

Elkhart Lake-Glenbeulah School District  
WCA Group Health Trust - Renewal Exhibit (7/1/2019)

**Medical**

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Single:</b>			
	Per Month \$808.12	Per Month \$775.80	Per Month \$723.87
Total cost per year:	x 12 months \$9,697.44	x 12 months \$9,309.60	x 12 months \$8,686.44
Less District contribution per year for 100% FTE employee:	\$7,900.00	\$7,900.00	\$7,900.00
Employee portion per year for 100% FTE employee:	\$1,797.44	\$1,409.60	\$786.44
Monthly cost for 100% FTE employee:	\$149.79	\$117.47	\$65.54
Approximate employee deduction per paycheck for 100% FTE:	\$74.89	\$58.73	\$32.77

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Family:</b>			
	Per Month \$1,830.40	Per Month \$1,756.03	Per Month \$1,638.44
Total cost per year:	x 12 months \$21,964.80	x 12 months \$21,072.36	x 12 months \$19,661.28
Less district contribution per year for 100% FTE employee:	\$17,750.00	\$17,750.00	\$17,750.00
Employee portion per year for 100% FTE employee:	\$4,214.80	\$3,322.36	\$1,911.28
Monthly cost for 100% FTE employee:	\$351.23	\$276.86	\$159.27
Approximate employee deduction per paycheck for 100% FTE:	\$175.62	\$138.43	\$79.64



WCA GROUP HEALTH TRUST

Renewal for Elkhart – Glenbeulah Lake School District  
(7/01/19)

<b>Plan 1 – Renewal Plan Benefits</b>		
<b>PPO Network</b>	UHC+	
	HMO	
<b>Deductible</b>	Embedded	
In Network	\$500/\$1,000	
Out of Network	Not Covered	
<b>Coinsurance</b>		
In Network	90%	
Out of Network	N/A	
<b>Maximum Out of Pocket (Ded/Coinsurance)</b>		
In Network	\$1000/\$2000	
Out of Network	N/A	
<b>Maximum Out of Pocket (Ded/Coins/Medical Copays)</b>		
In Network	\$3,000/6,000	
Out of Network	N/A	
	<b>In Network</b>	<b>Out of Network</b>
Hospitalization	Ded/90%	Not Covered
Office Visit(s)	\$25/Ded/90%	Not Covered
Specialist Office Visit(s)	\$25/Ded/90%	Not Covered
Preventative Exams	100%/Ded Waived	Not Covered
Chiropractic Office Visits(s)	\$25/Ded/90%	Not Covered
Phys, Occ & Speech Therapy	Ded/90%	Not Covered
Urgent Care	\$50/Ded/90%	Not Covered
Emergency Room Care	\$200/Ded/90%	\$200/PPO Ded/90%
Psych, Chem & Alcohol		
Office Visit	\$25/Ded/90%	Not Covered
Inpatient	Ded/90%	Not Covered
Outpatient	Ded/90%	Not Covered
All Other Medical Services	Ded/90%	Not Covered
High Tech Imaging Coverage	\$100/Ded/90%	Not Covered
Oral Surgery	Ded/90%	Not Covered
Extractions/Replacement of Teeth Including Implants	Limited to \$1,500 Per Benefit Period	
Health Club Reimbursement	\$120/Single; \$240 Family	
<b>Pharmacy</b>		
Drug Plan	\$0/20/60/100 - 30 Days, Retail \$0/40/120 - 31-90 Days, Retail \$0/40/120 - 90 Days, Mail Specialty Limited to 30 Days	
<b>Maximum Out of Pocket (Pharmacy Only)</b>	\$4,000/8,000	



WCA GROUP HEALTH TRUST

Renewal for Elkhart –Glenbeulah Lake School District  
(7/01/19)

