



Washington-Caldwell School District

Health Plan Options

July 1, 2017

The plan contribution rates listed below provide for participation in the Wisconsin Education Association Insurance Trust's jointly self-funded group health plan. The WEA Insurance Corporation has issued comprehensive stop loss coverage to minimize the risk of financial exposure for participating employers in the event that pooled claims exceed the plan contribution rates.

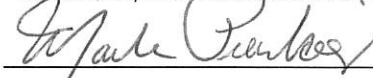
	Current Rates / Current Benefits			Contribution Rates/ Current Benefits		
Health Plan	Essential PPO			Essential PPO		
Deductible (Single/Family)						
Network	\$3,000/\$6,000			\$3,000/\$6,000		
Non-Network	\$6,000/\$12,000			\$6,000/\$12,000		
Coinsurance						
Network	100%			100%		
Non-Network	80%			80%		
Maximum Out-of-Pocket (Single/Family)						
Excludes Medical Copayments	No			No		
Excludes Pharmacy Copayments	Yes			Yes		
Network	\$4,000/\$8,000			\$4,000/\$8,000		
Non-Network	\$8,000/\$16,000			\$8,000/\$16,000		
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			Copay only	\$0		Copay only
Urgent Care	\$100		then ded/coins	\$100		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	\$0/10/30/60 VCDP			\$0/10/30/60 VCDP		
Maximum Out-of-Pocket Pharmacy Copay	\$1,500/\$3,000			\$1,500/\$3,000		
Includes Erectile Dysfunction Benefits	Yes			Yes		
Specialty Pharmacy Coinsurance	No			No		
Optional Benefits						
Vision Benefit	No Vision Coverage			No Vision Coverage		
Extraction/Replacement of Teeth	Unlimited Extr/Repl Teeth			Extr/Repl Teeth \$1500 Limit		
Waiver of Plan Contribution	No			No		
Plan Contribution Rates						
Current Subscribers						
Single	8	\$735.68		\$772.46		
Family	10	\$1,596.48		\$1,676.30		
Single Medicare	-	\$527.80		\$554.20		
Family Medicare	-	\$1,055.60		\$1,108.40		
Single Medicare w/o Drug	1	\$163.10		\$171.26		
Family Medicare w/o Drug	-	\$326.20		\$342.52		
Special Medicare (1 over/1 under) both Rx	1	\$1,263.48		\$1,326.66		
Monthly Contribution	20	\$23,276.82		\$24,440.60		

Check Box for plan you are Selecting:



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

5/5/2017

 Date