



Wausau School District  
 MED1  
 Effective Date: 1/1/2018  
 Benefit Year: January-December  
 Non-grandfathered Plan

Wausau School District  
 Network Choice Plan

This schedule is provided as a convenience only and is not all-inclusive. Important information is contained in your Summary Plan Description. Please note all Out-of-Network Provider charges are subject to usual, customary and reasonable fees. It is strongly recommended that you read the entire summary plan description to ensure a complete understanding of the Plan provisions. You may also contact the third party administrator or the Plan Administrator for assistance.

Your Responsibilities	In network	Out of network
<b>Deductible</b>	\$300 individual \$600 family	\$300 individual \$600 family
<b>Coinsurance</b>	0%	20% of the next \$3,000 individual \$6,000 family
<b>Annual out of pocket</b> (Deductible, coinsurance, and copays. Includes prescription copays.)  In-network amounts accumulate to the out-of-network out-of-pocket maximum. Out-of-network amounts accumulate to the in-network, out-of-pocket maximum.	\$7,350 individual \$14,700 family	\$7,350 individual \$14,700 family
<b>Deductible Carryover:</b> If a covered person incurs eligible charges during the period beginning October 1 through December 31 which are applied to the deductible for that calendar year, those charges are also applied toward satisfaction of the deductible for the subsequent calendar year.		

Your Benefits	In network	Out of network
<b>Ambulance services</b> (Air or ground transportation)	Subject to deductible	Subject to in-network deductible
<b>Anesthesia services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Chiropractic Services</b>		
• <b>Office visit or manipulations and therapies</b>	\$15 copayment per visit	Subject to deductible and coinsurance
• <b>X-rays</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Durable medical equipment and medical supplies</b> (Prior authorization required over \$500)	Subject to deductible	Subject to deductible and coinsurance
<b>Hearing examinations</b>	Subject to deductible	Subject to deductible and coinsurance



**Security**  
Administrative  
Services

Wausau School District  
MED1  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Home health care</b> (Limited to 40 visits per calendar year)	Subject to deductible	Subject to deductible and coinsurance
<b>Hospice care</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Hospital emergency room services</b>		
<ul style="list-style-type: none"> <li><b>Emergency room facility</b> (Copayment waived if admitted to hospital as inpatient within 24 hours)</li> </ul>	\$100 copayment per visit	\$100 copayment per visit
<ul style="list-style-type: none"> <li><b>Other emergency room services</b></li> </ul>	Subject to deductible	Subject to in-network deductible
<b>Hospital inpatient services</b> (Pre-certification required) (Including semi-private or special care room, operating room, ancillary services and supplies)	Subject to deductible	Subject to deductible and coinsurance
<b>Hospital outpatient and surgical center services</b> (Not including emergency room)	Subject to deductible	Subject to deductible and coinsurance
<b>Maternity services</b>		
<ul style="list-style-type: none"> <li><b>Hospital services</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Physician services</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<b>Mental health and substance abuse services</b>		
<ul style="list-style-type: none"> <li><b>Bereavement counseling</b> (Lifetime limit of 6 months)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Inpatient care</b> (Pre-certification required)</li> </ul>	Subject to deductible	Subject to deductible (coinsurance waived)
<ul style="list-style-type: none"> <li><b>Outpatient care</b></li> </ul>	Covered at 100% (deductible waived)	Subject to 10% coinsurance (deductible waived)
<ul style="list-style-type: none"> <li><b>Transitional care</b></li> </ul>	Covered at 100% (deductible waived)	Subject to 10% coinsurance (deductible waived)



**Security**  
Administrative  
Services

Wausau School District  
MED1  
Effective Date: 1/1/2018  
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Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Office visit</b> (Includes urgent care)	\$15 copayment per visit	Subject to deductible and coinsurance
<b>Outpatient laboratory Services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Outpatient radiology Services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Outpatient therapy services</b> (Prior authorization required)		
<ul style="list-style-type: none"> <li><b>Occupational therapy</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Physical therapy</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Speech therapy</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<b>Physician services</b>		
<ul style="list-style-type: none"> <li><b>Hospital services</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Other services in an office</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<b>Preventive benefit – Up to Age 19</b> ***Services MUST be coded as preventive to be paid at 100%. Deductible and coinsurance will apply to services not coded as preventive.		
<ul style="list-style-type: none"> <li><b>Comprehensive physical examination</b> (complete physical) ~ Well-baby care ~ Well-child care ~ Adolescent well-care</li> </ul>	Covered at 100% (deductible waived)	Not covered
<ul style="list-style-type: none"> <li><b>Comprehensive preventive vision examination</b> (includes refraction)</li> </ul>	Covered at 100% (deductible waived)	Not covered
<ul style="list-style-type: none"> <li><b>Immunizations and vaccinations</b></li> </ul>	Covered at 100% (deductible waived)	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Preventive lab and x-ray</b></li> </ul>	Covered at 100% (deductible waived)	Not covered



