



# Waunakee Community School District

## HEALTH COVERAGE

Effective: 7/1/2017

Carrier	 <b>HMO</b>	 <b>POS Buy Up Plan</b>
<b>Provider Network</b>	Dean HMO	Dean PPO / POS
<b>Deductible</b>		
In-Network (Single / Family)	\$0 / \$0	\$0 / \$0
Out-of-Network (Single / Family)	N / A	\$250 / \$500
<b>Coinsurance</b>		
In-Network	100%	100%
Out-of-Network	N / A	90%
<b>Deductible/Coinsurance Limit</b>		
In-Network (Single / Family)	\$0 / \$0	\$0 / \$0
Out-of-Network (Single / Family)	N / A	\$1,250/\$2,500
<b>Out-of-Pocket Max</b>	<i>Includes Deductible &amp; Copay</i>	<i>Includes Deductible, Coinsurance &amp; Copay</i>
In-Network (Single / Family)	\$7,150 / \$14,300	\$7,150 / \$14,300
Out-of-Network (Single / Family)	N / A	\$14,300 / \$28,600
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Office Visits</b>		
In-Network	\$20 Copay	100% Coverage
Out-of-Network	N / A	Ded, 90% Coins
<b>E-Visit</b>		
In-Network	\$0 Copay	\$0 Copay
Out-of-Network	N/A	N/A
<b>Preventive Care</b>		
In-Network	100% Coverage	100% Coverage
Out-of-Network	N / A	Ded, 90% Coins
<b>Inpatient Hospital Services</b>		
In-Network	100% Coverage	100% Coverage
Out-of-Network	N / A	Ded, 90% Coins
<b>Outpatient Hospital Services</b>		
In-Network	100% Coverage	100% Coverage
Out-of-Network	N / A	Ded, 90% Coins
<b>Lab &amp; X-Rays</b>		
In-Network	100% Coverage	100% Coverage
Out-of-Network	N / A	Ded, 90% Coins
<b>Urgent Care</b>		
In-Network	\$20 Copay	100% Coverage
Out-of-Network	\$20 Copay	100% Coverage
<b>Emergency Room</b>		
In-Network	\$100 Copay	\$100 Copay
Out-of-Network	\$100 Copay	\$100 Copay
<b>Prescription Drugs</b>		
Tier 1 / Tier 2 / Tier 3	\$10 / \$25 / \$50	\$10 / \$25 / \$50

or

This constitutes only a summary of the Health plan offered by Waunakee Community School District. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied of plan provisions or level of payments.