

Plan Comparison for K-12 Schools

	WEIC Modified Copay Plan CURRENT	WEIC Modified Copay Plan RENEWAL	WEIC Engage 80 (Deductible) CURRENT	WEIC Engage 80 (Deductible) RENEWAL	WEIC High Option CURRENT	WEIC High Option RENEWAL	WEIC Innova 500 (FourFront) CURRENT	WEIC Innova 500 (FourFront) RENEWAL
Deductible	\$200 / \$600	\$200 / \$600	\$200 / \$600	\$200 / \$600	\$200 / \$600	\$200 / \$600	\$500 / \$1,500	\$500 / \$1,500
Stoploss	\$2,500 / \$7,500	\$2,500 / \$7,500	\$1000 / \$2000	\$1000 / \$2000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$2,500 / \$7,500	\$2,500 / \$7,500
(Maximum out-of-pocket coinsurance then paid at 100%)								
Lifetime Maximum COINSURANCE	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Category 1 - Preferred	90%	90%	80%	80%	90%	90%	80%	80%
Category 2 - Participating	60%	70%	60%	80%	70%	70%	50%	60%
Category 3* - Non-participating	Not Covered	70%	Not Covered	80%	Not Covered	70%	Not Covered	60%
GENERAL SERVICES								
Professional Services	Not Subject to Deductible: Office, home, or outpatient hospital visits are covered at 100% after applicable copay: Category 1 - \$20, 100% Category 2 - \$20, 60% Subject to Deductible: Professional Services not billed as an office, home, or outpatient visit. Category 3: Not Covered	Not Subject to Deductible: Office, home, or outpatient hospital visits are covered at 100% after applicable copay: Category 1 - \$20 Category 2 - \$35 Subject to Deductible: Professional Services not billed as an office, home, or outpatient visit; any professional services rendered by Category 3* provider	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Not Subject to Deductible: Office, home, or outpatient hospital visits are covered at 90% after applicable copay: Category 1 - \$20, 90% Category 2 - \$20, 70% Subject to Deductible: Professional Services not billed as an office, home, or outpatient visit; Category 3: Not Covered	Not Subject to Deductible: Office, home, or outpatient hospital visits are covered at 90% after applicable copay: Category 1 - \$20 Category 2 - \$35 Subject to Deductible: Professional Services not billed as an office, home, or outpatient visit; any professional services rendered by Category 3* provider	Not Subject to Deductible: office, home or outpatient visits per calendar year covered at 100% after applicable copay: Category 1 - \$15, 1st 4 visits Category 2 - \$15, 50% Subject to Deductible: other professional services not billed as an office visit. Category 3: Not Covered	Not Subject to Deductible: office, home or outpatient visits per calendar year covered at 100% after applicable copay: Category 1 - \$15 Category 2 - \$30 Subject to Deductible: other professional services not billed as an office visit; any professional services rendered by Category 3* provider
Spinal Manipulations	12 per calendar year; subject to deductible; no copay	12 per calendar year; subject to deductible; no copay	12 per calendar year; subject to deductible; no copay	12 per calendar year; subject to deductible; no copay	10 per calendar year; subject to deductible; no copay	10 per calendar year; subject to deductible; no copay	10 per calendar year; subject to deductible; no copay	10 per calendar year; subject to deductible; no copay
Outpatient Diagnostic Testing	Covered at 100%; deductible waived; no benefit limits	Covered at 100%; deductible waived; no benefit limits	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Covered at 90%; not subject to deductible; no benefit limits	Covered at 90%; not subject to deductible; no benefit limits	Covered at 100% up to the first \$500 per calendar year, then subject to deductible and coinsurance to stoploss	Covered at 100% up to the first \$500 per calendar year, then subject to deductible and coinsurance to stoploss
Hospital Outpatient Services	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss
Hospital Inpatient Services	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss	Subject to deductible; paid at coinsurance levels to stoploss
