



Employee Benefits

**Kewaunee School District**  
**Health Insurance Benefit Comparison**  
 Effective Date 07/01/17

Health Carrier Insurance Type	Network Health		Network Health		Network Health	
	HMO	POS	HMO	POS	HMO	HMO
<b>Provider Network:</b>	Network Health		Network Health		Network Health	
<b>Deductible</b>	In Network Single \$1,000 Family \$2,000	Out of Network Single \$1,000 Family \$2,000	In Network Single \$1,000 Family \$2,000	Out of Network Single \$1,000 Family \$2,000	In Network Single \$2,000 Family \$4,000	Out of Network Single \$2,000 Family \$4,000
<b>Co-insurance</b>	In Network 100%	Out of Network Not covered	In Network 100%	Out of Network Not covered	In Network 100%	Out of Network Not covered
<b>Annual Max. OOP Ded. &amp; Coins</b>	In Network Single \$1,000 Family \$2,000	Out of Network Single \$1,000 Family \$2,000	In Network Single \$1,000 Family \$2,000	Out of Network Single \$1,000 Family \$2,000	In Network Single \$2,000 Family \$4,000	Out of Network Single \$2,000 Family \$4,000
<b>Annual ACA Max. OOP - with Copays</b>	In Network Single \$1,000 Family \$2,000	Out of Network Single \$1,000 Family \$2,000	In Network Single \$1,000 Family \$2,000	Out of Network Single \$1,000 Family \$2,000	In Network Single \$2,000 Family \$4,000	Out of Network Single \$2,000 Family \$4,000
<b>Office Visits</b>	In Network 50 Telehealth \$10 Copay, then 100%	Out of Network 50 Telehealth \$10 Copay, then 100%	In Network 50 Telehealth \$10 Copay, then 100%	Out of Network 50 Telehealth \$10 Copay, then 100%	In Network 50 Telehealth \$10 Copay, then 100%	Out of Network 50 Telehealth \$10 Copay, then 100%
<b>Primary Care Physician</b>	In Network \$10 Copay, then 100%	Out of Network \$10 Copay, then 100%	In Network \$10 Copay, then 100%	Out of Network \$10 Copay, then 100%	In Network \$10 Copay, then 100%	Out of Network \$10 Copay, then 100%
<b>Specialty Care Physician</b>	In Network \$25 Copay, then 100%	Out of Network \$25 Copay, then 100%	In Network \$25 Copay, then 100%	Out of Network \$25 Copay, then 100%	In Network \$25 Copay, then 100%	Out of Network \$25 Copay, then 100%
<b>Out of Netwo</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Urgent Care</b>	In Network \$100 Copay, then 100%	Out of Network \$100 Copay, then 100%	In Network \$100 Copay, then 100%	Out of Network \$100 Copay, then 100%	In Network \$100 Copay, then 100%	Out of Network \$100 Copay, then 100%
<b>Emergency Room</b>	In Network \$100 Copay, then 100%	Out of Network \$100 Copay, then 100%	In Network \$100 Copay, then 100%	Out of Network \$100 Copay, then 100%	In Network \$100 Copay, then 100%	Out of Network \$100 Copay, then 100%
<b>Routine/Preventive Care</b>	In Network Covered In Full	Out of Network Covered In Full	In Network Covered In Full	Out of Network Covered In Full	In Network Covered In Full	Out of Network Covered In Full
<b>Prescription Drugs</b>	In Network Not Covered	Out of Network Not Covered	In Network Not Covered	Out of Network Not Covered	In Network Not Covered	Out of Network Not Covered
<b>Hospital Services</b>	In Network \$10/\$25/\$50/\$50	Out of Network \$10/\$25/\$50/\$50	In Network \$10/\$25/\$50/\$50	Out of Network \$10/\$25/\$50/\$50	In Network \$10/\$25/\$50/\$50	Out of Network \$10/\$25/\$50/\$50

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurer carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to renewal and medical benefits.

**Cost**  
 Total District Employee  
 Single 655.70  
 Family 1,460.35  
 Single 572.82  
 Family 1,276.35  
 Single 82.58  
 Family 184.00

**Single**  
 710.59  
 585.59  
 125.00  
 HRA of \$ 500 for single  
 + \$1000 to offset out of Network

**Family**  
 1,583.33  
 1,333.33  
 250.00  
 Annual HSA of \$750 single + \$1500 Family,

**Single**  
 595.73  
 500.07  
 75.06  
 Family 1,327.88  
 1,160.04  
 167.84