

Whitewater School District

HEALTH RENEWAL

Effective: 07/01/2017

Carrier						
	Current / Renewal		Current / Renewal			
Plan Type	Dean HMO		Mercy EPO			
Deductible						
In-Network (Single / Family)	\$3,000 / \$6,000		\$3,000 / \$6,000			
Out-of-Network (Single / Family)	N/A		N/A			
Coinsurance						
In-Network	100%		100%			
Out-of-Network	N/A		N/A			
Out-of-Pocket Max	<i>Ded & Coins</i>		<i>Ded & Coins</i>			
In-Network (Single / Family)	\$3,000 / \$6,000		\$3,000 / \$6,000			
Out-of-Network (Single / Family)	N/A		N/A			
Out-of-Pocket Max	<i>Ded & Coins</i>		<i>Ded & Coins</i>			
In-Network (Single / Family)	\$3,000 / \$6,000		\$3,000 / \$6,000			
Out-of-Network (Single / Family)	N/A		N/A			
Lifetime Maximum	Unlimited		Unlimited			
Office Visits						
In-Network	Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	N/A		N/A			
Specialist						
In-Network	Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	N/A		N/A			
Routine/Preventive Care						
In-Network	100% Coverage		100% Coverage			
Out-of-Network	N/A		N/A			
Inpatient Hospital Services						
In-Network	Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	N/A		N/A			
Outpatient Hospital Services						
In-Network	Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	N/A		N/A			
Urgent Care						
In-Network	Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	N/A		N/A			
Emergency Room						
In-Network	Ded, 100% Coins		Ded, 100% Coins			
Out-of-Network	N/A		N/A			
Prescription Drugs - In-Network						
Tier 1 / Tier 2 / Tier 3	Ded, 100% Coins		Ded, 100% Coins			
Rates	Plan 1	Plan 2	Current	Renewal	Current	Renewal
Single	24	23	\$625.06	\$625.06	\$601.60	\$619.10
Family	70	36	\$1,418.90	\$1,418.90	\$1,365.64	\$1,405.40
Monthly Totals			\$114,324.44	\$114,324.44	\$62,999.84	\$64,833.70
Annual Totals			\$1,371,893.28	\$1,371,893.28	\$755,998.08	\$778,004.40
Annual % of Increase/Decrease					2.9%	
Annual Dollar Increase/Decrease					\$22,006.32	
			Current		Renewal	
Combined Plan Totals			\$2,127,891.36		\$2,149,897.68	
Annual % of Increase/Decrease					1.0%	
Annual Dollar Increase/Decrease					\$22,006.32	

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

Our standard of care and legal duty to the insured in providing insurance products and services is to follow the instructions of the insured in good faith.

This constitutes only a summary of the Health plan involved. 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 by Associated Financial Group or vendors of plan provisions or level of payments.