

Your Medical Plan Choices

	ProHealth Care PPO			ProHealth Care High-Deductible Health Plan			
	Tier 1 WIDS Network Maximum Savings	Tier 2 Aetna Open Choice PPO Standard Savings	Tier 3 Out-of-Network	Tier 1 WIDS Network Maximum Savings	Tier 2 Aetna Open Choice PPO Standard Savings	Tier 3 Out-of-Network	
Network widsnetwork.phci.org	<ul style="list-style-type: none"> • PHC — ProHealth Care • CHW — Children’s Hospital of Wisconsin (hospital only) • WIDS — Waukesha Integrated Delivery System 	<ul style="list-style-type: none"> • PHC Providers and Facilities • CHW (facility charges only) • MCW of Wisconsin Pediatric Sub Specialists • PHC Affiliates • UW Health Providers and Facilities 	Aetna Open Choice PPO	Out of Network	<ul style="list-style-type: none"> • PHC Providers and Facilities • CHW (facility charges only) • MCW of Wisconsin Pediatric Sub Specialists • PHC Affiliates • UW Health Providers and Facilities 	Aetna Open Choice PPO	Out of Network
Annual Deductible Amount	\$600 single \$1,200 family	\$1,600 single \$3,200 family	\$1,600 single \$3,200 family	\$1,600 single \$3,200 family	\$2,500 single \$5,000 family	\$2,500 single \$5,000 family	
	Deductibles cross accumulate between Tiers 2 and 3.			Deductibles cross accumulate between Tiers.			
	If an individual family member meets the single deductible, that family member will then move to coinsurance. The family deductible (which includes the individual deductible) then needs to be reached before other family members move to coinsurance.			The full family deductible must be met before anyone moves into coinsurance.			
Annual Out-of-Pocket Limit (Includes deductible and copays)	\$2,400 single \$4,800 family	\$6,000 single \$12,000 family	\$6,000 single \$12,000 family	\$4,500 single \$9,000 family	\$6,000 single \$12,000 family	\$6,000 single \$12,000 family	
	Annual out-of-pocket maximums cross accumulate between Tiers 2 and 3. This means the amounts you pay toward your deductible and out-of-pocket maximum for services in one network will apply toward the other network. Your deductible and out-of-pocket maximum for services in Tier 1 will no longer apply toward the deductible and out-of-pocket maximum in the other Tiers.			Annual out-of-pocket maximums cross accumulate between Tiers.			
	If any covered family member meets the individual out-of-pocket maximum based on the Tier, that family member will be covered at 100% for the remainder of the year. The family out-of-pocket maximum (which includes the individual out-of-pocket maximum) then needs to be reached before other family members are covered at 100%.			The family out-of-pocket maximum must be reached before any family members are covered at 100%.			
Pre-existing Conditions	Waived			Waived			

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Professional Services						
Physician Office Visits <i>(other than Specialist; office visit charge only)</i> Excludes chiropractic services	\$25 copay, then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Specialist Office Visits <i>(office visit charge only)</i>	\$35 copay, then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Urgent Care <i>(exam charge only)</i>	\$25 copay, then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Inpatient Hospital Physician Visit	100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Pathologist/Radiologist, other than an Independent Radiologist or Pathologist Excludes mammograms and pap smears	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Radiology, pathology and anesthesia services provided and billed by an independent radiologist, pathologist or anesthesiologist	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Covered Oral Surgical Services	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Inpatient, Outpatient and Office Surgery/Surgical Assists/Anesthesia, other than Independent Anesthesiologist <i>(professional service fees)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Routine Prenatal Visits Excludes delivery charges	100% of charges	50% after deductible	50% after deductible	100% after deductible	50% after deductible	50% after deductible

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Hospital Services <i>(Does not apply to alcoholism, drug use and nervous or mental disorders)</i>						
Inpatient Hospital Services — Includes X-rays, labs and miscellaneous hospital expenses	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500
Inpatient and Outpatient Radiation, Chemotherapy, Dialysis, Infusion Therapy	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient miscellaneous hospital expenses	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient radiology and laboratory services	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Emergency room visit — emergency room charge only	\$150 copay plus deductible, then 90% of charges (waived if admitted)			90% after deductible		
Emergency room services provided during an emergency room visit	90% after deductible			90% after deductible		
Preventive Services						
Routine medical exams, including well baby care <i>(exam charge only)</i>	100% of charges, deductible waived	50% after deductible	50% after deductible	100% of charges, deductible waived	50% after deductible	50% after deductible
Preventive Services Includes mammograms and pap smears	100% of charges, deductible waived	50% after deductible	50% after deductible	100% of charges, deductible waived	50% after deductible	50% after deductible
Colonoscopies <i>(limited to one every five years)</i>	100% of charges, deductible waived <i>(If surgery services performed, outpatient surgical coverage applies)</i>	50% after deductible	50% after deductible	100% of charges, deductible waived <i>(If surgery services performed, outpatient surgical coverage applies)</i>	50% after deductible	50% after deductible
Immunizations Excludes travel immunizations	100% of charges, deductible waived	50% after deductible	50% after deductible	100% of charges, deductible waived	50% after deductible	50% after deductible

