

**School District of Holmen Group Health Insurance Options Effective July 1, 2017**

**Carrier: WCA Group Health Trust**

Benefits	Plan #3		Plan #4	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Single	\$1,000	\$1,500	\$1,500	\$5,000
Deductible Family	\$2,000	\$3,000	\$3,000	\$10,000
Co-Insurance	90%	70%	90%	70%
Maximum Out-of-Pocket (Deductible and Co-Insurance)	Single: \$2,500 Family: \$5,000	Single: \$4,500 Family: \$9,000	Single: \$3,500 Family: \$7,000	Single: \$7,000 Family: \$14,000
Office Visit Copays (Primary/Specialty)	\$25/\$50 then Ded/ 90% co-insurance limit	\$50/\$50 then Ded/ 70% co-insurance limit	Deductible/co-insurance limit	Deductible/co-insurance limit
Chiropractic Care Copays	\$25 then Ded/ 90% co-insurance limit w/Chiropractic Treatment Plan	\$25 then Ded/ 70% co-insurance limit w/Chiropractic Treatment Plan	Deductible/co-insurance limit	Deductible/co-insurance limit
Urgent Care Copays	\$25 then Ded/ 90% co-insurance limit	\$25 then In-Network Ded/ 90% co-insurance limit	Deductible/co-insurance limit	Deductible/co-insurance limit
Emergency Room Copays	\$100 then Ded/ 90% co-insurance limit	\$100 then In-Network Ded/ 90% co-insurance limit	Deductible/co-insurance limit	Deductible/co-insurance limit
Maximum Out-of-Pocket (Office Visit, Chiropractic, Urgent Care, and Emergency Room Copays Only)	Single: \$1,000 Family: \$2,000	Single: \$1,000 Family: \$2,000	N/A	N/A
Prescription Copays	\$0/\$10/\$25/\$50		Deductible/co-insurance limit	
Maximum Out-of-Pocket (Prescription Copays Only)	Single: \$2,000 Family: \$4,000		N/A	
Health Reimbursement Arrangement (HRA) Plan: Plan #3	HRA Second 1/2 of Deductible: Single \$500, Family \$1,000		HSA: Single \$1,000, Family \$2,000	
Health Savings Account (HSA) Plan: Plan #4	HRA Wellness Program - Additional Benefit: Single \$500, Family \$1,000		HSA Wellness Program Single \$500, Family \$1,000	
Single Coverage	Bi-weekly Deduction		Bi-weekly Deduction	
School Year Staff (Regular + Summer ded.)	\$172.26 (143.55+28.71)		\$62.46 (52.05+10.41)	
Calendar Year Staff	\$143.55		\$52.05	
Family (1,350 - 1949)	Bi-weekly Deduction		Bi-weekly Deduction	
Hourly - Other than full-time (Regular + Summer ded.)	\$633.86 (528.22+105.64)		381.26 (317.72+63.54)	
Family Coverage	Bi-weekly Deduction		Bi-weekly Deduction	
School Year Staff (Regular + Summer ded.)	\$393.82 (328.18+65.64)		\$141.22 (117.68+23.54)	
Calendar Year Staff	\$328.18		\$117.68	