



To: All Staff
From: Kathy Zwirgzdas, Business Manager
Date: April 24, 2018
Re: 18-19 Insurance and 19-20 Anticipated Change

To All Staff Carrying District Insurance:

In recent years, East Troy has been fortunate to have low claims in the realm of health insurance. This in turn has kept renewal rates in check, and frankly has been a saving grace in balancing overall budgets.

Unfortunately, this year we are running at a higher claims than premiums paid ratio, 104%. In turn, our health insurance provided by WCA GHT, offered an 8% renewal increase (budget impact need).

While we all know health insurance is a large cost, to put this into perspective for you, an 8% renewal increase costs \$172,000 more than the current \$2.15 million budgeted for health insurance. The entire per pupil increase from the State of Wisconsin for 18-19 was \$355,000. So one could argue essentially half of our new funds in 18-19 could be applied to health insurance increases.

To mitigate in the short run:

As of July 1, 2018 the following changes will apply to the health plan in order to decrease the renewal rate to 4% instead of 8% - see the attached sheet for more detail:

- Adding an office visit \$25 copay for chiropractic and physical/occ/speech therapy appointments
- Increasing Urgent Care copays to \$75 instead of \$50
- Increasing Emergency Room copays to \$250 instead of \$150 (waived if entering the hospital)
- Adding a MRI copay of \$100 per occurrence
- Increasing RX copays to \$10/\$40/\$60/\$100 instead of \$10/\$30/\$50
- Eliminating Out of Network Benefits / Forced Network Utilization – Your In-Network providers will NOT change. You currently also have a nationwide in-network of providers available to you and that will continue. For members that travel or have covered dependents outside Wisconsin, you should still be able to find in-network doctors throughout the United States. Emergencies will be continued to be covered regardless of where you go, as long as your services fall under the definition of emergent care in your certificate of coverage.
 - If you do choose to see someone out of your network, you will have 100% of OUT of network costs.
 - If you need to check your network, you can do so by utilizing the attached instructions, which are also posted on our website under Staff Login, HR/AP, Benefits. If you need additional assistance, please contact the member service number on the back of your ID card.

Planning for the long run, if rates don't improve:

As of July 1, 2019 we will change to a high deductible health plan with a portion of the high deductible offset with an HSA (Health Savings Account):

Frankly, we looked into this option for this coming renewal already. One viable structure to achieve a 0% /no cost increase for July 1 would have been a high deductible health plan, with some portion of those deductibles backfilled into an HSA or HRA by District contribution.

Since this would be such a big change, we are delaying for one year and scheduling informational sessions as follows:

August 29, 2018 – Taking Control of our Health Care Costs

October 24, 2018 3:00 –What is an HSA?

December 2018/Jan - Feb 2019 – Wellness/Insurance Committee Meetings – HRA vs HSA; other variables



March 2019 – Finalization of the plan and any Outstanding Questions

Please see the attached article which I felt was a good summary of the direction health care is heading.

Two additional reminders for the world of insurance:

1. Besides checking in-network/out-of-network status, you should always also check for pre-authorization of the service you are seeking from the insurance company. In some cases, your health provider can do that for you, and in some cases you must.
2. Utilize Teladoc and other wellness incentives (physicals \$50 gift card/health club reimbursement to stay healthy!).

Sincerely,
Kathy Zwirgzdas

Enclosures:

- Side by side comparison of 17-18 vs 18-19 health plans
- Instructions on How to Verify a Doctor is In-Network



WCA GROUP HEALTH TRUST

Renewal for East Troy School District
(7/01/18)

