

Dean Employee Monthly Premiums

	Type of Plan	Health/Rx Employee Share	Dental Employee Share	Total Employee Share Health/Rx/Dental
Dean HMO	Single	\$56.03	\$3.85	\$59.88
	Employee & Spouse	\$123.27	\$11.35	\$134.62
	Employee & Child(ren)	\$103.60	\$11.35	\$114.95
	Family	\$168.77	\$11.35	\$180.12

Dean POS	Single	\$88.19	\$3.85	\$92.04
	Employee & Spouse	\$230.45	\$11.35	\$241.80
	Employee & Child(ren)	\$162.57	\$11.35	\$173.92
	Family	\$323.53	\$11.35	\$334.88

Mercy Employee Monthly Premiums

	Type of Plan	Health/Rx Employee Share	Dental Employee Share	Total Employee Share Health/Rx/Dental
Mercy HMO	Single	\$59.89	\$3.85	\$63.74
	Employee & Spouse	\$132.30	\$11.35	\$143.65
	Employee & Child(ren)	\$111.23	\$11.35	\$122.58
	Family	\$180.85	\$11.35	\$192.20

Mercy POS	Single	\$90.99	\$3.85	\$94.84
	Employee & Spouse	\$236.80	\$11.35	\$248.15
	Employee & Child(ren)	\$168.73	\$11.35	\$180.08
	Family	\$332.75	\$11.35	\$344.10

The above premiums are for employees who work 6 or more hours per day. If you are certified staff and work under 6 hours per day, you may still be eligible for benefits at a pro-rated premium. Please contact Jamie Brown for more information regarding the pro-rated amount at x5007.

School District of Janesville

HEALTH COVERAGE OPTION

07/01/2017

Carrier	Dean Health Plan		Mercy Care Health Plan	
	HMO	POS/PPO	HMO	PPO
Provider Network	HMO	POS/PPO	HMO	PPO
Deductible				
In-Network (Single / Family)	\$250 / \$500	\$500 / \$1,500	\$250 / \$500	\$500 / \$1,500
Out-of-Network (Single / Family)	N/A	\$1,000 / \$3,000	N/A	\$1,000 / \$3,000
Coinsurance				
In-Network	100%	80%	100%	80%
Out-of-Network	N/A	60%	N/A	60%
Out-Of-Pocket Max				
In-Network (Single / Family)	\$250 / \$500 (Ded & Coins)	\$2,500 / \$7,500 (Ded & Coins)	\$250 / \$500 (Ded & Coins)	\$2,500 / \$7,500 (Ded & Coins)
	\$6,600 / \$13,200 (Ded, Coins, Copays)	\$6,600 / \$13,200 (Ded, Coins, Copays)	\$6,600 / \$13,200 (Ded, Coins, Copays)	\$6,600 / \$13,200 (Ded, Coins, Copays)
Out-of-Network (Single / Family)	N/A	\$5,000 / \$15,000 (Ded & Coins)	N/A	\$5,000 / \$15,000 (Ded & Coins)
		\$13,200 / \$26,400 (Ded, Coins, Copays)		\$13,200 / \$26,400 (Ded, Coins, Copays)
Lifetime Maximum (per member)	Unlimited	Unlimited	Unlimited	Unlimited
Office Visits				
In-Network	Ded, 100% Coins	\$25 Copay	Ded, 100% Coins	\$25 Copay
Out-Of-Network	N/A	Ded, 60% Coins	N/A	Ded, 60% Coins
Preventative Care				
In-Network	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Out-Of-Network	N/A	Ded, 60% Coins	N/A	Ded, 60% Coins
Routine Vision Exam				
In-Network	Ded, 100% Coins	\$25 Copay	Ded, 100% Coins	Ded, 80% Coins
Out-Of-Network	N/A	Ded, 60% Coins	N/A	Ded, 60% Coins
Chiropractor				
In-Network	Ded, 100% Coins	\$25 Copay	\$25 Copay	\$25 Copay
Out-Of-Network	N/A	Ded, 60% Coins	N/A	Ded, 60% Coins
Inpatient Hospital Services				
In-Network	Ded, 100% Coins	Ded, 80% Coins	Ded, 100% Coins	Ded, 80% Coins
Out-Of-Network	N/A	Ded, 60% Coins	N/A	Ded, 60% Coins
Outpatient Hospital Services				
In-Network	Ded, 100% Coins	Ded, 80% Coins	Ded, 100% Coins	Ded, 80% Coins
Out-Of-Network	N/A	Ded, 60% Coins	N/A	Ded, 60% Coins
Emergency Room				
In-Network	\$150 Copay	\$100 Copay	\$150 Copay	\$100 Copay
Out-Of-Network	N/A	\$100 Copay	N/A	\$100 Copay
Retail Prescription Drugs				
Tier 1/Tier 2/Tier 3	\$10/\$30/\$60	\$10/\$30/\$60	\$10/\$30/\$60	\$10/\$30/\$60

This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitation or exclusions. There is no guarantee, expressed or implied by Associated Financial Group or vendors of plan provisions or level of payments

Janesville School District - DENTAL COVERAGE - DELTA DENTAL

Effective July 1, 2017

Premiums are listed with the Health Insurance

		Delta Dental PPO Benefit	Delta Dental Premier Benefit	Non- Contracted Dentist Benefit
Individual Annual Maximum		\$1,000	\$1,000	\$1,000
Deductible	Individual	\$25	\$75	\$75
	Family	\$75	\$225	\$225
Diagnostic and Preventive		No Deductible		
Exams and cleanings (4 per year)		100%	100%	100%
Sealants		100%	100%	100%
X-rays and fluoride		100%	100%	100%
Space maintainers		100%	100%	100%
Basic Restorative Services		Deductible Applies		
Fillings (composites on all teeth)		100%	80%	80%
Stainless Steel Crowns		80%	50%	50%
Endodontics		100%	80%	80%
Extractions		100%	80%	80%
Periodontics		100%	80%	80%
Emergent Treatment to Relieve Pain		100%	80%	80%
Major Restorative Services		Deductible Applies		
Crowns, inlays, onlays		80%	50%	50%
Bridges, dentures		80%	50%	50%
Repairs and adjustments to bridges and dentures		80%	50%	50%
Orthodontic Services				
Coverage coinsurance		50%	50%	50%
Individual lifetime maximum		\$1,500	\$1,500	\$1,500
Dependents eligible to age		19	19	19

Enhancements Now Included:

Evidence Based Integrated Care - Additional cleanings when medically needed
 CheckUp Plus Feature - Cleanings don't apply to annual maximum