

Medical Plan Options

SDW offers employees medical benefits that provide comprehensive coverage, including prescription drug coverage. The High Deductible Health Plan (HDHP) is coupled with a Health Savings Account (HSA) that includes automatic funding from SDW. See pages 4 and 5 for more information on the HSA.

Important notes:

- Employees and spouses enrolled on the health plan may participate in the wellness incentive program to receive the lowest premium share option.
- The plan year runs from September 1 through August 31.
- **The chart below is a summary only.** The official plan documents contain exclusions and limitations that are not shown here. Please refer to the official plan documents for the full scope of coverage.

HDHP with HSA		
Plan Features	In-Network (Choice Plus)	Out-of-Network
Non-Embedded Annual Deductible ¹ Resets 9/1 (individual/family)	\$2,600 / \$5,200	\$5,200 / \$10,400
Out-of-Pocket Maximum ² (includes deductible)	\$2,600 / \$5,200	\$7,000 / \$14,000
Annual HSA Contribution from SDW	\$1,300 single / \$2,600 family	
Lifetime Maximum	Unlimited	
Preventive Care	100%	Deductible then 70%
Primary Physician Office Visit	Deductible then 100%	Deductible then 80%
Specialist Office Visit	Deductible then 100%	Deductible then 80%
Inpatient Hospital Services	Deductible then 100%	Deductible then 80%
Outpatient Hospital Services	Deductible then 100%	Deductible then 80%
Urgent Care	Deductible then 100%	Deductible then 80%
Emergency Room Care	Deductible then 100%	Deductible then 100%
Prescription Drug Deductible (individual/family)	None	
Retail Prescription Drugs (30-day supply) • Tier 1, Tier 2, Tier 3 • Specialty Drugs	Deductible then 100%	N/A
Mail Order Prescription Drugs (90-day supply) • Tier 1 • Tier 2 • Tier 3	Deductible then 100%	N/A
Prescription Drugs on Navitus Preventive List	You Pay 15% Coinsurance, accumulates to the annual deductible	N/A

¹ For family coverage, the plan's family Annual Deductible must be fully satisfied before the plan pays out any benefits for a family member.

² Out-of-Pocket maximum must be met before plan pays 100%, with the exception of annual well visits.

Monthly Premiums (Based on an 8-hour work day)		
	Wellness Participant	Non-Wellness Participant
Employee Only	\$88.27	\$125.05
Family	\$196.41	\$278.25

Wage Based Premium Plan

SDW is required to offer a plan that meets minimum value and is deemed affordable under Healthcare Reform. This plan has been deemed to meet these requirements by the U.S. Government.

Wage Based Premium Plan		
Plan Features	In-Network (Choice Plus)	Out-of-Network
Embedded Annual Deductible ¹ Resets 9/1 (individual/family)	\$4,500 / \$9,000	\$9,000 / \$18,000
Out-of-Pocket Maximum ² (includes deductible)	\$6,450 / \$12,900	\$12,900 / \$25,800
Annual HSA Contribution from SDW	\$500single / \$500 family	
Lifetime Maximum	Unlimited	
Preventive Care	100%	Deductible then 50%
Primary Physician Office Visit	Deductible then 70%	Deductible then 50%
Specialist Office Visit	Deductible then 70%	Deductible then 50%
Inpatient Hospital Services	Deductible then 70%	Deductible then 50%
Outpatient Hospital Services	Deductible then 70%	Deductible then 50%
Urgent Care	Deductible then 70%	Deductible then 50%
Emergency Room Care	Deductible then 70%	Deductible then 70%
Prescription Drug Deductible (individual/family)	None	
Retail Prescription Drugs (30-day supply) • Tier 1, Tier 2, Tier 3 • Specialty Drugs	Deductible then 70%	N/A
Mail Order Prescription Drugs (90-day supply) • Tier 1 • Tier 2 • Tier 3	Deductible then 70%	N/A
Prescription Drugs on Navitus Preventive List	You Pay 15% Coinsurance, accumulates to the annual deductible	N/A

¹ Out-of-Pocket maximum must be met before plan pays 100%, with the exception of annual well visits.

Monthly Premiums	
	All Participants (no wellness incentive for this plan)
Single	\$ 94.05
Children (No spousal coverage offered)	\$1,057.80

Waukesha Active Retiree Plan(WARP)

SDW offers retiree medical benefits that provide comprehensive coverage, including prescription drug coverage. The Waukesha Active Retiree Plan is a Qualified High Deductible Health Plan that is compatible with a Health Savings Account (HSA). Please be aware that although the plan is qualified for a HSA, you may not be eligible for a HSA.

Important notes:

- Retirees and spouses enrolled on the health plan **do not** participate in the wellness incentive program
- The plan year runs from September 1 through August 31.
- **The chart below is a summary only.** The official plan documents contain exclusions and limitations that are not shown here. Please refer to the official plan documents for the full scope of coverage.

WARP		
Plan Features	In-Network (Choice Plus)	Out-of-Network
Non-Embedded Annual Deductible ¹ Resets 9/1 (individual/family)	\$1,300 / \$2,600	\$2,600 / \$5,200
Out-of-Pocket Maximum ² (includes deductible)	\$1,300 / \$2,600	\$7,000 / \$14,000
Benefits:		
Lifetime Maximum	Unlimited	
Preventive Care	100%	Deductible then 70%
Primary Physician Office Visit	Deductible then 100%	Deductible then 80%
Specialist Office Visit	Deductible then 100%	Deductible then 80%
Inpatient Hospital Services	Deductible then 100%	Deductible then 80%
Outpatient Hospital Services	Deductible then 100%	Deductible then 80%
Urgent Care	Deductible then 100%	Deductible then 80%
Emergency Room Care	Deductible then 100%	Deductible then 100%
Prescription Drug Deductible (individual/family)	None	
Retail Prescription Drugs (30-day supply) <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Specialty Drugs in Tiers 2 and 3 	Deductible then 100%	Does Not Apply
Mail Order Prescription Drugs (90-day supply) <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 	Deductible then 100%	Does Not Apply
Prescription Drugs on <u>Navitus</u> Preventive List	15% Coinsurance, accumulates to the annual deductible	Does Not Apply

¹ For family coverage, the plan's family Annual Deductible must be fully satisfied before the plan pays out any benefits for a family member.

² Out-of-Pocket maximum must be met before plan pays 100%, with the exception of annual well visits.

Coverage Level	2017-18 Monthly Premium for retirees paying the District*
Family	\$204.50
Single	\$90.33
Medicare Family	\$88.04
Medicare Single	\$44.02
Medicare Special (1>65, 1<65)	\$143.15

*There may still be some variations to these amounts if you are under very old contract language