**Security**  
Administrative  
Services

Wausau School District  
MED1  
Effective Date: 1/1/2018  
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Your Benefits	In network	Out of network
<b>Preventive benefit – Age 19 and over</b> ***Services MUST be coded as preventive to be paid at 100%. Deductible and coinsurance will apply to services not coded as preventive.		
• <b>Immunizations and vaccinations</b>	Covered at 100% (deductible waived)	Not covered
• <b>Gynecological examination for women</b> (breast exam and pelvic exam)	Covered at 100% (deductible waived)	Not covered
• <b>Pap smear to screen for cervical cancer</b>	Covered at 100% (deductible waived)	Not covered
• <b>Mammogram to screen for breast cancer</b> (Age 40 and older)	Covered at 100% (deductible waived)	Covered at 100% (deductible waived)
• <b>Comprehensive physical examination</b> (complete physical)	Covered at 100% (deductible waived)	Not covered
• <b>Comprehensive preventive vision examination</b> (includes refraction)	Covered at 100% (deductible waived)	Not covered
• <b>Digital prostate examination for men</b>	Covered at 100% (deductible waived)	Not covered
• <b>PSA test for men</b>	Covered at 100% (deductible waived)	Not covered
• <b>Colonoscopy, sigmoidoscopy screening for colorectal cancer</b>	Covered at 100% (deductible waived)	Not covered
• <b>Preventive labs and x-rays</b>	Covered at 100% (deductible waived)	Not covered
<b>Prosthetic devices</b> (Prior authorization required over \$1000)	Subject to deductible	Subject to deductible and coinsurance
<b>Skilled nursing and/or rehabilitation facility</b> (Limited to 30 days per disability)	Subject to deductible	Subject to deductible (coinsurance waived)
<b>Surgical services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Temporomandibular joint disorders (TMJ) treatment</b>	Subject to deductible	Subject to deductible and coinsurance



Your Benefits	In network	Out of network
<b>Transplant services</b>		
<ul style="list-style-type: none"> <li>• <b>Transplant procedure and facility charges</b> (Prior authorization required)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Organ procurement and acquisition</b> (Prior authorization required)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Donor expenses</b> (Prior authorization required)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance *Max of \$10,000 per transplant
<b>Vision examinations</b>	Subject to deductible	Subject to deductible and coinsurance
<b>All other covered</b>	Subject to deductible	Subject to deductible and coinsurance

<b>Precertification Required</b> Contact Hines and Associates at 800.483.5984
<ul style="list-style-type: none"> <li>• All Inpatient hospitalizations</li> <li>• Skilled Nursing Facility and Residential Stays</li> <li>• Transplants</li> <li>• Physical, Occupational, and Speech therapy</li> <li>• Second Surgical Opinions</li> <li>• Outpatient surgery including:               <ul style="list-style-type: none"> <li>○ Abdominoplasty</li> <li>○ Carpel Tunnel Release</li> <li>○ Cosmetic/Reconstructive Surgery</li> <li>○ Hip Replacement</li> <li>○ Infuse Bone Graft</li> <li>○ Knee Replacement</li> <li>○ Panniculectomy</li> <li>○ Port Wine Stain – Abnormal Vascular Lesion Treatment</li> <li>○ Reduction Mammoplasty</li> <li>○ Rhinoplasty</li> <li>○ Septoplasty</li> <li>○ Spinal Cord Stimulator</li> </ul> </li> </ul>

<b>Pharmacy</b>	
The difference in cost between a Generic product and Brand product will be applied in addition to the copayment unless a Medical Professional has specified a Brand Product or has indicated that the Brand is necessary.	
Prescription Drug Card Program — Tier I	\$5.00 copayment limited to a 90-day supply
Prescription Drug Card Program — Tier II	\$15.00 copayment limited to a 90-day supply
Prescription Drug Card Program — Tier III	\$30.00 copayment limited to a 90-day supply
Diabetic Supplies	\$0 copayment limited to a 90-day supply
Non-Participating Pharmacy	Will be reimbursed at the lowest contracted amount less any copayment amounts to the employee only.



