

Elkhart Lake-Glenbeulah School District  
WEA Trust - Health Insurance Exhibit (7/1/2020)

**Medical**

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Single:</b>	<u>Per Month</u> \$871.72	<u>Per Month</u> \$835.99	<u>Per Month</u> \$777.62
Total cost per year:	<u>x 12 months</u> \$10,460.64	<u>x 12 months</u> \$10,031.88	<u>x 12 months</u> \$9,331.44
Less District contribution per year for 100% FTE employee:	\$8,250.00	\$8,250.00	\$8,250.00
Employee portion per year for 100% FTE employee:	\$2,210.64	\$1,781.88	\$1,081.44
Monthly cost for 100% FTE employee:	\$184.22	\$148.49	\$90.12
Approximate employee deduction per paycheck for 100% FTE:	\$92.11	\$74.25	\$45.06

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Family:</b>	<u>Per Month</u> \$1,974.45	<u>Per Month</u> \$1,892.27	<u>Per Month</u> \$1,760.09
Total cost per year:	<u>x 12 months</u> \$23,693.40	<u>x 12 months</u> \$22,707.24	<u>x 12 months</u> \$21,121.08
Less district contribution per year for 100% FTE employee:	\$18,600.00	\$18,600.00	\$18,600.00
Employee portion per year for 100% FTE employee:	\$5,093.40	\$4,107.24	\$2,521.08
Monthly cost for 100% FTE employee:	\$424.45	\$342.27	\$210.09
Approximate employee deduction per paycheck for 100% FTE:	\$212.23	\$171.14	\$105.05

**Elkhart Lake-Glenbeulah School District**

7/1/2020

**Option 1-Essential PPO-Trust Preferred  
Network-\$500/\$1,000**

Network Selection	Trust Preferred Network	
Annual Deductible (Single/Family) - In-Network	\$500/\$1,000	
Annual Deductible (Single/Family) - Non-Network	\$1,000/\$2,000	
Coinsurance - In-Network	100%	
Coinsurance - Non-Network	80%	
Excludes Medical Copayments	No	
Excludes Pharmacy Copayments	Yes	
Max Out-of-Pocket (Single/Family) - In-Network	\$3,000/\$6,000	
Max Out-of-Pocket (Single/Family) - Non-Network	\$8,500/\$17,000	
Office Visit Copay - Primary In-Network	\$30	then ded/coins
Office Visit Copay - Specialty In-Network	\$60	then ded/coins
Office Visit Copay - Primary Non-Network	\$50	then ded/coins
Office Visit Copay - Specialty Non-Network	\$100	then ded/coins
Convenient Care/Telehealth Office Visit Copay	\$0	only copay
Urgent Care Copay	\$100	then ded/coins
Emergency Room Copay	\$300	then ded/coins
High Tech Imaging Copay - In-Network	\$100	then ded/coins
High Tech Imaging Copay - Non-Network	\$200	then ded/coins
Drug Plan	\$0/\$20/\$60/\$100	
Max Out-of-Pocket (Single/Family) - Rx Copay	\$4,000/\$8,000	
Includes Erectile Dysfunction Benefits	No	
Specialty Pharmacy Coinsurance	No	
Vision Exam	Enhanced Vision No Cost Sharing	
Extraction Coverage	Extr/Repl Teeth (\$1500 Limit)	
Vitality	Elevate - Employee & Spouse	
Therapy Limit	20	
Includes Waiver of Premium	No	

**Elkhart Lake-Glenbeulah School District**

7/1/2020

**Option 2-Essential PPO-Trust Preferred  
Network-\$1,000/\$2,000**

Network Selection	Trust Preferred Network	
Annual Deductible (Single/Family) - In-Network	\$1,000/\$2,000	
Annual Deductible (Single/Family) - Non-Network	\$2,000/\$4,000	
Coinsurance - In-Network	100%	
Coinsurance - Non-Network	80%	
Excludes Medical Copayments	No	
Excludes Pharmacy Copayments	Yes	
Max Out-of-Pocket (Single/Family) - In-Network	\$4,000/\$8,000	
Max Out-of-Pocket (Single/Family) - Non-Network	\$9,000/\$18,000	
Office Visit Copay - Primary In-Network	\$30	then ded/coins
Office Visit Copay - Specialty In-Network	\$60	then ded/coins
Office Visit Copay - Primary Non-Network	\$50	then ded/coins
Office Visit Copay - Specialty Non-Network	\$100	then ded/coins
Convenient Care/Telehealth Office Visit Copay	\$0	only copay
Urgent Care Copay	\$100	then ded/coins
Emergency Room Copay	\$300	then ded/coins
High Tech Imaging Copay - In-Network	\$100	then ded/coins
High Tech Imaging Copay - Non-Network	\$200	then ded/coins
Drug Plan	\$0/\$20/\$60/\$100	
Max Out-of-Pocket (Single/Family) - Rx Copay	\$4,000/\$8,000	
Includes Erectile Dysfunction Benefits	No	
Specialty Pharmacy Coinsurance	No	
Vision Exam	Enhanced Vision No Cost Sharing	
Extraction Coverage	Extr/Repl Teeth (\$1500 Limit)	
Vitality	Elevate - Employee & Spouse	
Therapy Limit	20	
Includes Waiver of Premium	No	

**Elkhart Lake-Glenbeulah School District**

7/1/2020

**Option 3-Essential PPO-Trust Preferred  
Network-\$2,000/\$4,000**

Network Selection	Trust Preferred Network	
Annual Deductible (Single/Family) - In-Network	\$2,000/\$4,000	
Annual Deductible (Single/Family) - Non-Network	\$4,000/\$8,000	
Coinsurance - In-Network	100%	
Coinsurance - Non-Network	80%	
Excludes Medical Copayments	No	
Excludes Pharmacy Copayments	Yes	
Max Out-of-Pocket (Single/Family) - In-Network	\$4,000/\$8,000	
Max Out-of-Pocket (Single/Family) - Non-Network	\$10,000/\$20,000	
Office Visit Copay - Primary In-Network	\$30	then ded/coins
Office Visit Copay - Specialty In-Network	\$60	then ded/coins
Office Visit Copay - Primary Non-Network	\$50	then ded/coins
Office Visit Copay - Specialty Non-Network	\$100	then ded/coins
Convenient Care/Telehealth Office Visit Copay	\$0	only copay
Urgent Care Copay	\$100	then ded/coins
Emergency Room Copay	\$300	then ded/coins
High Tech Imaging Copay - In-Network	\$100	then ded/coins
High Tech Imaging Copay - Non-Network	\$200	then ded/coins
Drug Plan	\$0/\$20/\$60/\$100	
Max Out-of-Pocket (Single/Family) - Rx Copay	\$4,000/\$8,000	
Includes Erectile Dysfunction Benefits	No	
Specialty Pharmacy Coinsurance	No	
Vision Exam	Enhanced Vision No Cost Sharing	
Extraction Coverage	Extr/Repl Teeth (\$1500 Limit)	
Vitality	Elevate - Employee & Spouse	
Therapy Limit	20	
Includes Waiver of Premium	No	