

**Kenosha School District**  
**Renewal Health Plan Options**  
**July 1, 2017**



Tuesday, March 14, 2017

Rates after eliminating onsite Clinic

	Current Rates / Current Benefits			Renewal Rates / Current Benefits		
Health Plan	Essential PPO			Essential PPO		
<b>Deductible (Single/Family)</b>						
Network	\$250/\$500			\$250/\$500		
Non-Network	\$500/\$1,000			\$500/\$1,000		
<b>Coinsurance</b>						
Network	100%			100%		
Non-Network	80%			80%		
<b>Maximum Out-of-Pocket (Single/Family)</b>						
Excludes Medical Copayments	No			No		
Excludes Pharmacy Copayments	No			No		
Network	\$250/\$500			\$250/\$500		
Non-Network	\$1,750/\$3,500			\$1,750/\$3,500		
<b>Copayments</b>	Primary	Specialty		Primary	Specialty	
Network Office Visit	\$10	\$25	copay only	\$10	\$25	copay only
Non-Network Office Visit	\$25	\$50	then ded/coins	\$25	\$50	then ded/coins
Amwell/Convenient Care	\$5		copay only	\$0		copay only
Urgent Care	\$50		then ded/coins	\$50		then ded/coins
Emergency Room	\$100		then ded/coins	\$100		then ded/coins
High Tech Imaging Copay	\$0/\$0		then ded/coins	\$0/\$0		then ded/coins
<b>Maximum Out-of-Pocket Medical Copay</b>	\$0/\$0			\$0/\$0		
<b>Pharmacy</b>						
Drug Plan	\$0/10/30/60 VCDP			\$0/10/30/60 VCDP		
<b>Maximum Out-of-Pocket Pharmacy Copay</b>	\$0/\$0			\$0/\$0		
Includes Erectile Dysfunction Benefits	Yes			Yes		
Specialty Pharmacy Coinsurance	No			No		
<b>Optional Benefits</b>						
Vision Benefit	No Vision Coverage			No Vision Coverage		
Extraction/Replacement of Teeth	No Extraction Coverage			No Extraction Coverage		
Waiver of Premium	Yes			Yes		
<b>Premium Rates</b>	Current Subscribers					
Single	517	\$954.08		\$1,024.22		
Family	1,193	\$2,140.44		\$2,297.82		
Single Medicare	19	\$572.64		\$614.74		
Family Medicare	2	\$1,145.28		\$1,229.48		
Single Medicare w/o Drug	129	\$167.28		\$179.58		
Family Medicare w/o Drug	48	\$334.56		\$359.16		
Special Medicare (1 over/1 under) both Rx	8	\$1,526.72		\$1,638.96		
Special Medicare (1 over/1 under) one Rx	16	\$1,121.36		\$1,203.80		
<b>Monthly Premium</b>	1,932	\$3,127,768.52		\$3,357,738.04		

7.4%

Check Box for plan you are Selecting

The rates include the following commission: See Notes:

*The rates in this chart are renewal options for illustrative purposes and are not an insurance contract. 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

9/26/17  
 \_\_\_\_\_  
 Date

**Kenosha School District**  
**Renewal Health Plan Options**  
**July 1, 2017**



Tuesday, March 14, 2017

Rates after eliminating onsite Clinic

Health Plan	Current Rates / Current Benefits			Renewal Rates / Current Benefits		
	Essential PPO			Essential PPO		
<b>Deductible (Single/Family)</b>						
Network	\$500/\$1,000			\$500/\$1,000		
Non-Network	\$1,000/\$2,000			\$1,000/\$2,000		
<b>Coinsurance</b>						
Network	90%			90%		
Non-Network	70%			70%		
<b>Maximum Out-of-Pocket (Single/Family)</b>						
<b>Excludes Medical Copayments</b>	No			No		
<b>Excludes Pharmacy Copayments</b>	No			No		
Network	\$1,125/\$2,250			\$1,125/\$2,250		
Non-Network	\$2,875/\$5,750			\$2,875/\$5,750		
<b>Copayments</b>	Primary	Specialty		Primary	Specialty	
Network Office Visit	\$10	\$25	copay only	\$10	\$25	copay only
Non-Network Office Visit	\$25	\$50	then ded/coins	\$25	\$50	then ded/coins
Amwell/Convenient Care	\$5		copay only	\$0		copay only
Urgent Care	\$50		then ded/coins	\$50		then ded/coins
Emergency Room	\$100		then ded/coins	\$100		then ded/coins
High Tech Imaging Copay	\$0/\$0		then ded/coins	\$0/\$0		then ded/coins
<b>Maximum Out-of-Pocket Medical Copay</b>	\$0/\$0			\$0/\$0		
<b>Pharmacy</b>						
Drug Plan	\$0/10/30/60 VCDP			\$0/10/30/60 VCDP		
<b>Maximum Out-of-Pocket Pharmacy Copay</b>	\$0/\$0			\$0/\$0		
Includes Erectile Dysfunction Benefits	Yes			Yes		
Specialty Pharmacy Coinsurance	No			No		
<b>Optional Benefits</b>						
Vision Benefit	No Vision Coverage			No Vision Coverage		
Extraction/Replacement of Teeth	No Extraction Coverage			No Extraction Coverage		
Waiver of Premium	Yes			Yes		
<b>Premium Rates</b>	Current Subscribers					
Single	240	\$911.24		\$978.22		
Family	365	\$2,044.26		\$2,194.56		
Single Medicare	1	\$546.96		\$587.16		
Family Medicare	10	\$1,093.92		\$1,174.32		
Single Medicare w/o Drug	34	\$159.78		\$171.52		
Family Medicare w/o Drug	10	\$319.56		\$343.04		
Special Medicare (1 over/1 under) both Rx	2	\$1,458.12		\$1,565.32		
Special Medicare (1 over/1 under) one Rx	2	\$1,070.94		\$1,149.68		
<b>Monthly Premium</b>	664	\$990,024.90		\$1,062,809.63		