Wausau School District  
Support Staff Plan

This schedule is provided as a convenience only and is not all-inclusive. Important information is contained in your Summary Plan Description. Please note all Out-of-Network Provider charges are subject to usual, customary and reasonable fees. It is strongly recommended that you read the entire summary plan description to ensure a complete understanding of the Plan provisions. You may also contact the third party administrator or the Plan Administrator for assistance.

Your Responsibilities	In network	Out of network
<b>Deductible</b>	\$300 individual \$600 family	\$300 individual \$600 family
<b>Coinsurance</b>	0%	20% of the next \$3,000 individual \$6,000 family
<b>Annual out of pocket</b> (Deductible, coinsurance, and copays. Includes prescription copays.)  In-network amounts accumulate to the out-of-network out-of-pocket maximum. Out-of-network amounts accumulate to the in-network, out-of-pocket maximum.	\$7,350 individual \$14,700 family	\$7,350 individual \$14,700 family
<b>Deductible Carryover:</b> If a covered person incurs eligible charges during the period beginning October 1 through December 31 which are applied to the deductible for that calendar year, those charges are also applied toward satisfaction of the deductible for the subsequent calendar year.		

Your Benefits	In network	Out of network
<b>Ambulance services</b> (Air or ground transportation)	Subject to deductible	Subject to in-network deductible
<b>Anesthesia services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Chiropractic Services</b>		
• <b>Office visit or manipulations and therapies</b>	\$35 copayment per visit	Subject to deductible and coinsurance
• <b>X-rays</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Durable medical equipment and medical supplies</b> (Prior authorization required over \$500)	Subject to deductible	Subject to deductible and coinsurance
<b>Hearing examinations</b>	Subject to deductible	Subject to deductible and coinsurance



**Security**  
Administrative  
Services

Wausau School District  
MED3  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Home health care</b> (Limited to 40 visits per calendar year)	Subject to deductible	Subject to deductible and coinsurance
<b>Hospice care</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Hospital emergency room services</b>		
<ul style="list-style-type: none"> <li><b>Emergency room facility</b> (Copayment waived if admitted to hospital as inpatient within 24 hours)</li> </ul>	\$100 copayment per visit	\$100 copayment per visit
<ul style="list-style-type: none"> <li><b>Other emergency room services</b></li> </ul>	Subject to deductible	Subject to in-network deductible
<b>Hospital inpatient services</b> (Pre-certification required) (Including semi-private or special care room, operating room, ancillary services and supplies)	Subject to deductible	Subject to deductible and coinsurance
<b>Hospital outpatient and surgical center services</b> (Not including emergency room)	Subject to deductible	Subject to deductible and coinsurance
<b>Maternity services</b>		
<ul style="list-style-type: none"> <li><b>Hospital services</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Physician services</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<b>Mental health and substance abuse services</b>		
<ul style="list-style-type: none"> <li><b>Bereavement counseling</b> (Lifetime limit of 6 months)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Inpatient care</b> (Pre-certification required)</li> </ul>	Subject to deductible	Subject to deductible (coinsurance waived)
<ul style="list-style-type: none"> <li><b>Outpatient care</b></li> </ul>	Covered at 100% (deductible waived)	Subject to 10% coinsurance (deductible waived)
<ul style="list-style-type: none"> <li><b>Transitional care</b></li> </ul>	Covered at 100% (deductible waived)	Subject to 10% coinsurance (deductible waived)



# Security Administrative Services

Wausau School District  
MED3  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Office visit</b> (Includes urgent care)	\$35 copayment per visit	Subject to deductible and coinsurance
<b>Outpatient laboratory Services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Outpatient radiology Services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Outpatient therapy services</b> (Prior authorization required)		
<ul style="list-style-type: none"> <li>• <b>Occupational therapy</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Physical therapy</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Speech therapy</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<b>Physician services</b>		
<ul style="list-style-type: none"> <li>• <b>Hospital services</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Other services in an office</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<b>Preventive benefit – Up to Age 19</b> ***Services MUST be coded as preventive to be paid at 100%. Deductible and coinsurance will apply to services not coded as preventive.		
<ul style="list-style-type: none"> <li>• <b>Comprehensive physical examination</b> (complete physical) ~ Well-baby care ~ Well-child care ~ Adolescent well-care</li> </ul>	Covered at 100% (deductible waived)	Not covered
<ul style="list-style-type: none"> <li>• <b>Comprehensive preventive vision examination</b> (includes refraction)</li> </ul>	Covered at 100% (deductible waived)	Not covered
<ul style="list-style-type: none"> <li>• <b>Immunizations and vaccinations</b></li> </ul>	Covered at 100% (deductible waived)	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Preventive lab and x-ray</b></li> </ul>	Covered at 100% (deductible waived)	Not covered





