

Whitefish Bay School District
Medical Plan Options
 July 1, 2012 Effective Date

Custodians moving to Admin/Teachers plan

| Administration/Teachers | | | Incumbent | | | | WEA Trust Alternative 1 | | WEA Trust Alternative 2 | | WEA Trust Alternative 3 | |
|---|---------|-----|--------------------|---------------------|--------------------|-----------------------|-------------------------|-----------------------|--|-----------------------|--|-----------------------|
| | | | WEA Trust Current | | WEA Trust Renewal | | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total |
| Active | | | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total |
| Enrollment/Rates | EE Only | 58 | \$789.20 | \$45,773.60 | \$883.90 | \$51,266.43 | \$832.90 | \$48,308.43 | \$827.90 | \$48,018.43 | \$844.90 | \$49,004.43 |
| | Family | 174 | \$1,790.62 | \$311,567.88 | \$2,005.49 | \$348,956.03 | \$1,867.49 | \$324,944.03 | \$1,870.49 | \$325,466.03 | \$1,915.49 | \$333,296.03 |
| Estimated Total Monthly Premiums | | | \$357,341 | | \$400,222 | | \$373,252 | | \$373,484 | | \$382,300 | |
| Estimated Total Annual Premiums | | | \$4,288,098 | | \$4,802,669 | | \$4,479,029 | | \$4,481,813 | | \$4,587,605 | |
| Annual Savings/Cost vs Current | | | | | (\$514,572) | | \$190,932 | | \$193,716 | | \$299,508 | |
| Annual Savings/Cost vs Renewal | | | | | | | (\$323,640) | | (\$320,856) | | (\$215,064) | |
| Percentage Increase over Current | | | | | 12.00% | | 4.45% | | 4.52% | | 6.98% | |
| Benefit Design Summary | | | Network Benefit | Non-Network Benefit | Network Benefit | Non-Network Allowance | Network Benefit | Non-Network Allowance | Network Benefit | Non-Network Allowance | Network Benefit | Non-Network Allowance |
| Deductible (per single) | | | \$100 | \$200 | \$100 | \$200 | \$500 | \$1,000 | \$500 | \$1,000 | \$250 | \$500 |
| Deductible (family) | | | \$200 | \$400 | \$200 | \$400 | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$500 | \$1,000 |
| Coinsurance | | | 100% | 80% | 100% | 80% | 90% | 70% | 100% | 80% | 100% | 80% |
| Office Copayment | | | \$10 | \$25 | \$10 | \$25 | \$10 | \$25 | \$25 | \$50 | \$25 | \$50 |
| Preventive Care | | | 100% | | 100% | | 100% | | 100% | | 100% | |
| ER Room Copayment (waived if admit) | | | \$50, then 100% | \$50, then 100% | \$50, then 100% | \$50, then 100% | \$100, then 100% | \$100, then 100% | \$100, then 100% | \$100, then 100% | \$100, then 100% | \$100, then 100% |
| Urgent Care Copay | | | \$25 | \$25 | \$25 | \$25 | | | \$50 | \$50 | \$50 | \$50 |
| Out of Pocket Max (single) | | | \$100 | \$1,450 | \$100 | \$1,450 | \$1,125 | \$2,250 | \$500 | \$1,450 | \$250 | \$1,450 |
| Out of Pocket Max (family) | | | \$200 | \$2,900 | \$200 | \$2,900 | \$2,250 | \$4,500 | \$1,000 | \$2,900 | \$500 | \$2,900 |
| Inpatient Care | | | 100% after ded | 80% after ded | 100% after ded | 80% after ded | 90% after ded | 70% after ded | 100% after ded | 80% after ded | 100% after ded | 80% after ded |
| Outpatient Surgery | | | 100% after ded | 80% after ded | 100% after ded | 80% after ded | 90% after ded | 70% after ded | 100% after ded | 80% after ded | 100% after ded | 80% after ded |
| Other | | | | | | | | | Delete Waiver of Premium | | Delete Waiver of Premium | |
| | | | | | | | | | Delete extraction & replacement of teeth | | Delete extraction & replacement of teeth | |
| Rx Plan Design | | | \$0/\$10/\$25/\$50 | | \$0/\$10/\$25/\$50 | | \$0/\$10/\$25/\$50 | | \$0/\$10/\$25/\$50 | | \$0/\$10/\$25/\$50 | |

