

MEDICAL PLAN HIGHLIGHTS

WCA Group Health Trust UHC Choice Plus	PPO With HRA	
	In-Network	Out-of-Network
Deductible		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Health Reimbursement Account	<i>HRA will reimburse after member pays first portion of the deductible</i>	
Single		\$1,200
Family		\$2,400
Out-of-Pocket Maximum	<i>Including Deductible, Coinsurance, and Copayments</i>	
Single	\$3,000	\$7,000
Family	\$6,000	\$14,000
Coinsurance	100%	80%
Lifetime Maximum		Unlimited
Dependent Eligibility		To Age 26
Physician Services		
Office Visit		
Primary Care Physician	\$20 then Deductible	\$25 then Deductible & Coinsurance
Specialist	\$40 then Deductible	\$50 then Deductible & Coinsurance
Routine / Preventive Care	Select Services Covered In Full	\$25 then Deductible & Coinsurance
Teladoc		Covered in Full
Hospital Services		
Inpatient	Deductible	Deductible & Coinsurance
Outpatient	Deductible	Deductible & Coinsurance
Urgent Care/Emergency Care		
Urgent Care	\$25 then Deductible	\$25 then Deductible & Coinsurance
Emergency Care	\$100 then Deductible	\$100 then Deductible & Coinsurance
Retail Prescription Coverage	<i>Retail – 34 Day Supply</i>	<i>Mail Order – 90 Day Supply</i>
Generic	\$5	\$10
Brand	\$20	\$40
Non-Preferred	\$40	\$80

MEDICAL PLANS

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You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. The Marinette School District provides eligible employees a medical plan administered by WCA Group Health Trust.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the network. Find a participating health care provider in your area by going to: www.wcaght.org

Refer to the Summary of Benefits Coverage (SBC) for detailed medical plan coverage information.

TERMS TO KNOW

Annual Deductible

The amount you pay out of your pocket each year before the plan begins sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but do not count toward your deductible.

Annual Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

WHO IS ELIGIBLE FOR BENEFITS

- All full-time employees working 30 or more hours per week
- Spouses and dependent children to age 26



Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

MEDICAL PLAN PREMIUMS - INCENTIVES

The 2018-2019 Marinette School District’s Health Contingent Wellness Program establishes the employee contribution level for health insurance; which is based on your health risk assessment score. Employees and spouses must complete the Health Risk Assessment to be eligible to participate. Those who participated in the 2017-2018 Health Risk Assessment received a baseline score which will be used in part to determine the 2018-2019 Health Contingent Wellness premium contribution level.

Employees and spouses cannot be penalized if their significant others do not participate in the HRA, or do not score in the Gold level. Therefore, employees and spouses will be incentivized separately, based on their HRA participation and scores. Please review your health risk assessment report and see the below chart to determine your contribution level. Employee monthly contribution amounts are on the following page.

To be eligible for the Gold Incentive contribution level, employee and spouse on the health plan must have an HRA Score greater than or equal to 71 or a 5 point improvement from 2017 to 2018. If the employee and/or the spouse choose not to participate or does not score 71+ or have a 5 point improvement from 2017 to 2018, the family rate for that family will be higher than the rate for a family where both employee and spouse achieve Gold status.

If you scored in the Silver Incentive contribution level, you have the option to participate in an Alternative Standard to qualify for the Gold Incentive contribution level.

Contribution Level*	Detail	Employee Health Plan Contribution**
Gold Incentive	<ul style="list-style-type: none"> ○ Score of 71 or more points – OR - ○ 5 point improvements from 2017 to 2018 HRA score. <p><i>See your individualized report: Healics Health Risk Assessment Report Comparison page to determine if you had a 5 point improvement from 2017 to 2018</i></p>	12%
Silver Incentive	Score of 70 points or less and DID NOT demonstrate a 5 point improvement from 2017 to 2018.	15%
No Incentive	No participation in HRA	18%

**These contribution levels apply to full time staff. Employees should refer to the "Health Promotion Program" plan document for further details, available at www.marinette.k12.wi.us under the Business & Finance/Insurance /Document Uploads page. **Incentive amount for family plan is based on contribution % of single plan.*

New Employees: New employees hired after the May Health Risk Assessment screening period will be eligible to receive the GOLD level premium contribution level during the first year of employment. The new hire will then have the option to participate in the next Health Risk Assessment screening period.

Alternative Standard:

1. An **Action Plan Letter** to be completed by participant’s health care provider (MD, NP or PA)
2. After the letter is received and processed by the Health Risk Assessment vendor designee, employee or spouse will qualify for the GOLD premium contribution level.

MEDICAL PLAN PREMIUMS

See prior page to determine your incentive contribution level.

