

EAU CLAIRE AREA SCHOOL DISTRICT

Renewal: 7/1/2023

TANYA LEWISON/Joan Berlin

Quote ID: 9409 502280,502291 502289
Actives Premier 502280,502291 Retiree Premier 502289

			nior/UMO			D				
	Premier/HMO Traditional With Rx				Premier/HMO Traditional With Rx					
Benefits	Į.	Traditio	THE THE TOTAL			Traditio	nai wiiii ixx			
Deductible (Single/Family)	\$5,000/\$10,000				1	05 000/040 000				
Deductible (Offigie/Fairmy)	\$5,000/\$10,000					\$5,000/\$10,000				
Coinsurance	80%			80%						
Maximum Out-of-Pocket	\$6,000/\$42,000				\$6,000/\$12,000					
(Single/Family)	\$6,000/\$12,000				\$6,000/\$12,000					
Emergency Room Copayment	\$250				\$250					
Urgent Care Copayment	\$50				;	\$50				
Office Visit Copayment	\$50				\$50					
Office visit Copayment	\$50				\$50					
Specialist Office Visit	\$50			\$50						
Copayment										
Preventive Benefit	Covered at 100%			Covered at 100%						
Laboratory/Radiology Benefit	Covered at 100% except CT, MRI or PET scans which are subject to deductible/coinsurance				Covered at 100% except CT, MRI or PET scans					
, 0,					which are subject to deductible/coinsurance					
Dependent Wrap Benefit	Included				Included					
Pharmacy Benefit	\$5/\$25/\$50/25% \$5/\$25/\$50					5/\$50/25%	0/25%			
,	Preventive covered at 100%				Preventive covered at 100%					
W 10 1						200 - 200				
Mail Order	x 2 Copay(s)				x 2 Copay(s)					
	Emple	Current	Renewal	% Change	Emple	Current	Renewal	% Change		
EE Only	Empls 30	Rates \$847.01	Rates \$847.01	Change 0.0%	Empls 23	Rates \$1,372.04	Rates \$2,358.81	Change 71.9%		
ES	5	\$1,770.25	\$1,770.25	0.0%	3	\$2,867.56	\$4,929.91	71.9%		
EE + 1 child	1	\$1,770.25	\$1,770.25	0.0%	0	\$2,867.56	\$4,929.91	71.9%		
EE + 2 or more children	2	\$1,770.25	\$1,770.25	0.0%	0	\$2,867.56	\$4,929.91	71.9%		
Family	38	\$2,193.76	\$2,193.76	0.0%	3	\$3,553.58	\$6,109.31	71.9%		
Medicare Single	0	\$592.91	\$592.91	0.0%	0	\$960.43	\$1,651.17	71.9%		
Medicare Couple	0	\$1,185.81	\$1,185.81	0.0%	0	\$1,920.86	\$3,302.34	71.9%		
Medicare Split	0	\$1,439.92	\$1,439.92	0.0%	0	\$2,332.47	\$4,009.98	71.9%		
Total	76 \$122,935.18 \$122,935.18 0.0%				29	\$50,820.34	\$87,370.29	71.9%		

Deductibles are based on benefit year. Rates have been calculated for the period 7/1/2023 through 6/30/2024.

See next page for important notes ...

Renewal benefits and rates as provided (circle one - add comments as necessary) Yes or No

Acceptance Signature _____ Date ____



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Renewal: 7/1/2023

TANYA LEWISON/Joan Berlin

This renewal proposal contains the following 4 year NTE agreement*:

July 2024, 2025, 2026, 2027 Renewals:

- S1 Enrollment 0.0% to 9.9% of Total Enrollment NTE = 5.9%
- S1 Enrollment 10.0% to 19.9% of Total Enrollment NTE = 5.4%
- S1 Enrollment 20.0% to 29.9% of Total Enrollment NTE = 4.9%
- S1 Enrollment >= 30.0% of Total Enrollment NTE = 4.4%
- S1 enrollment will be calculated at time of renewal in February.

*If ECASD continues to segregate Actives vs. Retirees then this NTE is only applicable to the Active segment.



