

Tomah Area School District
Renewal Health Plan Options
July 1, 2017



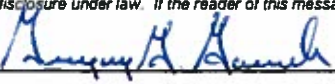
		Renewal Rates / Alternate 1		
Health Plan		Essential PPO		
Deductible (Single/Family)				
	Network	\$1,500/\$3,000		
	Non-Network	\$3,000/\$6,000		
Coinsurance				
	Network	100%		
	Non-Network	80%		
Maximum Out-of-Pocket (Single/Family)				
	Excludes Medical Copayments	No		
	Excludes Pharmacy Copayments	Yes		
	Network	\$2,500/\$5,000		
	Non-Network	\$5,000/\$10,000		
Copayments		Primary	Specialty	
	Network Office Visit	\$10	\$10	then ded/coins
	Non-Network Office Visit	\$25	\$25	then ded/coins
	Amwell/Convenient Care	\$0		then ded/coins
	Urgent Care	\$50		then ded/coins
	Emergency Room	\$150		then ded/coins
	High Tech Imaging Copay	\$0/\$0		then ded/coins
Maximum Out-of-Pocket Medical Copay		\$0/\$0		
Pharmacy				
	Drug Plan	\$0/5/20/40 VCDP		
Maximum Out-of-Pocket Pharmacy Copay		\$2,000/\$4,000		
	Includes Erectile Dysfunction Benefits	No		
	Specialty Pharmacy Coinsurance	No		
Optional Benefits				
	Vision Benefit	Enhanced Vision No Cost Sharing		
	Extraction/Replacement of Teeth	No Extraction Coverage		
	Waiver of Premium	Yes		
Premium Rates		Current Subscribers		
	Single	99	\$791.86	
	Family	195	\$1,789.86	
	Single Medicare	1	\$602.10	
	Family Medicare	-	\$1,204.20	
	Single Medicare w/o Drug	-	\$168.68	
	Family Medicare w/o Drug	2	\$337.36	
	Special Medicare (1 over/1 under) both Rx	-	\$1,393.96	
	Special Medicare (1 over/1 under) one Rx	3	\$1,280.76 \$960.35 CC	
Monthly Premium		300	\$432,875.54	

8.9%



The rates include the following commission: This calculation includes standard commission

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

5-24-17

 Date

Tomah Area School District
Renewal Health Plan Options
July 1, 2017



	Current Rates / Current Benefits			Renewal Rates / Current Benefits		
Health Plan	Essential PPO			Essential PPO		
Deductible (Single/Family)						
Network	\$5,000/\$10,000			\$5,000/\$10,000		
Non-Network	\$10,000/\$20,000			\$10,000/\$20,000		
Coinsurance						
Network	100%			100%		
Non-Network	80%			80%		
Maximum Out-of-Pocket (Single/Family)						
Excludes Medical Copayments	No			No		
Excludes Pharmacy Copayments	No			No		
Network	\$6,600/\$13,200			\$6,600/\$13,200		
Non-Network	\$12,000/\$24,000			\$12,000/\$24,000		
Copayments	Primary	Specialty		Primary	Specialty	
Network Office Visit	\$25	\$50	then ded/coins	\$25	\$50	then ded/coins
Non-Network Office Visit	\$50	\$100	then ded/coins	\$50	\$100	then ded/coins
Amwell/Convenient Care			then ded/coins		\$5	then ded/coins
Urgent Care		\$75	then ded/coins		\$75	then ded/coins
Emergency Room		\$200	then ded/coins		\$200	then ded/coins
High Tech Imaging Copay		\$0/\$0	then ded/coins		\$0/\$0	then ded/coins
Maximum Out-of-Pocket Medical Copay	\$0/\$0			\$0/\$0		
Pharmacy						
Drug Plan	\$0/10/40/50% VCDP			\$0/10/40/50% VCDP		
Maximum Out-of-Pocket Pharmacy Copay	\$0/\$0			\$0/\$0		
Includes Erectile Dysfunction Benefits	No			No		
Specialty Pharmacy Coinsurance	Yes			Yes		
Optional Benefits						
Vision Benefit	Enhanced Vision No Cost Sharing			Enhanced Vision No Cost Sharing		
Extraction/Replacement of Teeth	No Extraction Coverage			No Extraction Coverage		
Waiver of Premium	No			No		
Premium Rates	Current Subscribers					
Single	6	\$570.58				\$639.06
Family	-	\$1,289.70				\$1,444.46
Single Medicare	-	\$433.86				\$485.92
Family Medicare	-	\$867.72				\$971.84
Single Medicare w/o Drug	-	\$121.54				\$136.12
Family Medicare w/o Drug	-	\$243.08				\$272.24
Special Medicare (1 over/1 under) both Rx	-	\$1,004.44				\$1,124.98
Special Medicare (1 over/1 under) one Rx	-	\$912.80				\$1,022.34
Monthly Contribution	6	\$3,423.48				\$3,834.36

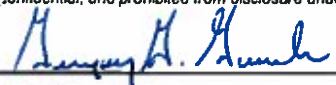
12.0%

Check Box for plan you are Selecting:



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