# Security Administrative Services

Wausau School District  
MED3  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Preventive benefit – Age 19 and over</b> ***Services MUST be coded as preventive to be paid at 100%. Deductible and coinsurance will apply to services not coded as preventive.		
• <b>Immunizations and vaccinations</b>	Covered at 100% (deductible waived)	Not covered
• <b>Gynecological examination for women</b> (breast exam and pelvic exam)	Covered at 100% (deductible waived)	Not covered
• <b>Pap smear to screen for cervical cancer</b>	Covered at 100% (deductible waived)	Not covered
• <b>Mammogram to screen for breast cancer</b> (Age 40 and older)	Covered at 100% (deductible waived)	Covered at 100% (deductible waived)
• <b>Comprehensive physical examination</b> (complete physical)	Covered at 100% (deductible waived)	Not covered
• <b>Comprehensive preventive vision examination</b> (includes refraction)	Covered at 100% (deductible waived)	Not covered
• <b>Digital prostate examination for men</b>	Covered at 100% (deductible waived)	Not covered
• <b>PSA test for men</b>	Covered at 100% (deductible waived)	Not covered
• <b>Colonoscopy, sigmoidoscopy screening for colorectal cancer</b>	Covered at 100% (deductible waived)	Not covered
• <b>Preventive labs and x-rays</b>	Covered at 100% (deductible waived)	Not covered
<b>Prosthetic devices</b> (Prior authorization required over \$1000)	Subject to deductible	Subject to deductible and coinsurance
<b>Skilled nursing and/or rehabilitation facility</b> (Limited to 30 days per disability)	Subject to deductible	Subject to deductible (coinsurance waived)
<b>Surgical services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Temporomandibular joint disorders (TMJ) treatment</b>	Subject to deductible	Subject to deductible and coinsurance



# Security Administrative Services

Wausau School District  
MED3  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Transplant services</b>		
<ul style="list-style-type: none"> <li>• <b>Transplant procedure and facility charges</b> (Prior authorization required)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Organ procurement and acquisition</b> (Prior authorization required)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Donor expenses</b> (Prior authorization required)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance *Max of \$10,000 per transplant
<b>Vision examinations</b>	Subject to deductible	Subject to deductible and coinsurance
<b>All other covered</b>	Subject to deductible	Subject to deductible and coinsurance

<b>Precertification Required</b> Contact Hines and Associates at 800.483.5984
<ul style="list-style-type: none"> <li>• All Inpatient hospitalizations</li> <li>• Skilled Nursing Facility and Residential Stays</li> <li>• Transplants</li> <li>• Physical, Occupational, and Speech therapy</li> <li>• Second Surgical Opinions</li> <li>• Outpatient surgery including:               <ul style="list-style-type: none"> <li>○ Abdominoplasty</li> <li>○ Carpel Tunnel Release</li> <li>○ Cosmetic/Reconstructive Surgery</li> <li>○ Hip Replacement</li> <li>○ Infuse Bone Graft</li> <li>○ Knee Replacement</li> <li>○ Panniculectomy</li> <li>○ Port Wine Stain – Abnormal Vascular Lesion Treatment</li> <li>○ Reduction Mammoplasty</li> <li>○ Rhinoplasty</li> <li>○ Septoplasty</li> <li>○ Spinal Cord Stimulator</li> </ul> </li> </ul>

<b>Pharmacy</b>	
The difference in cost between a Generic product and Brand product will be applied in addition to the copayment unless a Medical Professional has specified a Brand Product or has indicated that the Brand is necessary.	
Prescription Drug Card Program — Tier I	\$20.00 copayment limited to a 90-day supply
Prescription Drug Card Program — Tier II	\$30.00 copayment limited to a 90-day supply
Prescription Drug Card Program — Tier III	\$50.00 copayment limited to a 90-day supply
Diabetic Supplies	\$0 copayment limited to a 90-day supply
Non-Participating Pharmacy	Will be reimbursed at the lowest contracted amount less any copayment amounts to the employee only.



