.com</a> .  Providers located throughout WI, except in Green, Rock, Iowa, Lafayette, Richland and northwestern WI.	Single	\$34.20	\$715.35	\$749.55	\$8,994.60
	Family	\$96.49	\$1,852.33	\$1,948.82	\$23,385.84
<b>Dean Health Plan – HMO</b>					
Primary Care: Dean/SSM Health and regional clinics. Search providers at <a href="http://deancare.com">deancare.com</a> .  Providers located in Dane, Adams, Columbia, Crawford, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth and Waukesha counties.	Single	\$34.20	\$609.75	\$643.95	\$7,727.40
	Family	\$96.49	\$1,577.79	\$1,674.28	\$20,091.36
<b>Group Health Cooperative of South Central Wisconsin (GHC-SCW) – HMO</b>					
Primary Care: GHC-SCW Clinics and some regional clinics. Search providers at <a href="http://ghcscw.com">ghcscw.com</a> .  Must live in Dane, Adams, Columbia, Dodge, Green, Iowa, Jefferson, Juneau, Lafayette, Richland, Rock, Sauk or Vernon Counties. Providers are primarily located in Dane, Columbia and Sauk counties.	Single	\$34.20	\$454.43	\$488.63	\$5,863.56
	Family	\$96.49	\$1,281.97	\$1,378.46	\$16,541.52
<b>WPS Statewide PPO</b>					
Must live out of state or in 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, LaCrosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Rusk, St. Croix, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago or Wood Counties. Lower benefits if services received out-of-network. Search providers at <a href="http://wpsic.com">wpsic.com</a> .	Single	\$34.20	\$767.81	\$802.01	\$9,624.12
	Family	\$96.49	\$1,988.74	\$2,085.23	\$25,022.76

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Health Insurance Plan	Deductible* (excludes co-pays)	Coinsurance**	Plan Annual Out-of-pocket Maximum***	Office Visit Co-pays	Prescription Co-pays	Out-of-Network Benefits (Urgent and emergency care is covered by all plans)
<b>Arise Health Plan</b>	\$250 (per person) \$500 (per family)	10%	\$500/single \$1,000/family	<b>TelaDoc: \$0</b> Primary Care: \$25 Specialty: \$25 Adv. Radiology: \$50 Emergency: \$150	\$5 - Tier 1 \$35 - Tier 2 \$50 - Tier 3 \$75 - Specialty	Dependents living out of state have access to First Health nationwide network <i>Truax GHC-SCW Community Clinic is not available</i>
<b>Dean Health Plan</b>	\$250 (per person) \$500 (per family)	10%	\$500/single \$1,000/family	<b>SSM Health Virtual Visit: \$0</b> Primary Care: \$25 Specialty: \$25 Adv. Radiology: \$50 Emergency: \$150	\$5 - Tier 1 \$35 - Tier 2 \$50 - Tier 3	Contact Dean if you have dependents living out of the HMO service area. They will identify a national network of providers. <i>Truax GHC-SCW Community Clinic is not available</i>
<b>Group Health Cooperative</b> of South Central Wisconsin  Primary Care co-pay is waived for children under 17	\$250 (per person) \$500 (per family)	10%	\$500/single \$1,000/family	<b>Truax GHC-SCW Clinic: \$0</b> <b>Virtuwell: 3 Free Visits</b> Primary Care: \$25 Specialty: \$25 Adv. Radiology: \$50 Emergency: \$150	\$5 - Tier 1 \$35 - Tier 2 \$50 - Tier 3 \$75 - Specialty	Dependents living out of the HMO service area must return for non-emergency or non-urgent care (or use student health services at their campus, which may be at your expense)
<b>WPS Statewide PPO</b> An option for those who live <b>outside of Dane County and the HMO service area.</b>  Must live in one of the counties listed under <i>WPS Statewide PPO</i> on page 1 or live out of state	Single \$250 in-network \$500 out-of-network  Family \$500 in-network \$1,000 out-of-network	10% in-network 30% out-of-network	\$500 in-network \$1,500 out-of-network  \$1,000 in-network \$3,000 out-of-network	<b>Truax GHC-SCW Clinic: \$0</b> <b>TelaDoc: \$0</b> Primary Care: \$25 Specialty: \$25 Adv. Radiology: \$50 Emergency: \$150	\$5 - Tier 1 \$35 - Tier 2 \$50 - Tier 3 \$75 - Specialty	Access to First Health nationwide network (Preferred One network in MN, ND, SD)  May receive care at any out-of-network provider with higher out-of-pocket costs

\* There is no copay, deductible, or coinsurance on in-network preventive care services. Visit [healthcare.gov](http://healthcare.gov) to view a list of services designated as preventive care under the Affordable Care Act. For preventive care visits, the deductible and coinsurance would only apply to additional tests or procedures resulting from the office visit. Copays for office visits and prescriptions do not apply toward the deductible.