7.4%

Check Box for plan you are Selecting

The rates include the following commission: 0

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 Signature

4/26/17  
 Date

**Kenosha School District**  
**Renewal Health Plan Options**  
**July 1, 2017**



Tuesday, March 14, 2017

Rates after eliminating onsite Clinic

Health Plan	Current Rates / Current Benefits			Renewal Rates / Current Benefits		
	Essential PPO			Essential PPO		
<b>Deductible (Single/Family)</b>						
Network		\$750/\$1,500			\$750/\$1,500	
Non-Network		\$1,500/\$3,000			\$1,500/\$3,000	
<b>Coinsurance</b>						
Network		90%			90%	
Non-Network		70%			70%	
<b>Maximum Out-of-Pocket (Single/Family)</b>						
<b>Excludes Medical Copayments</b>		No			No	
<b>Excludes Pharmacy Copayments</b>		No			No	
Network		\$1,500/\$3,000			\$1,500/\$3,000	
Non-Network		\$3,900/\$7,800			\$3,900/\$7,800	
<b>Copayments</b>	Primary	Specialty		Primary	Specialty	
Network Office Visit	\$10	\$25	copay only	\$10	\$25	copay only
Non-Network Office Visit	\$25	\$50	then ded/coins	\$25	\$50	then ded/coins
Amwell/Convenient Care	\$5		copay only	\$0		copay only
Urgent Care	\$50		then ded/coins	\$50		then ded/coins
Emergency Room	\$100		then ded/coins	\$100		then ded/coins
High Tech Imaging Copay	\$0/\$0		then ded/coins	\$0/\$0		then ded/coins
<b>Maximum Out-of-Pocket Medical Copay</b>		\$0/\$0			\$0/\$0	
<b>Pharmacy</b>						
Drug Plan		\$0/10/30/60 VCDP			\$0/10/30/60 VCDP	
<b>Maximum Out-of-Pocket Pharmacy Copay</b>		\$0/\$0			\$0/\$0	
Includes Erectile Dysfunction Benefits		Yes			Yes	
Specialty Pharmacy Coinsurance		No			No	
<b>Optional Benefits</b>						
Vision Benefit		No Vision Coverage			No Vision Coverage	
Extraction/Replacement of Teeth		No Extraction Coverage			No Extraction Coverage	
Waiver of Premium		Yes			Yes	
<b>Premium Rates</b>	Current Subscribers					
Single	92	\$880.64			\$945.40	
Family	161	\$1,975.62			\$2,120.86	
Single Medicare	-	\$529.00			\$567.88	
Family Medicare	-	\$1,056.99			\$1,135.76	
Single Medicare w/o Drug	-	\$154.82			\$166.20	
Family Medicare w/o Drug	-	\$308.64			\$332.40	
Special Medicare (1 over/1 under) both Rx	-	\$1,409.24			\$1,512.82	
<b>Monthly Premium</b>	253	\$399,093.70			\$428,435.26	

7.4%

Check Box for plan you are Selecting.

The rates include the following commission:

0

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**Kenosha Unified School District Health Insurance Premium Costs**

\* Employees currently paying 6% are: Educational Support Professionals(ESP), Miscellaneous, and Food Service.

\*\* Employees currently paying 10% are: Interpreters and Secretaries.

\*\*\* Employees currently paying 12% are: AST, Carpenters, Painters, Teachers, and Service (Custodial, Maintenance, Grounds).

\*\*\*\* Buy-Up Options are voluntary plan upgrades. Employees pay the base plan contributions in addition to the full premium difference.

		2017-18	6%		10%		12%	
		Full Premium	Employee Cost *	District Cost	Employee Cost **	District Cost	Employee Cost ***	District Cost
<b>Base Plan</b>	<b>\$750/\$1,500</b>							
	\$945.40 Single	\$945.40	\$56.72	\$888.68	\$94.54	\$850.86	\$113.45	\$831.95
	\$2,120.86 Family	\$2,120.86	\$127.25	\$1,993.61	\$212.09	\$1,908.77	\$254.50	\$1,866.36
<b>Buy-Up Option 1 ****</b>	<b>\$500/\$1,000</b>							
	\$978.22 Single	\$978.22	\$89.54	\$888.68	\$127.36	\$850.86	\$146.27	\$831.95
	\$2,194.56 Family	\$2,194.56	\$200.95	\$1,993.61	\$285.79	\$1,908.77	\$328.20	\$1,866.36
<b>Buy-Up Option 2 ****</b>	<b>\$250/\$500</b>							
	\$1,024.22 Single	\$1,024.22	\$135.54	\$888.68	\$173.36	\$850.86	\$192.27	\$831.95
	\$2,297.82 Family	\$2,297.82	\$304.21	\$1,993.61	\$389.05	\$1,908.77	\$431.46	\$1,866.36