Elkhart Lake-Glenbeulah School District
WCA Group Health Trust - Renewal Exhibit (7/1/2017)

Medical

Single:

	Plan 1	Plan 2	Plan 3
Per Month	$748.47	$717.80	$667.69
Total cost per year: (x 12 months)	$8,981.64	$8,613.60	$8,012.28
Less District contribution per year for 100% FTE employee:	$7,600.00	$7,600.00	$7,600.00
Employee portion per year for 100% FTE employee:	$1,381.64	$1,013.60	$412.28
Monthly cost for 100% FTE employee:	$115.14	$84.47	$34.36
Approximate employee deduction per paycheck for 100% FTE:	$57.57	$42.24	$17.18

Family:

	Plan 1	Plan 2	Plan 3
Per Month	$1,695.31	$1,624.75	$1,511.26
Total cost per year: (x 12 months)	$20,343.72	$19,497.00	$18,135.12
Less district contribution per year for 100% FTE employee:	$17,000.00	$17,000.00	$17,000.00
Employee portion per year for 100% FTE employee:	$3,343.72	$2,497.00	$1,135.12
Monthly cost for 100% FTE employee:	$278.64	$208.08	$94.59
Approximate employee deduction per paycheck for 100% FTE:	$139.32	$104.04	$47.30

Dental

	Per Month
Single	$44.00
Family	$126.50

Please note: for any 100% FTE employee enrolled in dental, there is no deduction. It is paid by the District.

WCA GROUP HEALTH TRUST

Renewal for Elkhart –Glenbeulah Lake School District

(7/01/17)

	Plan 1		Plan 2	
PPO Network	UHC Choice+		UHC Choice+	
	HMO		HMO	
Deductible	Embedded		Embedded	
In Network Out of Network	$500/1,000 Not Covered		$1,000/2,000 Not Covered	
Coinsurance				
In Network Out of Network	100% N/A		100% N/A	
Maximum Out of Pocket *(Deductible & Coinsurance Only)*				
In Network Out of Network	$500/1,000 N/A		$1,000/2,000 N/A	
Maximum Out of Pocket **With OV Copays**				
In Network Out of Network	$2,500/5,000 N/A		$3,000/6,000 N/A	
	In Network	***Out of Network***	***In Network***	***Out of Network***
Hospitalization	Ded/100%	Not Covered	Ded/100%	Not Covered
Office Visit(s)	**$25/Ded/100%**	Not Covered	**$25/Ded/100%**	Not Covered
Specialist Office Visit(s)	**$25/Ded/100%**	Not Covered	**$25/Ded/100%**	Not Covered
Chiropractic Office Visits(s)	**$25/Ded/100%**	Not Covered	**$25/Ded/100%**	Not Covered
Physical, Occupational, Speech Therapy	Ded/100%	Not Covered	Ded/100%	Not Covered
Urgent Care	**$50/Ded/100%**	Not Covered	**$50/Ded/100%**	Not Covered
Emergency Room Care	**$200/Ded/100%**	**$200/PPO Ded/100%**	**$200/Ded/100%**	**$200/PPO Ded/100%**
All Other Medical Services	Ded/100%	Not Covered	Ded/100%	Not Covered
High Tech Imaging Coverage	**$100 Copay/Ded/100%**	Not Covered	**$100 Copay/Ded/100%**	Not Covered
Pharmacy				
Drug Plan	**$0/20/60/100 (30 Days Retail) $0/40/120 (31-90 Days Retail) $0/40/120 (90 Days Mail)**		**$0/20/60/100 (30 Days Retail) $0/40/120 (31-90 Days Retail) $0/40/120 (90 Days Mail)**	
Maximum Out of Pocket (Pharmacy Only)	**$4,000/8,000**		**$4,000/8,000**	
Waiver of Premium	No		No	

	Plan 3		***Plan 4-Retirees Only***	
PPO Network	UHC Choice+		UHC Choice+	
	HMO		PPO	
Deductible	Non-embedded		Embedded	
In Network Out of Network	$2,000/4,000 Not Covered		$249/500 $500/1,000	
Coinsurance				
In Network Out of Network	100% N/A		100% 80%	
Maximum Out of Pocket *(Deductible & Coinsurance Only)*				
In Network Out of Network	$2,000/4,000 N/A		$249/500 $1,750/3,500	
Maximum Out of Pocket **With OV Copays**				
In Network Out of Network	$4,000/8,000 N/A		$1,249/2,500 2,750/5,500	
	In Network	***Out of Network***	***In Network***	***Out of Network***
Hospitalization	Ded/100%	Not Covered	Ded/100%	Ded/80%
Office Visit(s)	$25/Ded/100%	Not Covered	$10/Ded/100%	$25/Ded/80%
Specialist Office Visit(s)	$25/Ded/100%	Not Covered	$10/Ded/100%	$25/Ded/80%
Chiropractic Office Visits(s)	$25/Ded/100%	Not Covered	$10/Ded/100%	$25/Ded/80%
Physical, Occupational, Speech Therapy	Ded/100%	Not Covered	Ded/100%	Ded/80%
Urgent Care	$50/Ded/100%	Not Covered	$25/Ded/100%	$25/PPO Ded/100%
Emergency Room Care	$200/Ded/100%	$200/PPO Ded/100%	$150/Ded/100%	$150/PPO Ded/100%
All Other Medical Services	Ded/100%	Not Covered	Ded/100%	Ded/100%
High Tech Imaging Coverage	Ded/100%	Not Covered	Ded/100%	Ded/100%
Pharmacy				
Drug Plan	$0/20/60/100 (30 Days Retail) $0/40/120 (31-90 Days Retail) $0/40/120 (90 Days Mail)		$0/15/50 (30 Days Retail) $0/30/100 (31-90 Days Retail) $0/30/100 (90 Days Mail)	
Maximum Out of Pocket (Pharmacy Only)	$4,000/$8000		$3,000/6,000	
Waiver of Premium	No		No	