EMPLOYEE MONTHLY CONTRIBUTIONS – SINGLE COVERAGE

Total monthly single premium paid by District and employee = \$750.15

Gold Incentive	Silver Incentive	No Incentive
\$90.02	\$112.52	\$135.03

EMPLOYEE MONTHLY CONTRIBUTIONS – FAMILY COVERAGE

Total monthly family premium paid by District and employee = \$1,668.38

Employee Incentive	Spouse Incentive	Monthly Premium
Gold	Gold	\$210.29
Gold	Silver	\$232.79
Gold	No Incentive	\$255.30
Gold	No Spouse	\$210.29
Silver	Gold	\$232.79
Silver	Silver	\$255.30
Silver	No Incentive	\$277.80
Silver	No Spouse	\$255.30
No Incentive	Gold	\$255.30
No Incentive	Silver	\$277.80
No Incentive	No Incentive	\$300.31
No Incentive	No Spouse	\$300.31

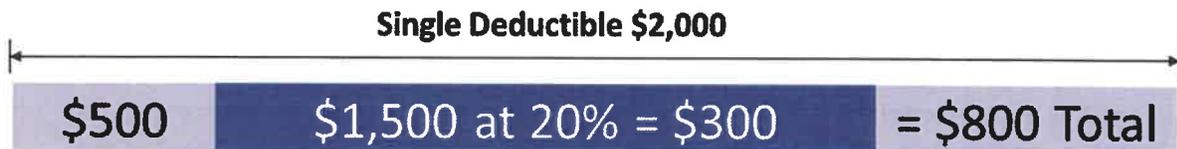
HEALTH REIMBURSEMENT ACCOUNT (HRA)

If you elect medical coverage, you and your family are eligible to participate in the Health Reimbursement Account (HRA). What this means is your employer will contribute HRA dollars towards your deductible to help offset the amount you're responsible for. Below is the breakdown of how your deductible would be paid:

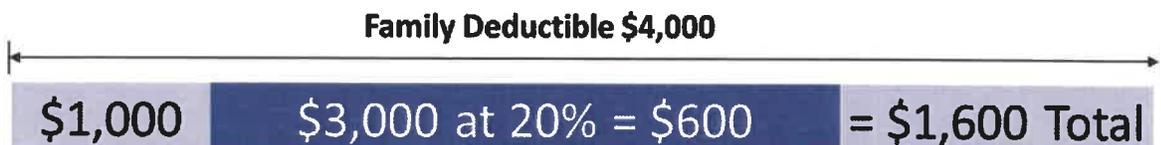
Single Coverage: Employee pays the first \$500 per in-network deductible. HRA reimburses next \$1,500 of deductible to the provider at 80%, up to \$1,200.

Family Coverage: Family pays the first \$1,000 per in-network deductible. HRA reimburses next \$3,000 of deductible to the provider at 80% up to \$2,400.

The HRA reimbursement is based on the Employer's in-network Group Health Plan. If you incur out-of-network deductible expenses then the reimbursement is capped at the in-network reimbursement level.



- Single participant pays \$500 + \$300 = \$800 Total
- HRA pays \$1,500 at 80% = \$1,200



- Total Family participants pay \$1,000 + \$600 = \$1,600 Total
- HRA pays \$3,000 at 80% = \$2,400

CASH IN LIEU OF HEALTH INSURANCE

(FOR BENEFIT ELIGIBLE EMPLOYEES ONLY)

If you are eligible to receive Cash In Lieu of Health Insurance, you have the opportunity to decline health insurance through the Marinette School District's group health plan and receive a twice a month cash in lieu of health insurance.

To be eligible, you must provide written proof of satisfactory health insurance. Evidence of coverage under COBRA is not satisfactory (reference: <https://goo.gl/ArViUh>).

To enroll in the Cash In Lieu of Health Insurance:

1. Obtain proof of other current health care coverage. The required proof is an official document verifying you are insured under a group health insurance plan.
2. Submit your proof to the Finance Department, Attention: Michele Schoen, along with a signed Election of Cash In Lieu of Participation in Health Insurance form.

Both the application and proof of other group health plan coverage must be received and approved by the Finance Department. **A copy of I.D. card is sufficient proof of other coverage.** Upon approval, cash payment in lieu of health insurance will be scheduled for the next available paycheck date. If you later wish to enroll in Marinette School District health coverage, except for death of or divorce from the individual covering you under their plan, you will be subject to the normal open enrollment period.

The cash in lieu in the amount of \$275 will be paid twice per month (\$6,600 per year) and is subject to FICA, Medicare, Federal, and State tax. The amount deducted for taxes depends on individual circumstances as determined by state and federal taxing authorities. We regret that we are unable to provide individual calculations prior to the actual payment.

ITEMS TO CONSIDER BEFORE DECLINING HEALTH INSURANCE

Once you apply and receive cash in lieu of health insurance, you may only enroll in the district health plan if a qualifying Section 125 event occurs. Qualifying events are:

Marital status change: marriage, death of spouse, divorce or annulment, legal separation

Number of Dependents Change: birth, adoption or placement for adoption, death of dependent child, newly eligible dependents due to plan design change

Note: HIPAA allows the employee who may have elected employee only coverage initially to not only add a new dependent, but also allows the employee to add the spouse at the time the new dependent is added. HIPAA does not require that all eligible dependents (i.e., other dependent children) be added.

Loss of Coverage: If the employee loses other coverage (e.g. spouse's health plan coverage terminates, or Medicare or Medicaid eligibility ends)

Please complete the "Election of Cash in Lieu of Participation in Health Insurance" form if you decide to decline health insurance.