



\*Prevea/HSHS is processed at out of network benefit

HEALTH COVERAGE ALTERNATIVES

	 Traditional		 High Deductible	
Provider Network/Plan Type	Focused (Bellin/Aurora)	Broad (Bellin/Aurora/Ascension)	Focused (Bellin/Aurora)	Broad (Bellin/Aurora/Ascension)
<b>Deductible</b>				
In-Network (Single / Family)	\$500 / \$1,000	\$500 / \$1,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Network (Single / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$6,000 / \$12,000	\$6,000 / \$12,000
<b>Coinsurance</b>				
In-Network	100%	100%	100%	100%
Out-of-Network	50%	50%	50%	50%
<b>Out-of-Pocket Max</b>	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>
In-Network (Single / Family)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Network (Single / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$12,000 / \$24,000	\$12,000 / \$24,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visits</b>				
In-Network	\$30 Copay	\$30 Copay	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
<b>Specialist</b>				
In-Network	\$60 Copay	\$60 Copay	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins	Ded, 50% Coins
<b>Routine/Preventive Care</b>				
In-Network	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Out-of-Network	Ded. 50% Coins	Ded. 50% Coins	Ded. 50% Coins	Ded. 50% Coins
<b>Inpatient Hospital Services</b>				
In-Network	Ded. 100% Coins	Ded. 100% Coins	Ded. 100% Coins	Ded. 100% Coins
Out-of-Network	Ded. 50% Coins	Ded. 50% Coins	Ded. 50% Coins	Ded. 50% Coins
<b>Outpatient Hospital Services</b>				
In-Network	Ded. 100% Coins	Ded. 100% Coins	Ded. 100% Coins	Ded. 100% Coins
Out-of-Network	Ded. 50% Coins	Ded. 50% Coins	Ded. 50% Coins	Ded. 50% Coins
<b>Urgent Care</b>				
In-Network	\$50 Copay	\$50 Copay	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	\$50 Copay	\$50 Copay	Ded, 100% Coins	Ded, 100% Coins
<b>Emergency Room</b>				
In-Network	\$200 Copay	\$200 Copay	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network	\$200 Copay	\$200 Copay	Ded, 100% Coins	Ded, 100% Coins
<b>Prescription Drugs - In-Network</b>				
Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$60 / \$60	\$10 / \$30 / \$60 / \$60	Ded, 100% Coins	Ded, 100% Coins
Out-of-Network				
<b>Mail Order Prescription Drugs</b>				
Tier 1 / Tier 2 / Tier 3	\$20 / \$60 / \$120 / \$120	\$20 / \$60 / \$120 / \$120	Ded, 100% Coins	Ded, 100% Coins
<b>Rates</b>	<b>Full Premium Cost</b>	<b>Full Premium Cost</b>	<b>Full Premium Cost</b>	<b>Full Premium Cost</b>
<b>Single</b>	<b>\$938.57</b>	<b>\$994.89</b>	<b>\$785.34</b>	<b>\$832.45</b>
<b>Family</b>	<b>\$2,125.01</b>	<b>\$2,252.52</b>	<b>\$1,778.08</b>	<b>\$1,884.76</b>
<b>Employee Cost (with favorable HRA)</b>	<b>Employee Cost (Per Month)</b>	<b>Employee Cost (Per Month)</b>	<b>Employee Cost (Per Month)</b>	<b>Employee Cost (Per Month)</b>
<b>Single</b>	<b>\$148.29</b>	<b>\$204.61</b>	<b>\$124.08</b>	<b>\$171.19</b>
<b>Family</b>	<b>\$335.75</b>	<b>\$463.26</b>	<b>\$280.94</b>	<b>\$387.62</b>

\*\*The district is unique that we have available to all Oconto Falls School District employees enrolled in the district's group health plan the ability to use several Bellin specific nearsite primary clinics at NO cost to the employee and/or family. Some of the services covered: physicals for both well-exams and sports; chronic disease management; respiratory infections, sore throat, bronchitis; ear infections; headache, migraine and allergy systems; urinary tract and yeast infections; injury treatment for sprains, minor cuts and burns (x-rays and EKG's not included); immunizations; laboratory services; electronic medication prescriptions and refills; minor treatments (wound treatment, laceration repair, lesion removal). Also available: physical therapy at specific Bellin sites; FastCare and E-Visits