

PRAIRIE DU CHIEN SCHOOL DISTRICT WEA TRUST HEALTH PLAN OPTIONS

JULY 1, 2018 – JUNE 30, 2019

<u>HEALTH PLAN</u>	<u>2000/4000</u>	<u>3000/6000</u>
Deductible (Single/Family)	PPO	HIGH DEDUCTIBLE PPO
Network	\$2,000/\$4,000	\$3,000/\$6,000
Non-Network	\$4,000/\$8,000	\$6,000/\$12,000
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	\$3,000/\$6,000	\$4,000/\$8,000
Non- Network	\$6,000/\$12,000	\$8,000/\$16,000
Copayments	Primary Specialty	Primary Specialty
Network Office Visit	\$25 \$50 then ded/coins	\$25 \$50 then ded/coins
Non-Network Office Visit	\$50 \$100 then ded/coins	\$50 \$100 then ded/coins
Amwell/Convenient Care	\$0 then ded/coins	\$0 then ded/coins
Urgent Care	\$100 then ded/coins	\$100 then ded/coins
Emergency Room	\$250 then ded/coins	\$250 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	\$1,500/\$3,000
Includes Erectile Dysfunction Benefits	NO	NO
Specialty Pharmacy Coinsurance	NO	NO
Optional Benefits		
Vision Benefit	Enhanced Vision No Cost Sharing	Enhanced Vision No Cost Sharing
Extraction/Replacement of Teeth	Extr/Pepl Teeth \$1,500 Limit	Extr/Repl Teeth \$1,500 Limit
Waiver of Premium	NO	NO