Emergency Room	Subject to deductible; subject to \$75 copay (waived if admitted); paid at Category 1 coinsurance levels to stoploss	Subject to deductible; subject to \$75 copay (waived if admitted); paid at Category 1 coinsurance levels to stoploss	Subject to deductible; subject to \$75 copay (waived if admitted); paid at Category 1 coinsurance levels to stoploss	Subject to deductible; subject to \$75 copay (waived if admitted); paid at Category 1 coinsurance levels to stoploss	Subject to deductible; subject to \$75 copay (waived if admitted); paid at Category 1 coinsurance levels to stoploss	Subject to deductible; subject to \$75 copay (waived if admitted); paid at Category 1 coinsurance levels to stoploss	Subject to deductible; subject to \$75 copay (waived if admitted); paid at Category 1 coinsurance levels to stoploss	Subject to deductible; subject to \$75 copay (waived if admitted); paid at Category 1 coinsurance levels to stoploss
PREVENTIVE CARE								
Cost Share	Category 1 - 100% subject to \$20 copay Category 2 - 60% subject to \$20 copay Category 3* - Not Covered	Category 1 - 100% subject to \$20 copay Category 2 - 100% subject to \$35 copay Category 3* - Subject to deductible; paid at coinsurance	Category 1 & 2 - Not subject to deductible, Paid at coinsurance levels to stoploss Category 3* - Not Covered	Category 1 & 2 - Not subject to deductible, Paid at coinsurance levels to stoploss Category 3* - Subject to deductible; paid at coinsurance levels to stoploss	Category 1 - 100% subject to \$20 copay Category 2 - 70% subject to \$20 copay Category 3* - Not Covered	Category 1 - 90% subject to \$20 copay Category 2 - 90% subject to \$35 copay Category 3* - Subject to deductible; paid at coinsurance levels to stoploss	Category 1 - 100% subject to \$15 copay Category 2 - 50% subject to \$15 copay Category 3* - Not Covered	Category 1 - 100% subject to \$15 copay Category 2 - 100% subject to \$30 copay Category 3* - Subject to deductible; paid at coinsurance levels to stoploss
Maximum	\$500 Maximum	No Annual Maximum	No Annual Maximum	No Annual Maximum	No Annual Maximum	No Annual Maximum	No Annual Maximum	No Annual Maximum
MENTAL HEALTH								
Outpatient	Subject to deductible; 25 visits per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 25 visits per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 20 visits per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 20 visits per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 25 visits per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 25 visits per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 12 visits per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 12 visits per calendar year; paid at coinsurance levels to stoploss
Inpatient	Subject to deductible; 15 days per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 15 days per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 15 days per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 15 days per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 15 days per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 15 days per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 8 days per calendar year; paid at coinsurance levels to stoploss	Subject to deductible; 8 days per calendar year; paid at coinsurance levels to stoploss
CHEMICAL DEPENDENCY								
Maximum	As Mandated	As Mandated	As Mandated	As Mandated	As Mandated	As Mandated	As Mandated	As Mandated

NOTE: Areas highlighted in yellow indicate changes from the current plan design.

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Subscriber Only		\$688.10		\$707.23	2.78%		\$495.45	\$567.59	14.56%		\$560.20	\$628.89	12.27%		\$332.55	\$378.09	13.70%							
Subscriber/Spouse	\$1,319.50			\$1,356.19	2.78%		\$948.70	\$1,086.77	14.56%		\$1,074.15	\$1,205.85	12.26%		\$638.35	\$725.77	13.70%							
Subscriber/Child(ren)	\$967.25			\$994.14	2.78%		\$695.10	\$796.27	14.56%		\$787.45	\$884.02	12.27%		\$515.75	\$586.38	13.70%							
Subscriber/Spouse/Child(ren)	\$1,598.65			\$1,643.10	2.78%		\$1,148.35	\$1,315.45	14.56%		\$1,301.40	\$1,460.98	12.27%		\$821.55	\$934.06	13.70%							

*Category 3 providers may balance bill the member for their services. Balance billing is the practice of billing a patient for the difference between the actual charge amount and the amount the provider receives from the insurer as payment

Note: This chart is a summary only of coverage provisions and is not intended as a contract, or as a complete description of benefits offered. Please refer to the applicable Plan document. Revised 01/01/09.

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