



HMO Benefit Overview

CESA # 3 INSURANCE PURCHASING COOPERATIVE
HMO1-1

Annual Deductible	\$2,000/\$4,000 (Single/Family)
Coinsurance	0% Coinsurance
Annual Maximum Out of Pocket	\$3,000/\$6,000 (Single/Family)
Lifetime Maximum	Unlimited
Annual Maximum for Essential Benefits	Unlimited
Preventive Services	Unlimited
Dependent Age	26/26
Physician Services	
Office Visit	Subject to Deductible and Coinsurance
Chiropractor Visits	Subject to Deductible and Coinsurance
Hearing Examination	Subject to Deductible and Coinsurance
Podiatry Services	Subject to Deductible and Coinsurance
Vision Services	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	Subject to Deductible and Coinsurance
Hospital Services	
General Inpatient	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance
Emergency Services	
Emergency Room	\$100 Copayment
Urgent Care	\$25 Copayment
Ambulance	Subject to Deductible and Coinsurance
Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	\$5/\$20/\$40 Copay
Value Tier	\$0 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000
Behavioral Health	
Inpatient	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance
Outpatient	
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance
Other Mental Health Professional	Subject to Deductible and Coinsurance
Diagnostic Services	
Lab	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance
MRI/MRA Scan	Subject to Deductible and Coinsurance
PET Scan	Subject to Deductible and Coinsurance
CAT Scan	Subject to Deductible and Coinsurance
Other Services	
Anesthesia for Dental	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	Subject to Deductible and Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage
Oral Surgery	100% Coverage
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance
TMJ Benefits	Subject to Deductible and Coinsurance

This Benefits Summary is intended to highlight the benefits provided in policy listed above. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.



RENEWAL/BENEFIT CHANGE ACCEPTANCE FORM

Highland Public Schools

Group Name: CESA # 3 Insurance Purchasing Cooperative
Group Number(s): 9016111, 9016112, 9016116, 9016254, 9016255, 9016128, 9016129, 9016146, 9016147 9016108, 9016110, 9016115, 9016156, 9016157, 901
Renewal Date: 09/01/2018

This is a renewal proposal. To expedite your renewal, please check the appropriate box from the options listed below:

Table with 9 columns: Renewal Offering/Alternate, Renewal Offering, Plan Option, Single, Family, Medicare Single, Medicare Family, Medicare Split, and Renewal Offering. Includes checkboxes for plan acceptance.

SBC Tracking IDs: P7AT38X5QJSBC, PDTG73XQSBC, P7MP1XSQSBC, PQ88QFGQSBC, PINUPES1SBC, P3NU811F1SBC, P7Z1P2SBC, PKIC8SC10SBC
SOB Tracking IDs: P7AT38X5QJSOB, PDTG73XQSBOB, P7MP1XSQSBOB, PQ88QFGQSBOB, PINUPES1SOB, P3NU811F1SOB, P7Z1P2SOB, PKIC8SC10SOB

Table with 7 columns: Plan Option, Single, Family, Medicare Single, Medicare Family, Medicare Split, and Renewal Offering. Includes checkboxes for plan acceptance.

SBC Tracking IDs: P5J5504SBC, PXISALTSBC, P5B1A7FYDTSBC, PNQ7WHTQQ8SBC, PEHJDYSBC, P94Q52RDWSBC
SOB Tracking IDs: P5J5504SOB, PXISALTSOB, P5B1A7FYDTSOB, PNQ7WHTQQ8SOB, PEHJDYSOB, P94Q52RDWSOB

-If you would like to see other available plan options, please consult your Agent or Account Manager

Acceptance Certification

- Acceptance Certification options: We accept the premium rates and benefits in the renewal proposal, as indicated above. We have elected an alternate benefit plan, as indicated above. We choose not to renew with Quartz. We have selected group health coverage through

CESA # 3 INSURANCE PURCHASING COOPERATIVE understands that Quartz, in its sole discretion, may provide summary health information for our use. I request, on behalf of CESA # 3 INSURANCE PURCHASING COOPERATIVE, that CESA # 3 INSURANCE PURCHASING COOPERATIVE receives this summary health information for the purposes of 1) modifying, amending, or terminating the group health plan; or, 2) obtaining premium bids from health plans for providing health insurance coverage under the group health plan. I certify that I am authorized to sign on behalf of CESA # 3 INSURANCE PURCHASING COOPERATIVE.

As an authorized representative of this Employer, I have reviewed the above, and the notice form, and accept the renewal rates on behalf of CESA # 3 INSURANCE PURCHASING COOPERATIVE. I further attest and certify that all the statements included herein are true and correct to the best of my knowledge.

Printed Name of Group Representative, Date, Signature of Group Representative, Position/Title of Group Representative

Please Note

Failure to return this notice within 30 days prior to your renewal date will result in your plan being renewed at the rates and benefits provided with your renewal notice. This will result in your billed rates being different than the rates for your chosen alternative. You will be required to "pay as billed" and a credit will be issued on your next billing statement. ID cards may also be delayed. If you have modified the benefits under your policy, this form and the attached benefit description/rates will be considered an addendum to your group application.

Please send the complete form to: Mary Raether, Quartz, 840 Carolina Street, Sauk City, WI 53583, Fax Number 608-836-0092

1/26/2018