



Medical

The District offers a choice of medical plan options so you can choose the plan that best meets your needs – and those of your family.

Plan Provisions	WEA Trust					
	\$2,000/\$4,000 Plan Trust Preferred		\$3,000/\$6,000 Plan Trust Preferred		\$4,000/\$8,000 Plan Trust Preferred	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$2,000/ \$4,000	\$4,000/ \$8,000	\$3,000/ \$6,000	\$6,000/ \$12,000	\$4,000/ \$8,000	\$8,000/ \$16,000
Out-of-Pocket Maximum	\$3,000/ \$6,000	\$6,000/ \$12,000	\$4,000/ \$8,000	\$9,000/ \$18,000	\$5,000/ \$10,000	\$10,000/ \$20,000
(Includes Deductible/Embedded Deductible)	Included Deductible		Includes Embedded Deductible		Includes Embedded Deductible	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Preventive Care	100%	60%*	100%	60%*	100%	60%*
Primary Physician Office Visit	80%*	60%*	80%*	60%*	80%*	60%*
Specialist Office Visit	80%*	60%*	80%*	60%*	80%*	60%*
X-Ray and Lab	80%*	60%*	80%*	60%*	80%*	60%*
Inpatient Hospital Services	80%*	60%*	80%*	60%*	80%*	60%*
Outpatient Hospital Services	80%*	60%*	80%*	60%*	80%*	60%*
Urgent Care	80%*	80%*	80%*	80%*	80%*	80%*
Emergency Room Care	80%*	80%*	80%*	80%*	80%*	80%*
Retail Prescription Drugs (30-day supply)	80%*	60%*	80%*	60%*	80%*	60%*
Mail Order Prescription Drugs (90-day supply)	80%*	60%*	80%*	60%*	80%*	60%*

*After deductible.

Note for 20 Pay Employees: In addition to the per paycheck premiums below, 20 pay employees will have an extra deduction per paycheck taken from January-June to pre-pay for July and August coverage.

Non-Wellness Incentive Premiums: Employees who choose not to meet the Wellness Incentive requirements will pay approximately an additional 15.75% of the total billed premium.

Wellness Incentive Premiums (All Eligible Employees)	Per Paycheck	Per Paycheck	Per Paycheck
Single	\$76.75	\$35.38	\$8.89
Family	\$201.07	\$92.69	\$23.26
Pre-Paid Summer Deduction deducted January-June	20 Pay	20 Pay	20 Pay
Single	\$25.58	\$11.79	\$2.96
Family	\$67.02	\$30.90	\$7.75



Dental Benefits

Dental Coverage

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health. The District offers you a dental plan with Delta Dental of Wisconsin. To find a participating dentist in your area [click here](#).

Plan Provision	Delta Dental
Annual Deductible (Individual/Family)	No deductible
Annual Maximum (per person)	\$1,500
Diagnostic and Preventive Care: Includes cleanings, fluoride treatments, sealants and x-rays	100%
Basic Services: Includes fillings, periodontics, scaling and oral surgery	80%
Major Services: Includes crowns, bridges and full and partial dentures	80%
Orthodontia (Children only—up to age 19)	60%: \$1,500 lifetime maximum

Note for 20 Pay Employees: In addition to the per paycheck premiums below, 20 pay employees will have an extra deduction per paycheck taken from January-June to pre-pay for July and August coverage.

Premiums (All Eligible Employees)	Per Paycheck
Single	\$2.90
Family	\$7.85
Pre-Paid Summer Deduction deducted January-June	20 Pay
Single	\$0.97
Family	\$2.62

Hearing Coverage

Delta Dental has partnered with Amplifon to offer a hearing benefit. The hearing benefit includes access to their provider network of 5,300+ locations, 40 percent off hearing services provided by a network provider and discounts on more than 2,000 hearing aid models manufactured by leading brands. [Click here](#) for more information.



Vision Benefits

Vision Coverage

The vision plan covers routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses if you need them. [Click here](#) to find a participating vision provider in your area.

Benefit	In-Network	Out-of-Network
Exam	Paid in Full	Up to \$35 Retail Value
Hardware	No Copay	No Copay
Frequency <ul style="list-style-type: none"> • Exam • Lenses • Frames 	12 months 12 months 12 months	12 months 12 months 12 months
Frames	Retail Allowance of: \$125	Up to \$70 Retail Value
Lenses <ul style="list-style-type: none"> • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses 	Covered at 100% Covered at 100% Covered at 100%	Up to \$25 Up to \$40 Up to \$45
Medically necessary contact lenses	Paid in Full	Up to \$150 Retail Value
Elective contact lenses in lieu of glasses	Up to \$150 Retail Value	Up to \$125 Retail Value

Note for 20 Pay Employees: In addition to the per paycheck premiums below, 20 pay employees will have an extra deduction per paycheck taken from January-June to pre-pay for July and August coverage.

Premiums (All Eligible Employees)	Per Paycheck
Single	\$4.45
Family	\$11.13
Pre-Paid Summer Deduction deducted January-June	20 Pay
Single	\$1.48
Family	\$3.71

**Members who choose to receive laser vision services receive a \$200 allowance toward the total cost of such services. (certain exclusions and limitations apply)