



MEDICAL

Mukwonago Area School District's medical coverage provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers.

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.

Before You Enroll

Consider this:

1. Want to stay with your doctor? Ensure they are in the plan's network by visiting the www.anthem.com If they're out of network, services may not be covered or may be more expensive.
2. Consider the cost of services and prescription drugs you expect to receive during the year.





The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

Anthem Blue Well Priority WI POS HSA (with copay) \$1,500-100%			
	In-Network		Out of Network
Plan Year Deductible			
Individual	\$1,500		\$3,000
Family (Non-Embedded)	\$3,000		\$6,000
Plan Year Out-of-Pocket Maximum (Includes Deductible and Copays)			
Individual	\$6,350		\$7,000
Family	\$6,850		\$14,000
	You Pay		You Pay
Coinsurance	0%		20%
Preventive Care	0%		Ded/ 20%
LiveHealth Online (Virtual Visit)	Ded/ \$20 copay- Primary Ded/ \$20 copay- Specialist		Ded/ 20%- Primary Ded/20%- Specialist
Primary Care Physician	Ded/\$20 copay		Ded/ 20%
Specialist	Ded/\$20 copay		Ded/20%
Urgent Care	Ded/\$50 copay		Ded/20%
Emergency Room	Ded/\$250 copay		Ded/\$250 copay
Hospitalization	Ded/ 0%		Ded/20%
Diagnostic Imaging (MRI/CT)	Ded/ 0%		Ded/20%
Pharmacy			
Retail Rx (up to 30-day supply)			
Tier 1	Ded/\$10 copay		Ded/50%
Tier 2	Ded/\$35 copay		Ded/50%
Tier 3	Ded/\$60 copay		Ded/50%
Coverage Level	Employee Cost Per Month	Employer Cost Per Month	Total Cost per Month
Employee Only	\$96.60	\$708.37	\$804.97
Family	\$212.13	\$1,555.65	\$1,767.78

** To find a provider: www.anthem.com; Network name: Well Priority Blue Priority- POS

- **Non-Embedded-** When family coverage is selected, the medical deductible is met on a family basis only. There is no individual medical deductible
- Medical deductible and out of pocket maximum run on a plan year (July 1 – June 30th), which means the medical deductible and out of pocket maximum reset to \$0 every July 1.