Whitefish Bay School District Medical Plan Options

July 1, 2012 Effective Date

Custodians moving to Admin/Teachers plan

| Administration/Teachers | | | Incumbent | | | | WEA Trust Alternative 4 | | United Health Care (Active) | | Humana | |
|---|---------|-----|--------------------|---------------------|--------------------|-----------------------|--|-----------------------|-----------------------------|-----------------------|---|-----------------------|
| | | | WEA Trust Current | | WEA Trust Renewal | | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total |
| Active Enrollment/Rates | EE Only | 58 | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total | Monthly Rate | Monthly Total |
| | Family | 174 | \$789.20 | \$45,773.60 | \$883.90 | \$51,266.43 | \$844.90 | \$49,004.43 | \$922.37 | \$53,497.46 | \$828.58 | \$48,057.64 |
| | | | \$1,790.62 | \$311,567.88 | \$2,005.49 | \$348,956.03 | \$1,899.49 | \$330,512.03 | \$2,089.58 | \$363,586.92 | \$1,879.97 | \$327,114.78 |
| Estimated Total Monthly Premiums | | | \$357,341 | | \$400,222 | | \$379,516 | | \$417,084 | | \$375,172 | |
| Estimated Total Annual Premiums | | | \$4,288,098 | | \$4,802,669 | | \$4,554,197 | | \$5,005,013 | | \$4,502,069 | |
| Annual Savings/Cost vs Current | | | | | (\$514,572) | | \$266,100 | | (\$716,915) | | (\$213,971) | |
| Annual Savings/Cost vs Renewal | | | | | | | (\$248,472) | | (\$202,343) | | \$300,600 | |
| Percentage Increase over Current | | | 12.00% | | 6.21% | | 16.72% | | 4.99% | | | |
| Benefit Design Summary | | | Network Benefit | Non-Network Benefit | Network Benefit | Non-Network Allowance | Network Benefit | Non-Network Allowance | Network Benefit | Non-Network Allowance | Network Benefit | Non-Network Allowance |
| Deductible (per single) | | | \$100 | \$200 | \$100 | \$200 | \$250 | \$500 | \$100 | \$375 | \$100 | \$200 |
| Deductible (family) | | | \$200 | \$400 | \$200 | \$400 | \$500 | \$1,000 | \$200 | \$750 | \$200 | \$400 |
| Coinsurance | | | 100% | 80% | 100% | 80% | 90% | 70% | 100% | 80% | 100% | 80% |
| Office Copayment | | | \$10 | \$25 | \$10 | \$25 | \$10 | \$25 | N/A per visit | 80% | \$10 | \$25 |
| Preventive Care | | | 100% | | 100% | | 100% | | N/A per visit | Deductible | 100% | |
| ER Room Copayment (waived if admit) | | | \$50, then 100% | \$50, then 100% | \$50, then 100% | \$50, then 100% | \$100, then 100% | \$100, then 100% | \$50, then 100% | 80% | \$50, then 100% | \$50, then 100% |
| Urgent Care Copay | | | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | | \$25 | | |
| Out of Pocket Max (single) | | | \$100 | \$1,450 | \$100 | \$1,450 | \$875 | \$1,750 | \$100 | \$1,450 | \$100 | \$1,450 |
| Out of Pocket Max (family) | | | \$200 | \$2,900 | \$200 | \$2,900 | \$1,750 | \$3,500 | \$200 | \$2,900 | \$200 | \$2,900 |
| Inpatient Care | | | 100% after ded | 80% after ded | 100% after ded | 80% after ded | 90% after ded | 70% after ded | N/A | Deductible | 100% | 80% |
| Outpatient Surgery | | | 100% after ded | 80% after ded | 100% after ded | 80% after ded | 90% after ded | 70% after ded | Deductible | Deductible | 100% | 80% |
| Other | | | | | | | | | | | | |
| Rx Plan Design | | | \$0/\$10/\$25/\$50 | | \$0/\$10/\$25/\$50 | | \$0/\$10/\$25/\$50 | | \$10/\$25/\$50 | | \$10/\$25/\$50 | |
| | | | | | | | Delete extraction & replacement of teeth | | | | Using High Performance Ntwk (excludes Columbia/St Mary's) | |