

2019-20 HEALTH PLAN OPTIONS

Plan # 1

Enrollment	Broad Network(w/Marshfield)		
	Total Mo. Premium	District Amt	Employee Amt
Single	978.04	806.88	171.16
Emp/Spouse	1902.98	1569.96	333.02
Emp/Child(s)	1902.98	1569.96	333.02
Family	2932.82	2419.58	513.24

Plan # 2

Aspirus Narrow Network		
Total Mo. Premium	District Amt	Employee Amt
917.18	807.12	110.06
1784.58	1570.44	214.14
1784.58	1570.44	214.14
2750.34	2420.30	330.04

Plan # 3

Ascension Narrow Network		
Total Mo. Premium	District Amt	Employee Amt
891.10	784.16	106.94
1733.84	1525.78	208.06
1733.84	1525.78	208.06
2672.12	2351.46	320.66

Plan # 4

Broad Network (w/o Marshfield)		
Total Mo. Premium	District Amt	Employee Amt
938.92	807.48	131.44
1826.86	1571.10	255.76
1826.86	1571.10	255.76
2815.50	2421.32	394.18



WCA GROUP HEALTH TRUST

Renewal for School District of Three Lakes
(9/01/19)

	Current Plan		Renewal Plan #1	
PPO Network	NEHA Broad Network		NEHA Broad Network (w/ Marshfield Clinic)	
	PPO		EPO	
Deductible	Embedded		Embedded	
In Network	\$500/\$1,000		\$500/\$1,000	
Out of Network	\$1,000/\$2,000		N/A <i>(non-emergencies)</i>	
Coinsurance				
In Network	100%		100% <i>Have to call</i>	
Out of Network	80%		N/A <i>trust if non-emergency</i>	
Maximum Out of Pocket (Ded & Coins Only)			<i>pre-approve out-of-network emergency</i>	
In Network	\$500/\$1,000		\$500/\$1,000 <i>On cards.</i>	
Out of Network	\$2,250/\$4,500		N/A	
Maximum Out of Pocket (Ded, Coins & Med Copays)				
In Network	\$1,500/\$3,000		\$1,500/\$3,000	
Out of Network	\$3,200/\$6,400		N/A	
	In Network	Out of Network	In Network	Out of Network
Hospitalization	Ded/100%	Ded/80%	Ded/100%	Not Covered
Office Visit(s)	\$10/Ded/100%	\$25/Ded/80%	\$10/Ded/100%	Not Covered
Specialist Office Visit(s)	\$10/Ded/100%	\$25/Ded/80%	\$10/Ded/100%	Not Covered
Preventive Exams	100%/Ded Waived	\$25/Ded/80%	100%/Ded Waived	Not Covered
Chiropractic Office Visits(s)	\$10/Ded/100%	\$25/Ded/80%	\$10/Ded/100%	Not Covered
Phys, Occ & Speech Therapy	\$10/Ded/100%	\$25/Ded/80%	\$10/Ded/100%	Not Covered
Urgent Care	\$10/Ded/100%	\$25/Ded/80%	\$10/Ded/100%	Not Covered
Emergency Room Care	\$150/Ded/100%	\$150/PPO Ded/100%	\$150/Ded/100%	\$150/PPO Ded/100%
Psych, Chem & Alcohol Office Visit	\$10/Ded/100%	\$25/Ded/80%	\$10/Ded/100%	\$10/PPO Ded/100%
Inpatient	Ded/100%	Ded/80%	Ded/100%	Not Covered
Outpatient	Ded/100%	Ded/80%	Ded/100%	PPO Ded/100%
All Other Medical Services	Ded/100%	Ded/80%	Ded/100%	Not Covered
High Tech Imaging Coverage	\$100/Ded/100%	\$100/Ded/80%	\$100/Ded/100%	Not Covered
Oral Surgery	Ded/100%	Ded/80%	Ded/100%	Not Covered
Teladoc	100%/Deductible Waived		100%/Deductible Waived (Include Behavioral Health Coverage)	
Pharmacy				
Drug Plan	\$0/10/40/60/100 – 30 Days, Retail \$0/30/120/180 – 31-90 Days, Retail \$0/20/80/120 – 90 Days, Mail Specialty Limited to 30 Days		\$0/10/40/60/100 – 30 Days, Retail \$0/30/120/180 – 31-90 Days, Retail \$0/20/80/120 – 90 Days, Mail Specialty Limited to 30 Days	
Maximum Out of Pocket (Pharmacy Only)	\$3,000/\$6,000		\$3,000/\$6,000	
Waiver of Premium	No		No	
Premium Rates				
Single			\$ 978.04	
Employee/Spouse			\$1,902.98	
Employee/Children			\$1,902.98	
Family			\$2,932.82	

