

	<u>Item</u>	<u>District Response</u>	<u>Answer Fo</u>
Basic Information			
1.	LEA code	0657	4 digit nur
2.	School district name	Brighton	Text
3.	Number of plans offered	1	Drop-dow
4.	Plan structure	PPO	Drop-dow
5.	Plan chosen by the majority of employees eligible for coverage	only 1	Text
6.	Type of plan	PPO	Drop-dow
7.	Percent of staff eligible for insurance and enrolled in the plan	66%	Percentag
8.	Eligibility	See attached	Drop-dow
9.	Coverage		Drop-dow
Single Plan Information			
10.	Total monthly premium		Dollars
11.	Employer contribution to premium		Dollars
12.	Employee contribution to premium		Dollars
13.	If HSA, total employer contribution		Dollars
14.	Deductible		Dollars
15.	Employer share of deductible		Dollars
16.	Out of pocket maximum		Dollars
Family Plan Information			
17.	Total monthly premium		Dollars
18.	Employer contribution to premium		Dollars
19.	Employee contribution to premium		Dollars
20.	If HSA, total employer contribution		Dollars
21.	Deductible		Dollars
22.	Employer share of deductible		Dollars
23.	Out of pocket maximum		Dollars
Other Plan Information			
24.	Describe any premium differential		Text
25.	Describe any in-network co-pays		Text
26.	Co-insurance percentage, if any		Percentag
27.	Other information		Text

Brighton School District #1
Health Plan Options
July 1, 2018



The plan contribution rates listed below provide for participation in the Wisconsin Education Association Insurance Trust's jointly self-funded group health plan. The WEA

Insurance Corporation has issued comprehensive stop loss coverage to minimize the risk of financial exposure for participating employers in the event that pooled claims exceed the plan contribution rates.

Health Plan	Current Rates / Current Benefits			Contribution Rates/ Current Benefits		
	Essential PPO			Essential PPO		
Deductible (Single/Family)						
Network	\$500/\$1,000			\$500/\$1,000		
Non-Network	\$1,000/\$2,000			\$1,000/\$2,000		
Coinsurance						
Network	100%			100%		
Non-Network	80%			80%		
Maximum Out-of-Pocket (Single/Family)						
Excludes Medical Copayments	No			No		
Excludes Pharmacy Copayments	Yes			Yes		
Network	\$1,500/\$3,000			\$1,500/\$3,000		
Non-Network	\$3,000/\$6,000			\$3,000/\$6,000		
Copayments	Primary	Specialty		Primary	Specialty	
Network Office Visit	\$25	\$25	then ded/coins	\$25	\$25	then ded/coins
Non-Network Office Visit	\$50	\$50	then ded/coins	\$50	\$50	then ded/coins
Network Convenient Care/Telehealth Office Visit	\$0		copay only	\$0		copay only
Urgent Care	\$50		then ded/coins	\$50		then ded/coins
Emergency Room	\$100		then ded/coins	\$100		then ded/coins
High Tech Imaging Copay	\$0/\$0		then ded/coins	\$0/\$0		then ded/coins
Maximum Out-of-Pocket Medical Copay	\$0/\$0			\$0/\$0		
Pharmacy						
Drug Plan	\$0/10/30/60 VCDP			\$0/10/30/60 VCDP		
Maximum Out-of-Pocket Pharmacy Copay	\$2,000/\$4,000			\$2,000/\$4,000		
Includes Erectile Dysfunction Benefits	Yes			Yes		
Specialty Pharmacy Coinsurance	No			No		
Optional Benefits						
Vision Benefit	No Vision Coverage			No Vision Coverage		
Extraction/Replacement of Teeth	No Extraction Coverage			No Extraction Coverage		
Waiver of Plan Contribution	Yes			Yes		
Plan Contribution Rates	Current					
	Subscribers					
Single	2	\$915.28		\$938.16		
Family	9	\$2,080.20		\$2,132.20		
Single Medicare	-	\$538.78		\$552.24		
Family Medicare	-	\$1,077.56		\$1,104.48		
Single Medicare w/o Drug	-	\$171.54		\$175.82		
Family Medicare w/o Drug	-	\$343.08		\$351.64		
Special Medicare (1 over/1 under) both Rx	-	\$1,698.94		\$1,741.42		
Monthly Contribution	11	\$20,552.36		\$21,066.12		

Check Box for plan you are Selecting:



The rates include the following commission: This calculation includes standard commission

The rates in this chart are renewal options for illustrative purposes and are not a contract for coverage. The pricing assumes a single plan design per employee segment with the Trust as the sole carrier. These rates are subject to change and contain no guarantee. Moreover, this information is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and prohibited from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

Signature Dr. Penny L. Boileau

Date 5/14/18