**Security**  
Administrative  
Services

Wausau School District  
MED<sub>2</sub> & MED<sub>5</sub>  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Wausau School District  
High Deductible Health Plan (HDHP)

This schedule is provided as a convenience only and is not all-inclusive. Important information is contained in your Summary Plan Description. Please note all Out-of-Network Provider charges are subject to usual, customary and reasonable fees. It is strongly recommended that you read the entire summary plan description to ensure a complete understanding of the Plan provisions. You may also contact the third party administrator or the Plan Administrator for assistance.

Your Responsibilities	In network	Out of network
<b>Deductible</b>	\$1,350 individual \$2,700 family  The individual deductible does not apply under a family plan. One or more members must meet the family deductible before benefits will be paid.	\$1,350 individual \$2,700 family  The individual deductible does not apply under a family plan. One or more members must meet the family deductible before benefits will be paid.
<b>Coinsurance</b>	0%	20%
<b>Annual out of pocket</b> (Deductible, coinsurance, and copays.)  In-network amounts accumulate to the out-of-network out-of-pocket maximum. Out-of-network amounts accumulate to the in-network, out-of-pocket maximum.	\$7,350 individual \$14,700 family	\$7,350 individual \$14,700 family

Your Benefits	In network	Out of network
<b>Ambulance services</b> (Air or ground transportation)	Subject to deductible	Subject to in-network deductible
<b>Anesthesia services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Chiropractic Services</b>		
• <b>Office visit or manipulations and therapies</b>	Subject to deductible	Subject to deductible and coinsurance
• <b>X-rays</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Durable medical equipment and medical supplies</b> (Prior authorization required over \$500)	Subject to deductible	Subject to deductible and coinsurance



# Security Administrative Services

Wausau School District  
MED2 & MED5  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Hearing examinations</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Home health care</b> (Limited to 40 visits per calendar year)	Subject to deductible	Subject to deductible and coinsurance
<b>Hospice care</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Hospital emergency room services</b>		
• <b>Emergency room facility</b>	Subject to deductible	Subject to in-network deductible
• <b>Other emergency room services</b>	Subject to deductible	Subject to in-network deductible
<b>Hospital inpatient services</b> (Pre-certification required) (Including semi-private or special care room, operating room, ancillary services and supplies)	Subject to deductible	Subject to deductible and coinsurance
<b>Hospital outpatient and surgical center services</b> (Not including emergency room)	Subject to deductible	Subject to deductible and coinsurance
<b>Maternity services</b>		
• <b>Hospital services</b>	Subject to deductible	Subject to deductible and coinsurance
• <b>Physician services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Mental health and substance abuse services</b>		
• <b>Bereavement counseling</b> (Lifetime limit of 6 months)	Subject to deductible	Subject to deductible and Coinsurance
• <b>Inpatient care</b> (Pre-certification required)	Subject to deductible	Subject to deductible and coinsurance
• <b>Outpatient care</b>	Subject to deductible	Subject to deductible and coinsurance
• <b>Transitional care</b>	Subject to deductible	Subject to deductible and coinsurance



# Security Administrative Services

Wausau School District  
MED2 & MED5  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Office visit</b> (Includes urgent care)	Subject to deductible	Subject to deductible and coinsurance
<b>Outpatient laboratory Services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Outpatient radiology Services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Outpatient therapy services</b> (Prior authorization required)		
<ul style="list-style-type: none"> <li><b>Occupational therapy</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Physical therapy</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Speech therapy</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<b>Physician services</b>		
<ul style="list-style-type: none"> <li><b>Hospital services</b></li> </ul>	Subject to deductible	Subject to deductible and Coinsurance
<ul style="list-style-type: none"> <li><b>Other services in an office</b></li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<b>Preventive benefit – Up to Age 19</b> ***Services MUST be coded as preventive to be paid at 100%. Deductible and coinsurance will apply to services not coded as preventive.		
<ul style="list-style-type: none"> <li><b>Comprehensive physical examination</b> (complete physical) ~ Well-baby care ~ Well-child care ~ Adolescent well-care</li> </ul>	Covered at 100% (deductible waived)	Not covered
<ul style="list-style-type: none"> <li><b>Comprehensive preventive vision examination</b> (includes refraction)</li> </ul>	Covered at 100% (deductible waived)	Not covered
<ul style="list-style-type: none"> <li><b>Immunizations and vaccinations</b></li> </ul>	Covered at 100% (deductible waived)	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li><b>Preventive lab and x-ray</b></li> </ul>	Covered at 100% (deductible waived)	Not covered



