



Southwest Wisconsin Workforce Development

Health Coverage Alternatives

Carrier		Current	Option 2	
		American Medical Security	Dean - YMG POS	
Deductible			Deductibles Not Embedded	
In-Network	Single/ Family	\$250/ \$750	\$250/\$500	
Out-of-Network	Single/ Family	\$750/ \$1,500	\$250/\$500	
Co-Insurance				
	In-Network	90%	90%	
	Out-of-Network	70%	70%	
Out-of-Pocket Maximum		Includes Deductible	Includes Deductible	
In-Network	Single/ Family	\$1,250/ \$2,500	\$750/\$1,500	
Out-of-Network	Single/ Family	\$3,750/ \$7,500	\$1,750/\$3,500	
Lifetime Maximum				
		\$5,000,000	\$2,000,000	
Office Visits				
	In-Network	\$15 Copay	\$20 Copay	
	Out-of-Network	deductible, then 70% coinsurance	deductible, then 70% coinsurance	
Lab. X-ray Benefit				
	In-Network	\$15 Copay	deductible, then 90% coinsurance	
	Out-of-Network	deductible, then 70% coinsurance	deductible, then 70% coinsurance	
Routine/ Preventative Care				
	In-Network	\$15 copay to maximum of \$300 per calendar year	100%	
	Out-of-Network	deductible, then 70% coinsurance	deductible, then 70% coinsurance	
Prescription Drugs				
In-Network	Generic	\$15 Copay	\$10 Copay	
	Brand	\$25 Copay	30% Copay	
	Non-Formulary	\$40 Copay	50% Copay	
	Maximum Out-of-Pocket			
Inpatient Hospital Services				
	In-Network	deductible, then 90% coinsurance	deductible, then 90% coinsurance	
	Out-of-Network	deductible, then 70% coinsurance	deductible, then 70% coinsurance	
Outpatient Hospital Services				
	In-Network	\$100 copay then 90% coinsurance	deductible, then 90% coinsurance	
	Out-of-Network	\$200 copay then 70% coinsurance	deductible, then 70% coinsurance	
Emergency Room				
	In-Network	\$100 copay then 90% coinsurance	\$75 Copay	
	Out-of-Network	\$200 copay then 70% coinsurance	deductible, then 70% coinsurance	
Rates		Current	Renewal	SAVINGS
Employee Only	10	\$607.98	\$662.73	\$366.22 \$296.51
Employee & Spouse	2	\$1,276.76	\$1,391.73	\$787.37 \$604.36
Employee & Child(ren)	1	\$1,124.76	\$1,226.05	\$787.37 \$438.68
Family	7	\$1,823.94	\$1,988.18	\$1,048.96 \$939.22
Monthly Company Totals (minus employee contributions)		\$22,525.66	\$24,554.07	\$13,367.03 \$11,187.04
Annual Totals (Current)		\$270,307.92		
Annual Totals (Renewal)		\$294,648.84		\$134,244.48
Annual % Increase/ Decrease over Current		9.00%		EE = \$29,616.48
Annual % Increase/ Decrease over Renewal				ER = \$104,628.00

Employee Status is based off applications submitted.

* Numbers above are provided for exhibit purposes only. Outcomes may change based on enrollment and actual claims experience.