

**Pepin Area School District
Health Plan Options
October 1, 2020**



June 30, 2020

The plan contribution rates listed below provide for participation in the Wisconsin Education Association Insurance Trust's jointly self-funded group health plan. The WEA Insurance Corporation has issued comprehensive stop loss coverage to minimize the risk of financial exposure for participating employers in the event that pooled claims exceed the plan contribution rates.

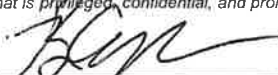
Health Plan	Current Rates / Current Benefits			Contribution Rates/ Current Benefits		
	Essential Qualified			Essential Qualified		
Deductible (Single/Family)						
Network	\$3,000/\$6,000			\$3,000/\$6,000		
Non-Network	\$6,000/\$12,000			\$6,000/\$12,000		
Coinsurance						
Network	100%			100%		
Non-Network	80%			80%		
Maximum Out-of-Pocket (Single/Family)						
Network	\$3,000/\$6,000			\$3,000/\$6,000		
Non-Network	\$8,000/\$16,000			\$8,000/\$16,000		
Copayments	Primary	Specialty		Primary	Specialty	
Network Office Visit	\$0	\$0	ded/coins	\$0	\$0	ded/coins
Non-Network Office Visit	\$0	\$0	ded/coins	\$0	\$0	ded/coins
Network Convenient Care/Telehealth Office Visit	\$0		ded/coins	\$0		ded/coins
Urgent Care	\$0		ded/coins	\$0		ded/coins
Emergency Room	\$0		ded/coins	\$0		ded/coins
Advanced Imaging Copay	\$0/\$0		ded/coins	\$0/\$0		ded/coins
Pharmacy						
Drug Plan	ded/coins			ded/coins		
Includes Erectile Dysfunction Benefits	Yes			Yes		
Optional Benefits						
Vision Benefit	No Vision Coverage			No Vision Coverage		
Extraction/Replacement of Teeth	No Extraction Coverage			No Extraction Coverage		
Waiver of Plan Contribution	Yes			Yes		
Vitality	Activate - Employee Only			Activate - Employee Only		
Plan Contribution Rates	Current Subscribers					
Single	3	\$742.18		\$786.72		
Family	15	\$1,686.10		\$1,787.26		
Single Medicare	1	\$440.82		\$467.28		
Family Medicare	1	\$881.64		\$934.56		
Single Medicare w/o Drug	-	\$126.96		\$134.58		
Family Medicare w/o Drug	-	\$253.92		\$269.16		
Special Medicare (1 over/1 under) both Rx	-	\$1,182.96		\$1,253.96		
Special Medicare (1 over/1 under) one Rx	-	\$869.14		\$921.30		
Monthly Contribution	20	\$28,840.50		\$30,570.90		

6.0%

Check Box for plan you are Selecting:

The rates include the following commission: This calculation includes standard commission

The rates in this chart are renewal options for illustrative purposes and are not a contract for coverage. The pricing assumes a single plan design per employee segment with the Trust as the sole carrier. These rates are subject to change and contain no guarantee. Moreover, this information is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and prohibited from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited.


Signature

7/1/20
Date