EAU CLAIRE AREA SCHOOL DISTRICT

Renewal: 7/1/2023

TANYA LEWISON/Joan Berlin

Quote ID: 9409 502290,502294 100931,100932 Retirees Explore 502290,502294 Active S1 Trad 100931,100932

	Retirees Explore 502290,502294				Active ST 17ad 100931,100932					
	Explore/HMO				SimplyOne/HMO					
	Traditional With Rx				Traditional With Rx					
Benefits	1				1					
Deductible (Single/Family)		\$5,000/\$10,000				\$5,000/\$10,000				
Coinsurance	80%				80%					
Maximum Out-of-Pocket (Single/Family)		\$6,000/\$12,000				\$6,000/\$12,000				
Emergency Room Copayment	\$250				\$250					
Urgent Care Copayment		\$50				\$50				
Office Visit Copayment		\$50				\$50				
Specialist Office Visit Copayment	\$50				\$50					
Preventive Benefit	Covered at 100%				Covered at 100%					
Laboratory/Radiology Benefit	Covered at 100% except CT, MRI or PET scans which are subject to deductible/coinsurance				Covered at 100% except CT, MRI or PET scans which are subject to deductible/coinsurance					
Dependent Wrap Benefit		Not included				Included				
Pharmacy Benefit	\$5/\$25/\$50/25% Preventive covered at 100%				\$5/\$25/\$50/25% Preventive covered at 100%					
Mail Order		x 2 Copay(s)			x 1 Copay(s)					
	Empls	Current Rates	Renewal Rates	% Change	Empls	Current Rates	Renewal Rates	% Change		
EE Only	1	\$1,430.88	\$2,459.97	71.9%	329	\$677.74	\$677.74	0.0%		
ES	0	\$2,990.54	\$5,141.34	71.9%	124	\$1,416.48	\$1,416.48	0.0%		
EE + 1 child	0	\$2,990.54	\$5,141.34	71.9%	33	\$1,416.48	\$1,416.48	0.0%		
EE + 2 or more children	0	\$2,990.54	\$5,141.34	71.9%	43	\$1,416.48	\$1,416.48	0.0%		
Family	0	\$3,705.98	\$6,371.32	71.9%	478	\$1,755.35	\$1,755.35	0.0%		
Medicare Single	0	\$1,001.62	\$1,721.98	71.9%	0	\$474.42	\$474.42	0.0%		
Medicare Couple	0	\$2,003.23	\$3,443.96	71.9%	0	\$948.84	\$984.84	3.8%		
Medicare Split	0	\$2,432.50	\$4,181.95	71.9%	2	\$1,152.16	\$1,152.16	0.0%		

\$2,459.97

71.9%

1,009

Deductibles are based on benefit year. Rates have been calculated for the period 7/1/2023 through 6/30/2024.

\$1,430.88

See next page for important notes ...

Total

Renewal benefits and rates as provided (circle one - add comments as necessary) Yes or No

1

Acceptance Signature _____ Date ____

0.0%

\$1,347,634.08 \$1,347,634.08



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EAU CLAIRE AREA SCHOOL DISTRICT

Renewal: 7/1/2023

TANYA LEWISON/Joan Berlin

Quote ID: 9409 100933
Retirees S1 100933

	Retirees 51 100933								
	SimplyOne/HMO								
Benefits	<u> </u>	Tradiuc	onal With Rx						
	ı	\$5.00	νο/Φ4ο οοο		1				
Deductible (Single/Family)	\$5,000/\$10,000								
Coinsurance	80%								
Comedianes	OU 70								
Maximum Out-of-Pocket	\$6,000/\$12,000								
(Single/Family)									
Emergency Room Copayment		\$250							
Emergency Room Copayment		\$250							
Urgent Care Copayment			\$50						
Office Visit Copayment			\$50						
Office visit Copayment			ΨΟΟ						
Specialist Office Visit	\$50								
Copayment									
Preventive Benefit	Covered at 100%								
Laboratory/Radiology Benefit	Covered at 100% except CT, MRI or PET scans which are subject to deductible/coinsurance								
Dependent Wrap Benefit									
Dependent Wrap Benefit	Included								
Pharmacy Benefit	\$5/\$25/\$50/25%								
		Preventive	covered at 100%						
Mail Order	x 1 Copay(s)								
						Current	Renewal	%	
	Empls	Rates	Renewal Rates		Empls	Rates	Rates	Change	
EE Only	29	\$1,097.87	\$1,887.46	71.9%	0	\$0.00	\$0.00	0.0%	
ES	19	\$2,294.55	\$3,944.79	71.9%	0	\$0.00	\$0.00	0.0%	
EE + 1 child	2	\$2,294.55	\$3,944.79	71.9%	0	\$0.00	\$0.00	0.0%	
EE + 2 or more children	0	\$2,294.55	\$3,944.79	71.9%	0	\$0.00	\$0.00	0.0%	
Family	4	\$2,843.48	\$4,888.51	71.9%	0	\$0.00	\$0.00	0.0%	
Medicare Single	0	\$768.51	\$1,321.22	71.9%	0	\$0.00	\$0.00	0.0%	
Medicare Couple	0	\$1,537.02	\$2,642.44	71.9%	0	\$0.00	\$0.00	0.0%	
Medicare Split	0	\$1,866.38	\$3,208.68	71.9%	0	\$0.00	\$0.00	0.0%	
Total	54	\$91,397.70	\$157,130.97	71.9%	0	\$0.00	\$0.00	0.0%	

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