		<b>Plan 2 – Renewal Plan Benefits</b>	
<b>PPO Network</b>		UHC+	
		HMO	
<b>Deductible</b>		Embedded	
	In Network	\$1,000/\$2,000	
	Out of Network	Not Covered	
<b>Coinsurance</b>			
	In Network	90%	
	Out of Network	N/A	
<b>Maximum Out of Pocket (Deductible/Coinsurance)</b>			
	In Network	\$1,500/\$3,000	
	Out of Network	N/A	
<b>Maximum Out of Pocket (Deductible/Coins/Medical Copays)</b>			
	In Network	\$3,500/\$7,000	
	Out of Network	N/A	
		<b>In Network</b>	<b>Out of Network</b>
	Hospitalization	Ded/90%	Not Covered
	Office Visit(s)	\$25/Ded/90%	Not Covered
	Specialist Office Visit(s)	\$25/Ded/90%	Not Covered
	Preventative Exams	100%/Ded Waived	Not Covered
	Chiropractic Office Visits(s)	\$25/Ded/90%	Not Covered
	Phys, Occ & Speech Therapy	Ded/90%	Not Covered
	Urgent Care	\$50/Ded/90%	Not Covered
	Emergency Room Care	\$200/Ded/90%	\$200/PPO Ded/90%
	Psych, Chem & Alcohol		
	Office Visit	\$25/Ded/90%	Not Covered
	Inpatient	Ded/90%	Not Covered
	Outpatient	Ded/90%	Not Covered
	All Other Medical Services	Ded/90%	Not Covered
	High Tech Imaging Coverage	\$100/Ded/90%	Not Covered
	Oral Surgery	Ded/90%	Not Covered
	Extractions/Replacement of Teeth Including implants	Limited to \$1,500 Per Benefit Period	
	Health Club Reimbursement	\$120 Single; \$240 Family	
<b>Pharmacy</b>			
	Drug Plan	\$0/20/60/100 - 30 Days, Retail \$0/40/120 - 31-90 Days, Retail \$0/40/120 - 90 Days, Mail Specialty Limited to 30 Days	
<b>Maximum Out of Pocket (Pharmacy Only)</b>		\$4,000/8,000	



WCA GROUP HEALTH TRUST

Renewal for Elkhart –Glenbeulah Lake School District  
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		<b>Plan 3 – Renewal Plan Benefits</b>	
<b>PPO Network</b>		UHC+	
		HMO	
<b>Deductible</b>		Embedded	
In Network		\$2,000/\$4,000	
Out of Network		Not Covered	
<b>Coinsurance</b>			
In Network		90%	
Out of Network		N/A	
<b>Maximum Out of Pocket (Deductible &amp; Coinsurance Only)</b>			
In Network		\$2,500/\$5,000	
Out of Network		N/A	
<b>Maximum Out of Pocket (Deductible/Coins/Med Copays)</b>			
In Network		\$4,500/\$9,000	
Out of Network		N/A	
		<b>In Network</b>	<b>Out of Network</b>
Hospitalization		Ded/90%	Not Covered
Office Visit(s)		\$25/Ded/90%	Not Covered
Specialist Office Visit(s)		\$25/Ded/90%	Not Covered
Preventative Exams		100%/Ded Waived	Not Covered
Chiropractic Office Visits(s)		\$25/Ded/90%	Not Covered
Phys, Occ & Speech Therapy		Ded/90%	Not Covered
Urgent Care		\$50/Ded/90%	Not Covered
Emergency Room Care		\$200/Ded/90%	\$200/PPO Ded/90%
Psych, Chem, & Alcohol			
Office Visit		\$25/Ded/90%	Not Covered
Inpatient		Ded/90%	Not Covered
Outpatient		Ded/90%	Not Covered
All Other Medical Services		Ded/90%	Not Covered
High Tech Imaging Coverage		\$100 /Ded/90%	Not Covered
Oral Surgery		Ded/90%	Not Covered
Extractions/Replacement of Teeth Including Implants		Limited To \$1,500 Per Benefit Period	
Health Club Reimbursement		\$120/Single; \$240 Family	
<b>Pharmacy</b>			
Drug Plan		\$0/20/60/100 - 30 Days, Retail \$0/40/120 - 31-90 Days, Retail \$0/40/120 - 90 Days, Mail Specialty Limited to 30 Days	
<b>Maximum Out of Pocket (Pharmacy Only)</b>		\$3,000/\$6,000	

**YOUR RENEWAL REFLECTS THE FOLLOWING COVERAGE UPDATE:**

**ORAL SURGERY BENEFIT**

The following oral surgical procedures are to be covered, including necessary x-ray and laboratory tests:

- (1) Excision of partially or completely impacted teeth;
- (2) Excision of tumors and cysts of the jaw, cheeks, lips, tongue, roof and floor of the mouth when such conditions require pathological exams;
- (3) Surgical procedures to correct Accidental Injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth;
- (4) Reduction of fractures and dislocations of the jaw;
- (5) External incision and drainage of cellulitis;
- (6) Incision of accessory sinuses, salivary glands or ducts;
- (7) Excision of exostosis of jaws and hard palate;
- (8) Treatment required to repair and restore natural teeth damaged due to Injury. The treatment must be incurred within six months from the date of the Injury. Damage resulting from biting or chewing will not be considered an Injury. Subsequent treatment to an injured tooth after the initial treatment is not covered. Dental implants are not covered. (Note: A sound natural tooth is one that is organic, not manufactured. Therefore, Injury resulting in damage to bridges, implants, crowns and/or dentures is not covered.), and
- (9) Dental exams performed in preparation for a covered oral surgery.