\*\* After the deductible has been reached, members will be responsible for coinsurance up to the out-of-pocket maximum.

\*\*\* The deductible and coinsurance paid will apply toward the plan's annual out-of-pocket maximum. The total amount paid for in-network deductibles, coinsurance, and co-pays may not exceed the federal out-of-pocket maximums set by the Affordable Care Act.

### HMO vs PPO

Health Maintenance Organization (HMO): only provides in-network coverage (non-emergency/urgent), can negotiate fees = lower costs

Preferred Provider Organization (PPO): wider network, in-network and out-of-network coverage, negotiated rates with many providers, hospitals/clinics, more flexibility = higher costs

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<b>Madison College Dental and Vision Insurance Premiums - 2019</b>					
	<b>Coverage</b>	<b>Employee's Monthly Pre-Tax Premium (split between 2 payslips)</b>	<b>Monthly Portion Paid by College</b>	<b>Total Monthly Premium (COBRA Rate)</b>	<b>Total Annual Cost of Each Plan</b>
<b>Delta Dental</b>					
Must use providers in Delta Dental Premier or PPO Network	<b>Single</b>	<b>\$5.12</b>	<b>\$46.22</b>	<b>\$51.34</b>	<b>\$616.08</b>
	<b>Family</b>	<b>\$14.40</b>	<b>\$129.56</b>	<b>\$143.96</b>	<b>\$1,727.52</b>
<b>Superior Vision Insurance</b>					
<b>Select Midwest Network – Materials only</b> (excludes eye exam)	<b>Single</b>	<b>\$6.00</b>	<b>\$0</b>	<b>\$6.00</b>	<b>\$72.00</b>
	<b>Family</b>	<b>\$15.01</b>	<b>\$0</b>	<b>\$15.01</b>	<b>\$180.12</b>
<b>Select Midwest Network – Full Service</b> (includes eye exam)	<b>Single</b>	<b>\$9.45</b>	<b>\$0</b>	<b>\$9.45</b>	<b>\$113.40</b>
	<b>Family</b>	<b>\$23.60</b>	<b>\$0</b>	<b>\$23.60</b>	<b>\$283.20</b>

Note: Most people with health insurance choose the Superior Vision Materials Only plan. Arise, GHC-SCW, WPS, and many other health insurance plans cover routine eye exams at no charge. Dean covers a routine eye exam with an office visit copay.

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**New!** Unum Voluntary Plans Offered for 2019

**Elect the following plans via EnrollVB at <https://www.enrollvb.com/madisoncollege>.  
 Full time and part time PSRP employees may also link to EnrollVB from Workday.**

**There is no payroll deduction for these plans. You will be billed directly.  
 Be prepared to provide a credit card number at time of enrollment.**

**You can enroll during this open enrollment with no health questions required. If you apply later for critical illness or permanent whole life insurance, you will be subject to health questions, which may affect your ability to get coverage.**

	Coverage	Monthly Premium (post-tax)	Total Annual Cost of Each Plan
<b>Accident Insurance</b>			
Spouse also eligible to age 64; dependents to age 26.  Pays a set amount based on type of covered injury and treatment needed. Covers injuries on and off the job.  May enroll at any time without restrictions.	Single	\$14.91	\$178.92
	You and spouse	\$24.14	\$289.68
	You and child(ren)	\$26.52	\$318.24
	You, spouse and child(ren)	\$35.75	\$429.00

**Critical Illness**

Spouse also eligible to age 64; dependents to age 26.

Pays a set amount if diagnosed with a covered illness. Choose \$5,000, \$10,000 or \$15,000 of coverage (lower maximums for spouse and dependents).

Premiums are based on age, tobacco usage and amount of coverage elected.

**Permanent Whole Life Insurance with Long Term Care Rider**

You and your spouse are eligible.

If you enroll now, you can increase coverage in the future up to the maximum guaranteed issue limit without answering health questions.

Contact [EnrollVB](#) for premiums. Premiums are based on age and tobacco usage at time of issue. Premiums will not increase over time.