

Lakeland COOP

Woodruff J1

Health Insurance Election Form

Effective Date: 07-01-2017

Plan Specifics	WCA Group Health Trust \$2,000 / \$4,000 HDHP Ministry/Marshfield/Aspirus		WCA Group Health Trust \$2,000 / \$4,000 HDHP Ministry/Marshfield Narrow	
	Single	Family	Single	Family
Monthly Premium				
	\$805.62	\$1,779.78	\$767.44	\$1,696.00
Employee Contribution				
Monthly	\$38.18	\$83.78	\$0	\$0
Annual Total	\$458.16	\$1,005.36	\$0	\$0
Deductible				
In-Network	\$2,000	\$4,000	\$2,000	\$4,000
Out-of-Network	\$4,000	\$8,000	\$4,000	\$8,000
HSA Contribution				
District HSA	\$0	\$0	\$0	\$0
Coinsurance				
In-Network	100% After Deductible		100% After Deductible	
Out-of-Network	80% After Deductible		80% After Deductible	
Out-of-Pocket Maximum				
In-Network	\$2,000	\$4,000	\$2,000	\$4,000
Out-of-Network	\$5,250	\$10,500	\$5,250	\$10,500
Office Visits	Primary Care	Specialist	Primary Care	Specialist
In-Network	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Out-of-Network				
Routine/Preventive Care				
In-Network	Select Services Covered in Full		Select Services Covered in Full	
Out-of-Network	80% after Deductible		80% after Deductible	
Urgent Care				
In-Network	100% after Deductible		100% after Deductible	
Out-of-Network	80% after Deductible		80% after Deductible	
Emergency Room				
	100% after Deductible		100% after Deductible	
Hospital Services				
In-Network	100% after Deductible		100% after Deductible	
Out-of-Network	80% after Deductible		80% after Deductible	
High Tech Imaging				
In-Network	100% after Deductible		100% after Deductible	
Out-of-Network	80% after Deductible		80% after Deductible	
Prescription (Rx) Drugs				
	Deductible & Coinsurance		Deductible & Coinsurance	
Election	WCA Group Health Trust \$2,000/\$4,000 HDHP Ministry/Marshfield/Aspirus		WCA Group Health Trust \$2,000 / \$4,000 HDHP Ministry/Marshfield Narrow	
My Election (Check Box)	<input type="checkbox"/>		<input type="checkbox"/>	
Waiving Coverage	<input type="checkbox"/>			
Print Employee Name				
Employee Social Security #				
Employee Signature				Date

I understand that this election will be irrevocable until the next plan year, unless I have a qualifying event that allows coverage change.

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.