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Other Covered Services						
Physical, speech, and occupational therapy performed at a clinic <i>(evaluation or evaluation with therapy)</i>	\$35 copay then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient physical, speech and occupational therapy performed at a clinic <i>(therapy only)</i>	100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Inpatient physical, speech and occupational therapy <i>(evaluation or evaluation with therapy)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient physical, speech and occupational therapy performed in an outpatient setting <i>(evaluation or evaluation with therapy)</i>	\$35 copay then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient physical, speech and occupational therapy performed in an outpatient setting <i>(therapy only)</i>	100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Ambulance services	90% of charges			90% after deductible		
Prosthetic devices <i>(other than dental prosthetics)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Nutritional counseling for morbid obesity and any other health condition <i>(limited to \$500 per calendar year)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Durable medical equipment	90% after deductible	No coverage	No coverage	90% after deductible	No coverage	No coverage
Dental services: <ul style="list-style-type: none"> dental repair of your sound natural teeth due to an injury, extraction of teeth to prepare the jaw for radiation treatment and sealants on existing teeth to prepare the jaw for chemotherapy treatment 	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Chiropractic Care — office visit charge only <i>(limited to 15 visits per calendar year)</i>	\$35 copay, then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible

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Other Covered Services						
Allergy Services <i>(vials, injections and medical supplies if no office visit is charged)</i>	\$10 copay, then 100% of charges; copayment applies to each service	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Contraceptives (generic) — Injections, Implants, IUDs and Diaphragms <i>(and related services)</i>	100% of charges	50% after deductible	50% after deductible	100% of charges	50% after deductible	50% after deductible
Infertility services limited to \$2,500 lifetime maximum per participant for surgical and nonsurgical treatments; \$2,500 lifetime for prescription drugs	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Home Care <i>(limited to 40 visits per calendar year)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Home Hospice Care <i>(unlimited visits)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Skilled nursing services in a licensed skilled nursing facility <i>(limited to 120 days per calendar year)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Dialysis treatment of kidney disease	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
TMJ treatment — oral surgical services and non-surgical treatment	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Organ transplants Note: All diagnosed transplants (bone marrow/stem cell, heart, lung, heart and lung, liver, pancreas, kidney and pancreas) except cornea and kidney must undergo a pre-transplant evaluation at Mayo Clinic, unless travel is medically contraindicated, or a \$2,000 penalty will be applied. Patients under age 19 are not required to participate in this program.	See benefit book for covered transplants; transplant-related services subject to Plan's benefits for the specific service	50% after deductible	50% after deductible	See benefit book for covered transplants; transplant-related services subject to Plan's benefits for the specific service	50% after deductible	50% after deductible

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Treatment of Alcoholism, Drug Use and Nervous or Mental Disorders						
Nervous & Mental — Inpatient Hospital	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500
Nervous & Mental — Outpatient and Transitional	\$25 copay then 100% of the charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Alcoholism & Drug Use — Inpatient Hospital	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500
Alcoholism & Drug Use — Outpatient and Transitional	\$25 copay then 100% of the charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible

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Prescription Drugs						
<p>Prescription Drugs Includes insulin, oral contraceptives and diabetic supplies</p> <p>Mandatory Generic for both plans</p> <p>Mandatory Specialty One fill at retail, ongoing refills need to be obtained from Aetna’s Specialty Pharmacy or from the onsite pharmacies at ProHealth Care.</p> <p>Prescription drug copays will count toward your out-of-pocket maximum.</p> <p>Pharmacy Drug Guide — Aetna Standard Plan</p>	<p>Retail: 30-day supply Preferred Generic (PG) — \$15 Preferred Brand (PB) — 40% up to \$50 Non-Preferred Brand and Generic (NP) — 50% up to \$75</p> <p>Specialty Pharmacy: Injectable medications 30-day supply Preferred Specialty (PSP) injectable drugs — \$50 copay Non-Preferred Specialty (NPS) injectable drugs — \$100 copay</p> <p>Mail Order: 90-day supply Preferred Generic (PG) — \$15 ProHealth Retail Pharmacy Preferred Generic (PG) — \$30 Non-ProHealth Retail Pharmacy Preferred Brand (PB) — 40% up to \$100 Non-Preferred Brand and Generic (NP) — 50% up to \$150</p>			<p>Retail: 30-day supply Deductible, then 10% \$10 copay for certain preventive medications</p> <p>Specialty Pharmacy: Injectable medications 30-day supply Deductible, then 10%</p> <p>Mail Order: 90-day supply Deductible, then 10% \$20 copay for certain preventive medications</p>		

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As you incur covered medical expenses during the year, including deductibles and coinsurance amounts, you may pay for those expenses using your health fund or health savings account, if you have funds in one of these accounts. If you enroll in the ProHealth PPO plan, the plan administrator will pay your portion of medical costs from your health fund automatically. If you enroll in the ProHealth High-Deductible Health Plan, you may access those funds using an HSA debit card to pay for eligible out-of-pocket expenses. You can track your health fund or HSA activity online anytime, day or night. Log on to payflex.com to view your account balance, account summary and account activity.

A prescription drug benefit is included when you choose either of the medical plan options.