



State of Wisconsin Employees
WEA Trust 2012 Preferred Provider Plan (PPP)
Outline of Coverage

Network services must be provided by a WEA Trust PPP participating provider. This Outline of Coverage is only a summary of benefits under this plan.

	NETWORK	NON-NETWORK
Annual deductible	None	\$1,000 Individual/ \$2,000 Family
Coinsurance (excluding durable medical equipment)	90% coinsurance, with an out-of-pocket maximum of \$500 single / \$1,000 family. Durable medical equipment coinsurance accrues toward out-of-pocket maximum, while adult hearing aid coinsurance does not.	**70%
Coinsurance—Durable Medical Equipment	80%	**70%

PREVENTIVE SERVICES		
Services that follow federal guidelines in the Patient Protection and Affordable Care Act, such as screenings, vaccinations, and counseling.	Covered in full	**70%

OUTPATIENT SERVICES		
Adult Office Visits	Covered at 90%	**70%
Child Office Visits (0–17)	Covered at 90%	**70%
Adult Chiropractic Visits	Covered at 90%	**70%
Child Chiropractic Visits	Covered at 90%	**70%
Adult Vision Exam	Covered at 90%. One routine exam (does not include contact lens fitting) per contract year.	**70%
Hearing Aids	*Covered at 80%. One hearing aid per ear no more than once every three years up to a maximum payment of \$1,000 per hearing aid. Hearing aids for participants under age 18 are covered at 90% (\$1,000 limit does not apply).	**70%
Allergy Injections	Covered at 90%	**70%
Routine Pre- and Postnatal Maternity Office Visits	Covered at 90%	**70%
Medical Imaging and Laboratory Tests	Covered at 90%	**70%
Mental Health and Substance Abuse Services	Covered at 90%	**70%
Outpatient Surgery	Covered at 90%	**70%
Immediate/Urgent Care Services	Covered at 90%	**70%
Radiation Therapy	Covered at 90%	**70%

* Requires prior authorization. All benefits are paid according to terms of the Master Contract between the WEA Trust and the Group Insurance Board. Uniform Benefits, including a Schedule of Benefits, are incorporated in the Master Contract. The Schedule of Benefits describes certain essential dollar or visit limits of your coverage and certain rules, if any, you must follow to obtain covered services.

** After annual deductible is met.

INPATIENT SERVICES		
Hospitalization (Semi-Private Room)	*Covered at 90%	**70%
Inpatient, Physician, and Nursing Care	*Covered at 90%	**70%
Surgery, Anesthesia, and Related Supplies	*Covered at 90%	**70%
Maternity	*Covered at 90%	**70%
Medical Imaging and Laboratory Tests	*Covered at 90%	**70%
Mental Health and Substance Abuse Services	*Covered at 90%	**70%
Inpatient Medications	*Covered at 90%	**70%

EMERGENCY SERVICES	
Ambulance Service (Air/Ground)	Covered at 90% as is medically necessary.
Emergency Room	\$75 copayment per visit, then covered at 90%. Copayment waived if held for observation for 24 hours or admitted as an inpatient directly from the emergency room. ER copayment does not apply toward annual out-of-pocket maximum.

OTHER SERVICES (subject to the Network and non-network deductible and coinsurance amounts previously described)	
Home Care	*50 visits per member per contract year; 50 additional medically necessary visits per contract year may be authorized by WEA Trust.
Outpatient Physical, Speech, and Occupational Therapy	*Covered at 90% up to 50 visits for all therapies combined per contract year. Additional medically necessary visits may be available when authorized by WEA Trust, up to a maximum of 50 additional visits per therapy per contract year.
Hospice Care	*Covered at 90% when the member's life expectancy is six months or less and when authorized in advance by WEA Trust.
Licensed Skilled Nursing Home	*Covered at 90% for 120 days per benefit period. Skilled care only.
Accidental Dental	*Covered at 90%. Treatment must commence within 18 months of accident-related injury to natural teeth. Implants will be covered up to a maximum \$1,000 per tooth.
Cardiac Rehabilitation	*Covered at 90% for specific diagnoses.
Temporomandibular Disorder (TMD)	The maximum benefit for diagnostic procedures and non-surgical treatment is \$1,250 per member per contract year. TMD implants are durable medical equipment.
Transplants	*Limited to transplants listed in the Benefits and Services section of the "It's Your Choice Reference Guide" booklet.
Kidney Disease/Transplant	*Covered at 90% for inpatient and outpatient kidney disease treatment.
Cochlear Implants	*Covered at 80% when medically necessary and prior authorized by WEA Trust. Cochlear implants for participants under age 18 are covered at 100%.

PREVENTIVE DENTAL SERVICES
Please refer to the Dental Outline of Coverage for more information about the WEA Trust PPP preventive dental benefits.

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** After annual deductible is met.

