



# Mayville School District

## GROUP MEDICAL INSURANCE

Effective Date: **July 1, 2021**

Year	2021		2021	
Carrier	WEA trust		WEA trust	
Platform / Network	WEA - RENEWAL		WEA - RENEWAL WITOUT WELLNESS	
Plan	Essential PPO	Essential Qualified	Essential PPO	Essential Qualified
<b>COVERAGE BASICS</b>				
In-Network Deductible (Single / Family)	\$2,000 / \$4,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Out-of-Network Deductible (Single / Family)	\$4,000 / \$8,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$6,000 / \$12,000
Coinsurance (In / Out)	100% / 80%	100% / 80%	100% / 80%	100% / 80%
In-Network Out-of-Pocket Maximum (Single / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-Network Out-of-Pocket Maximum (Single / Family)	\$6,000 / \$12,000	\$8,000 / \$16,000	\$6,000 / \$12,000	\$8,000 / \$16,000
<b>ADDITIONAL COVERAGE DETAILS</b>				
Primary Care / Specialist Care Office Visit	\$10 Copay / \$25 Copay	Ded, 100% Coins	\$10 Copay / \$25 Copay	Ded, 100% Coins
Urgent Care / Emergency Room	\$75 Copay, Ded, 100% Coins / \$250 Copay, Ded, 100% Coins	Ded, 100% Coins	\$75 Copay, Ded, 100% Coins / \$250 Copay, Ded, 100% Coins	Ded, 100% Coins
Prescription Drugs Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5	Rx Max Out-of-Pocket: \$2,000 / \$4,000 \$0 / \$10 / \$30 / \$60	Ded, 100% Coins	Rx Max Out-of-Pocket: \$2,000 / \$4,000 \$0 / \$10 / \$30 / \$60	Ded, 100% Coins
		<b>Renewal Dual Option Census</b>	<b>Renewal Dual Option Census</b>	
<b>Covered Employees</b>				
Employee Only	11	24	35	
Family Coverage	13	46	59	
Total Employees	24	70	94	
<b>Monthly Premiums</b>				
Employee Only	933.44	774.72	933.44	774.72
Family Coverage	2,098.24	1,741.56	2,098.24	1,741.56
<b>Total Monthly Premium Cost</b>	<b>\$37,544.96</b>	<b>\$98,705.04</b>	<b>\$37,544.96</b>	<b>\$98,705.04</b>
<b>Total Annual Premium Cost</b>	<b>\$1,635,000.00</b>		<b>\$1,635,000.00</b>	
<b>Percentage Change</b>	18.90%		18.90%	
<b>Employer Premium Contribution Percentages</b>	<b>WITH WELLNESS</b>		<b>WITHOUT WELLNESS</b>	
Employee Only	HSA+HDHP Premium	92.00%	HSA+HDHP Premium	84.00%
Family Coverage	HSA+HDHP Premium	92.00%	HSA+HDHP Premium	84.00%
<b>Employer Monthly Premium Contributions</b>				
Employee Only	795.74	712.74	733.76	650.76
Family Coverage	1,769.24	1,602.24	1,629.91	1,462.91
<b>Employee Monthly Premium Contributions</b>	<b>WITH WELLNESS</b>		<b>WITHOUT WELLNESS</b>	
Employee Only	137.70	61.98	199.68	123.96
Family Coverage	329.00	139.32	468.33	278.65

Plan information shown is for comparison purposes only and does not represent all features or limitations. If any discrepancy exists between benefits shown and carriers' proposals, the carrier proposal controls. Final rates and acceptance subject to actual enrollment and effective date.

Unless specifically otherwise provided in a written agreement created between the parties, USI's standard of care and legal duty to its clients to provide insurance products and services is: to follow the instructions of the insured, in good faith.

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