	Renewal Plan #2		Renewal Plan #3	
PPO Network	NEHA Aspirus Narrow Network		NEHA Ascension Narrow Network	
	PPO		PPO	
Deductible	Embedded		Embedded	
In Network	\$500/\$1,000		\$500/\$1,000	
Out of Network	N/A		N/A	
Coinsurance				
In Network	100%		100%	
Out of Network	N/A		N/A	
Maximum Out of Pocket (Ded & Coins Only)				
In Network	\$500/\$1,000		\$500/\$1,000	
Out of Network	N/A		N/A	
Maximum Out of Pocket (Ded, Coins & Med Copays)				
In Network	\$1,500/\$3,000		\$1,500/\$3,000	
Out of Network	N/A		N/A	
	In Network	Out of Network	In Network	Out of Network
Hospitalization	Ded/100%	Not Covered	Ded/100%	Not Covered
Office Visit(s)	\$10/Ded/100%	Not Covered	\$10/Ded/100%	Not Covered
Specialist Office Visit(s)	\$10/Ded/100%	Not Covered	\$10/Ded/100%	Not Covered
Preventive Exams	100%/Ded Waived	Not Covered	100%/Ded Waived	Not Covered
Chiropractic Office Visits(s)	\$10/Ded/100%	Not Covered	\$10/Ded/100%	Not Covered
Phys, Occ & Speech Therapy	\$10/Ded/100%	Not Covered	\$10/Ded/100%	Not Covered
Urgent Care	\$10/Ded/100%	Not Covered	\$10/Ded/100%	Not Covered
Emergency Room Care	\$150/Ded/100%	\$150/PPO Ded/100%	\$150/Ded/100%	\$150/PPO Ded/100%
Psych, Chem & Alcohol Office Visit	\$10/Ded/100%	\$10/PPO Ded/100%	\$10/Ded/100%	\$10/PPO Ded/100%
Inpatient	Ded/100%	Not Covered	Ded/100%	Not Covered
Outpatient	Ded/100%	PPO Ded/100%	Ded/100%	PPO Ded/100%
All Other Medical Services	Ded/100%	Not Covered	Ded/100%	Not Covered
High Tech Imaging Coverage	\$100/Ded/100%	Not Covered	\$100/Ded/100%	Not Covered
Oral Surgery	Ded/100%	Not Covered	Ded/100%	Not Covered
Teladoc	100%/Deductible Waived (Include Behavioral Health Coverage)		100%/Deductible Waived (Include Behavioral Health Coverage)	
Pharmacy				
Drug Plan	\$0/10/40/60/100 – 30 Days, Retail \$0/30/120/180 – 31-90 Days, Retail \$0/20/80/120 – 90 Days, Mail Specialty Limited to 30 Days		\$0/10/40/60/100 – 30 Days, Retail \$0/30/120/180 – 31-90 Days, Retail \$0/20/80/120 – 90 Days, Mail Specialty Limited to 30 Days	
Maximum Out of Pocket (Pharmacy Only)	\$3,000/\$6,000		\$3,000/\$6,000	
Waiver of Premium	No		No	
Premium Rates				
Single	\$ 917.18		\$ 891.10	
Employee/Spouse	\$1,784.58		\$1,733.84	
Employee/Children	\$1,748.58		\$1,733.84	
Family	\$2,750.34		\$2,672.12	

	Renewal Plan #4	
PPO Network	NEHA Broad Network (w/o Marshfield Clinic)	
	EPO	
Deductible	Embedded	
In Network	\$500/\$1,000	
Out of Network	N/A	
Coinsurance		
In Network	100%	
Out of Network	N/A	
Maximum Out of Pocket (Ded & Coins Only)		
In Network	\$500/\$1,000	
Out of Network	N/A	
Maximum Out of Pocket (Ded, Coins & Med Copays)		
In Network	\$1,500/\$3,000	
Out of Network	N/A	
	In Network	Out of Network
Hospitalization	Ded/100%	Not Covered
Office Visit(s)	\$10/Ded/100%	Not Covered
Specialist Office Visit(s)	\$10/Ded/100%	Not Covered
Preventive Exams	100%/Ded Waived	Not Covered
Chiropractic Office Visits(s)	\$10/Ded/100%	Not Covered
Phys, Occ & Speech Therapy	\$10/Ded/100%	Not Covered
Urgent Care	\$10/Ded/100%	Not Covered
Emergency Room Care	\$150/Ded/100%	\$150/PPO Ded/100%
Psych, Chem & Alcohol		
Office Visit	\$10/Ded/100%	\$10/PPO Ded/100%
Inpatient	Ded/100%	Not Covered
Outpatient	Ded/100%	PPO Ded/100%
All Other Medical Services	Ded/100%	Not Covered
High Tech Imaging Coverage	\$100/Ded/100%	Not Covered
Oral Surgery	Ded/100%	Not Covered
Teladoc	100%/Deductible Waived (Include Behavioral Health Coverage)	
Pharmacy		
Drug Plan	\$0/10/40/60/100 – 30 Days, Retail \$0/30/120/180 – 31-90 Days, Retail \$0/20/80/120 – 90 Days, Mail Specialty Limited to 30 Days	
Maximum Out of Pocket (Pharmacy Only)	\$3,000/\$6,000	
Waiver of Premium	No	
Premium Rates		
Single	\$ 938.92	
Employee/Spouse	\$1,826.86	
Employee/Children	\$1,826.86	
Family	\$2,815.50	