	Current Plan Benefits		Renewal Plan Alternate Benefits	
PPO Network	UHC Choice + and Options		UHC Choice + and Options	
	PPO		PPO	
Prior Authorization	Standard		Standard	
Deductible	Embedded		Embedded	
In Network	\$500/1,000		\$500/1,000	
Out of Network	\$1,000/2,000		N/A	
Coinsurance				
In Network	100%		100%	
Out of Network	80%		N/A	
Maximum Out of Pocket (Ded/Coinsurance Only)				
In Network	\$500/1,000		\$500/1,000	
Out of Network	\$2,250/4,500		N/A	
Maximum Out of Pocket (Ded/Coins/Medical Copays)				
In Network	\$3,500/7,000		\$3,500/7,000	
Out of Network	Unlimited		N/A	
	In-Network	Out-Network	In-Network	Out-Network
Hospitalization	Ded/100%	Ded/80%	Ded/100%	N/A
Office Visit(s)	\$25/Ded/100%	\$50/Ded/80%	\$25/Ded/100%	N/A
Preventative Exam	100%-Ded Waived	\$50/Ded/80%	100%-Ded Waived	N/A
Specialist Office Visit(s)	\$25/Ded/100%	\$50/Ded/80%	\$25/Ded/100%	N/A
UHC Teledoc-Healthiest You	100%, Deductible Waived	100%, Deductible Waived	100%, Deductible Waived	
Chiropractic Office Visits(s)	Ded/100%	Ded/80%	\$25/Ded/100%	N/A
Phys, Occ & Speech Therapy	Ded/100%	Ded/80%	\$25/Ded/100%	N/A
Urgent Care	\$50/Ded/100%	\$50/PPO Ded/100%	\$75/Ded/100%	N/A
Emergency Room Care	\$150/Ded/100%	\$150/PPO Ded/100%	\$250/Ded/100%	Paid as In Network
Psych, Chem & Alcohol				
In-patient	Ded/100%	Ded/80%	Ded/100%	N/A
Out-patient	Ded/100%	Ded/80%	Ded/100%	PPO Ded/100%
All Other Medical Services	Ded/100%	Ded/80%	Ded/100%	N/A
High Tech Imaging Coverage	Ded/100%	Ded/80%	\$100/Ded/100%	N/A
Oral Surgery	Ded/100%	Ded/80%	Ded/100%	N/A
Extraction/Replacement of Teeth	Limited to \$1500/Benefit Period		Limited to \$1500/Benefit Period	
Pharmacy				
Drug Plan	Retail (30 Days): 10/30/50 Retail (31-90 Days): 20/60/100 Mail (90 Days): 20/60/100		Retail (30 Days): 10/40/60/100 Retail (31-90 Days): 30/120/180 Mail (90 Days): 20/80/120	
Maximum Out of Pocket (Pharmacy Only)	\$3,000/6,000		\$3,000/6,000	
Waiver of Premium	No		No	

United HealthCare Choice Plus & Options PPO Provider Search Directions

Start at www.umar.com

- Toward the bottom of the page, click on “Find a Provider”



- Your network is: UnitedHealthcare Choice Plus or UnitedHealthcare Options PPO – Please refer to your member ID card as it will be listed there. You will want to search for your network on this page. If you start typing in the search box, the choices will show below and you can select the network that appears on your ID card. Then click on the green search button.

PROVIDER NETWORK SEARCH

Medical Dental

Provider network

Or, select a letter to search by alphabetically

- A
 - Aetna Signature Administrato
 - Alliance (The) - Employee He
 - American Healthca
 - Arizona Foundation for Medic
 - Arkansas First Source PPO
 - Aspirus Network

UnitedHealthcare Choice Plus Network (English)

UnitedHealthcare Choice Plus Network (Spanish)

UnitedHealthcare Core Network (English)

UnitedHealthcare Core Network (Spanish)

UnitedHealthcare Options PPO Network (English)

UnitedHealthcare Options PPO Network (Spanish)

- Follow the prompts from here to search for a provider in the area you need to find one.
- If you need additional assistance you can call the member services department. That number will be located on the back of your insurance ID card. Be sure to know your provider’s full name and what clinic they practice at.
- **Behavioral Health Providers** – While both networks list behavioral health providers, please remember that your plan will cover ALL behavioral health providers as though they were in network, even if they are not.

