



2016 Medical Plan Options

Actives/Pre-65	2015 Plan	2016 Plan Options	
Carrier	Humana	Anthem	Anthem
Plan Type	PPO Plan	PPO Plan	NEW HDHP Plan HSA Qualified
Network	Humana HPN Network	Anthem Blue Priority Network	Anthem Blue Preferred Network
In-Network Services:			
Deductible (Individual/Family)	\$100/\$300	\$100/\$300	\$1,500/\$3,000
Coinsurance	100%	100%	80%
Copays			
Office Visit - Primary Care	\$20.00	\$20.00	Deductible; then 80%
Office Visit - Specialty Care	\$40.00	\$40.00	Deductible; then 80%
Emergency Room	\$150.00	\$150.00	Deductible; then 80%
Out-of-Pocket Maximum			
Medical: Individual/Family	\$4,850/\$9,700	\$4,850/\$9,700	\$3,000/\$6,000 (Med/Rx combined)
Rx: Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	
Out-of-Network Services:			
Deductible (Individual/Family)	\$200/\$600	\$15,000/\$30,000	\$15,000/\$30,000
Coinsurance	70%	80%	60%
Out-of-Pocket Maximum			
Medical/Rx Combined	\$1,500/\$3,000	\$30,000/\$60,000	\$30,000/\$60,000

2016 Medical Plan Premiums

<i>MONTHLY PREMIUMS AND PREMIUM SHARE EFFECTIVE 3-1-16*</i>						
Plan Type	PPO PLAN			HDHP (High Deductible Health Plan)		
	Monthly Premium	Employee Share		Monthly Premium	Employee Share	
10% w/HRA		20% w/out HRA	10% w/HRA		20% w/out HRA	
Employee Only	\$ 591	\$ 59.10	\$118.20	\$ 761	\$ 76.10	\$152.20
Employee + 1	\$1158	\$115.80	\$231.60	\$1491	\$149.10	\$298.20
Employee + 2+	\$1696	\$169.60	\$339.20	\$2183	\$218.30	\$436.60

The monthly premium share for regular part time employees holding a minimum of 0.5 FTE (full-time equivalent) budgeted position is prorated based on FTE

Premium share is dependent upon participation in Wellness Program's Health Risk Assessment.

Fire Union employees' premium share is contingent upon contract negotiations.

Blue Priority Network for PPO Plan

MERITER

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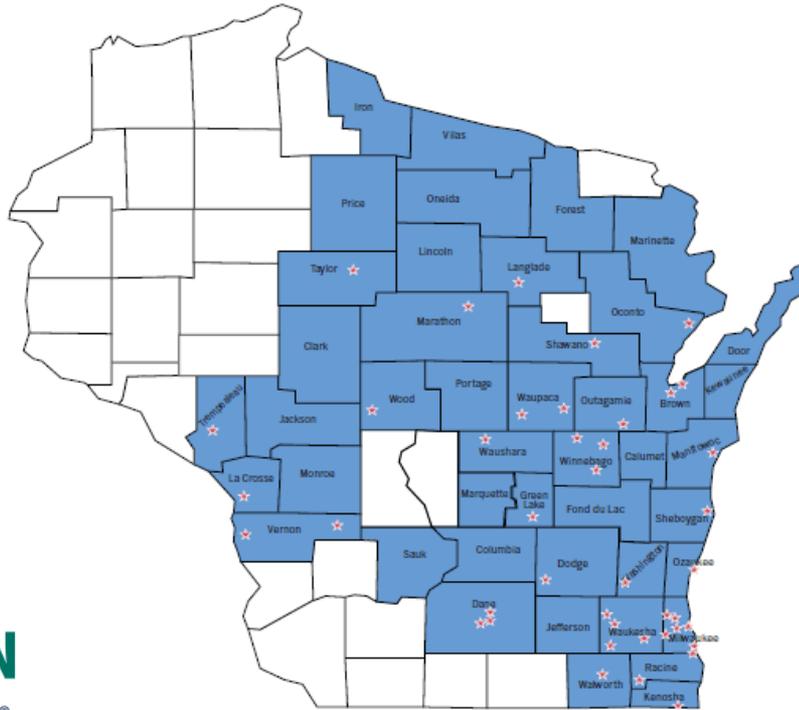
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Blue Preferred POS for HDHP Plan