# Security Administrative Services

Wausau School District  
MED2 & MED5  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Preventive benefit – Age 19 and over</b> ***Services MUST be coded as preventive to be paid at 100%. Deductible and coinsurance will apply to services not coded as preventive.		
• <b>Immunizations and vaccinations</b>	Covered at 100% (deductible waived)	Not covered
• <b>Gynecological examination for women</b> (breast exam and pelvic exam)	Covered at 100% (deductible waived)	Not covered
• <b>Pap smear to screen for cervical cancer</b>	Covered at 100% (deductible waived)	Not covered
• <b>Mammogram to screen for breast cancer</b> (Age 40 and older)	Covered at 100% (deductible waived)	Covered at 100% (deductible waived)
• <b>Comprehensive physical examination</b> (complete physical)	Covered at 100% (deductible waived)	Not covered
• <b>Comprehensive preventive vision examination</b> (includes refraction)	Covered at 100% (deductible waived)	Not covered
• <b>Digital prostate examination for men</b>	Covered at 100% (deductible waived)	Not covered
• <b>PSA test for men</b>	Covered at 100% (deductible waived)	Not covered
• <b>Colonoscopy, sigmoidoscopy screening for colorectal cancer</b>	Covered at 100% (deductible waived)	Not covered
• <b>Preventive labs and x-rays</b>	Covered at 100% (deductible waived)	Not covered
<b>Prosthetic devices</b> (Prior authorization required over \$1000)	Subject to deductible	Subject to deductible and coinsurance
<b>Skilled nursing and/or rehabilitation facility</b> (Limited to 30 days per disability)	Subject to deductible	Subject to deductible and coinsurance
<b>Surgical services</b>	Subject to deductible	Subject to deductible and coinsurance
<b>Temporomandibular joint disorders (TMJ) treatment</b>	Subject to deductible	Subject to deductible and coinsurance



# Security Administrative Services

Wausau School District  
MED2 & MED5  
Effective Date: 1/1/2018  
Benefit Year: January-December  
Non-grandfathered Plan

Your Benefits	In network	Out of network
<b>Transplant services</b>		
<ul style="list-style-type: none"> <li>• <b>Transplant procedure and facility charges</b> (Prior authorization required)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Organ procurement and acquisition</b> (Prior authorization required)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance
<ul style="list-style-type: none"> <li>• <b>Donor expenses</b> (Prior authorization required)</li> </ul>	Subject to deductible	Subject to deductible and coinsurance *Max of \$10,000 per transplant
<b>Vision examinations</b>	Subject to deductible	Subject to deductible and coinsurance
<b>All other covered</b>	Subject to deductible	Subject to deductible and coinsurance

<b>Precertification Required</b> Contact Hines and Associates at 800.483.5984
<ul style="list-style-type: none"> <li>• All Inpatient hospitalizations</li> <li>• Skilled Nursing Facility and Residential Stays</li> <li>• Transplants</li> <li>• Physical, Occupational, and Speech therapy</li> <li>• Second Surgical Opinions</li> <li>• Outpatient surgery including:               <ul style="list-style-type: none"> <li>o Abdominoplasty</li> <li>o Carpel Tunnel Release</li> <li>o Cosmetic/Reconstructive Surgery</li> <li>o Hip Replacement</li> <li>o Infuse Bone Graft</li> <li>o Knee Replacement</li> <li>o Panniculectomy</li> <li>o Port Wine Stain – Abnormal Vascular Lesion Treatment</li> <li>o Reduction Mammoplasty</li> <li>o Rhinoplasty</li> <li>o Septoplasty</li> <li>o Spinal Cord Stimulator</li> </ul> </li> </ul>

<b>Pharmacy</b>	
Prescription Drug Card Program — Tier I	Subject to deductible then \$5.00 copay applies.
Prescription Drug Card Program — Tier II	Subject to deductible then \$15.00 copay applies.
Prescription Drug Card Program — Tier III	Subject to deductible then \$30.00 copay applies.