

2025



# Health Insurance

UNITYPOINT CLINIC AND  
UNITYPOINT AT WORK TEAM  
MEMBERS RESIDING IN  
WISCONSIN



# Health Insurance



## Key Health Care Terms

We've compiled this list of health care terms to help you navigate this section of the enrollment guide:

- › **Deductible:** Dollar amount you must pay for covered care each calendar year before the medical plan pays benefits for services. The deductible doesn't apply to every service so be sure to check out the summary schedule of benefits. The family must collectively satisfy the family deductible. Additionally, each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance company.
- › **Coinsurance:** Percentage of the cost for eligible medical expenses that you pay after you meet the deductible. For example, under the High Deductible Health Plan, after you meet the deductible, the plan will pay 80% of covered costs and you pay the remaining 20% up to the plan's out-of-pocket maximum limit. The 20% is your coinsurance.
- › **Copayment (or copay):** A fixed amount that you must pay for a service. Copays can vary depending on the service you receive.
- › **Network Providers:** Providers who have agreed to lower rates for services. The UnityPoint Health medical plans provide benefits for covered services provided by network providers.
- › **Out-of-Pocket Maximum (OOPM):** Maximum dollar amount that you pay for eligible expenses in a calendar year. The plan pays 100% of eligible expenses for the rest of the calendar year after the out-of-pocket maximum is reached - providing financial protection for

you by limiting your out-of-pocket expenses in a given calendar year. The out-of-pocket limit is a combined amount for both medical and prescription coverage under each medical plan.

## Which Medical Plan is the Best Choice for Me?

You will have the choice to waive medical coverage or select coverage from one of two Quartz medical plans. Both medical plans:

- › Cover the same basic medical services
- › Cover the same network of doctors, hospitals and health care specialists who deliver quality care according to network standards and have agreed to lower, preferred rates for covered services.

However, depending on the plan selected, your share of the cost of the medical services you receive differs.

### ✓ TIERED PLAN

- › Higher biweekly premium cost for coverage
- › Cost of care (deductible amounts and out-of-pocket limit) lower than the High Deductible Health Plan

### ✓ HIGH DEDUCTIBLE HEALTH PLAN (HSA)

- › Pay less in biweekly premium cost for coverage
- › Cost of care (deductible amounts and out-of-pocket limit) will be higher than the Tiered Plan
- › UnityPoint Health contributes to your Health Savings Account to help offset out-of-pocket costs



## Preventive Care Benefits

Working in health care, we know how adopting a healthy lifestyle can help us stay well and live better. Therefore, it is important that you periodically receive physical exams and health screenings that help you identify health risks early to avoid developing more serious problems down the road.

The following preventive services are covered at 100%, with no deductible, whether you enroll in the High Deductible Health Plan or the Tiered Plan as long as you see a network provider:

- › Routine health exams and periodic health assessments
- › Well-child visits
- › Routine screening procedures for cancer
- › Routine hearing exams
- › Adult immunizations
- › Obesity screenings and management
- › Women's preventive health services including all FDA approved contraceptive methods as prescribed by a physician



## Compare Health Insurance Plans, *continued*

	TIERED PLAN (TRADITIONAL HMO)	HIGH DEDUCTIBLE HEALTH PLAN
	In-Network	
Annual Deductible (Single/Family)	\$1,700/\$3,400	\$3,300/\$6,600
Annual HSA Contribution*	N/A	\$750/\$1,500
Coinsurance	20%	0%
Med Exp Max Out of Pocket	\$4,000/\$8,000	\$3,300/\$6,600

### Physician Services

Office Visit	\$30 Copay	No charge after Deductible
Specialty Visit	\$60 Copay	
E-visit	No charge	

### Emergency Services

Urgent Care	\$60 Copay	No charge after Deductible
Emergency Room	1-4 visits: \$250 each 5 or more visits: \$500 each	

### Hospital Services

Inpatient Services	20% Coins after Deductible	No charge after Deductible
Delivery & Newborn Charges		
Outpatient Services		

### Diagnostic Services

Lab & X-Ray	No charge	No charge after Deductible
MRI/PET/CAT Scan	\$150 Copay	

### Behavioral Health

Inpatient Services	20% Coins after Deductible	No charge after Deductible
Transitional	20% Coins after Deductible	
Outpatient Services	\$30 Copay	



## Compare Health Insurance Plans, *continued*

	TIERED PLAN (TRADITIONAL HMO)	HIGH DEDUCTIBLE HEALTH PLAN	
<b>In-Network</b>			
<b>Other Services</b>			
Durable Medical Equipment	20% Coins	No charge after Deductible	
Therapy Services	\$30 Copay		
<b>Pharmacy Benefits</b>			
	Meriter UW Pharm	Other Pharm	
Value Tier (RX Outcomes)	\$5 Copay	\$5 Copay	N/A
Tier 1	\$15 Copay	\$20 Copay	No charge after Deductible
Tier 2	30% Coins	30% Coins	No charge after Deductible
Tier 3	50% Coins	50% Coins	No charge after Deductible
Specialty	30% Coins	N/A	No charge after Deductible
Max Out of Pocket (Single/Family)	\$2,000/\$4,000		N/A
<b>Additional Benefits</b>			
Preventive Services	No charge	No charge	

### Employee Bi-Weekly Rates (26 pay periods)

Years of Service	0-9	10-19	20+	0-9	10-19	20+
Employee	\$66.01	\$61.86	\$59.09	\$48.46	\$44.30	\$41.53
Employee + 1	\$148.55	\$144.40	\$141.63	\$109.03	\$104.88	\$102.11
Family	\$214.57	\$204.88	\$197.04	\$157.50	\$147.81	\$139.96

\* UnityPoint Health advances the employer contribution to your account when you enroll in the Health Savings Plan which allows you to have access to those funds immediately. This amount is prorated based on your benefit eligibility date and number of months remaining in the year.

This Benefit Summary is intended to highlight the benefits provided in these plans. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB) for detailed coverage information, limitations and exclusions.

## Vendor Contact List

PLAN	CONTACT	PHONE	WEBSITE
Health Insurance	Quartz	(608) 644-3430 (800) 362-3310	<a href="http://quartzbenefits.com">quartzbenefits.com</a>