

Coverage Comparison

SafeGuard Wisconsin's plans are designed with members in mind and compare closely to its fully-funded counterparts. Our self-funded plans comply with ERISA requirements and include ACA mandates and reforms including essential benefits such as preventive care, cost containment and flexibility by gaining better control of financials and risk tolerance to claims data. Self-funded coverage encompasses a healthy benefits plan design that allows you as the employer to manage and benchmark your health coverage.

BENEFIT	TYPICAL ACA COVERAGE	SAFEGUARD WISCONSIN COVERAGE
Primary Care Visit to Treat an Injury or Illness	\$30 Copay/No Ded	\$30 Copay
Specialist Vist	\$60 Copay/No Ded	\$60 Copay
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% After Ded	Covered
Outpatient Surgery Physician/ Surgical I Services	20% After Ded	Covered
Hospice Services	20% After Ded	Covered
Infertility Treatment	No Coverage*	No Coverage*
Urgent Care Centers or Facilities	Covered	\$75 Physician Copay
Home Health Care Services	Covered	Covered
Emergency Room Services	\$250 per visit/Copay waived if admitted	\$150 per visit/Copay waived if admitted
Emergency Transportation/ Ambulance	Covered	Covered*
Inpatient Physician and Surgical Services	Covered	Covered
Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Covered
Bariatric Surgery	Covered*	Covered*
Skilled Nursing Facility	Covered*	Covered
Prenatal and Postnatal Care	Covered	Covered
Delivery and All Inpatient Services for Maternity Care	Covered	Covered
Mental/Behavioral Health Outpatient Services	\$60 Copay (Specialist) for office visits	\$60 Copay (Specialist) for office visits
Mental/Behavioral Health Inpatient Services	\$60 Copay (Specialist) for office visits	Covered
Substance Abuse Disorder Inpatient Services	Covered	Covered
Substance Abuse Disorder Outpatient Services	Covered	\$60 Copay (Specialist) for office visits
Generic Drugs	Retail/\$30 Copay* Mail Order/\$60 Copay*	Covered*
Preferred Brand Drugs	20% After Ded*	Covered*
Non-Preferred Brand Drugs	20% After Ded*	Covered*
Specialty Drugs	20% After Ded*	Covered*
Outpatient Rehabilitation Services	Covered*	Covered*
Habilitation Services	Covered	Covered
Chiropractic Care	No Coverage	Covered*
Durable Medical Equipment	Covered	Covered
Diagnostic Test (X-Ray and Lab Work)	Covered	Covered
Imaging (CT/PET Scans, MRIs)	Covered	Covered
Preventive Care/ Screening/Immunization	Covered*	Covered*
Rehabilitative Speech Therapy	Covered*	Covered*
Rehabilitative Occupational and Rehabilitative Physical Therapy	Covered*	Covered*
Laboratory Outpatient and Professional Services	Covered	Covered
X-rays and Diagnostic Imaging	Covered	Covered
Transplant	Covered*	Covered*
X-rays and Diagnostic Imaging	Covered	Covered
Allergy Testing	Covered	\$30 Copay
Mental Health Other	Covered	Covered
Inpatient Rehab	Covered	Covered
Outpatient Rehabilitation Services	Covered	Covered
Autism Spectrum Disorder Services - Intensive Level Services	Covered	Covered
Autism Spectrum Disorder Services - Non-Intensive Level Services	Covered	Covered

*Exclusions and restrictions may apply. Ask your representative for additional coverage details.

Learn more about SafeGuard benefits by visiting: <https://safeguardwisconsin.com/members/>