



**SPECIAL SCHOOL BOARD MEETING
DISTRICT OFFICE BOARD ROOM
JUNE 24, 2011 – 7:00 A.M.**

AGENDA

- I. President’s Comments – Pledge of Allegiance
- II. Call to Order
- III. Roll Call
- IV. Approval of Agenda
- V. WEA Insurance Trust Plan Design Change Effective July 1, 2011
- VI. Update on High School Principal Position
- VII. Adjournment

****NOTE****

- * Times listed are approximate and subject to change
- * Questions regarding agenda items may be directed to the Committee Chairperson identified below
- * The Board utilizes a “consent agenda” to approve decisions that the Board has already determined are in the domain of the District Administrator. Items presented in the Consent Agenda may be approved by a single motion without discussion. A Board member may request the Board Chair to remove any item from the Consent Agenda to allow for discussion. However, only the Board as a whole may remove the item for Board action. *Board Policy 11.*

Committee Chairperson and Phone Number

Board President – Steve Shambeau – 258-4000	Building & Grounds – Connie Baldwin – 250-3450
Finance – Stephen Johnson – 258-9530	Instructional – Betty Manion – 258-9407
Personnel & Negotiations – Sandy Robinson – 258-0871	Policy – Kirsten Greenfield – 256-4119
Student Services – Kenley Hansen – 258-6046	

Waupaca School District
Health Insurance Rate Comparisons

2010-2011 Current Rates

Type of Plan	Number of Participants	Monthly Premium	Monthly Cost	Annual Cost
Single	46	\$803	\$36,959	\$443,510
Family	150	\$1,822	\$273,372	\$3,280,464
Total Cost				\$3,723,974

2011-2012 Renewal Rates with No Change

Type of Plan	Number of Participants	Monthly Premium	Monthly Cost	Annual Cost
Single	46	\$835	\$38,387	\$460,644
Family	150	\$1,892	\$283,830	\$3,405,960
Total Cost				\$3,866,604

2011-2012 Rates with Changes

Type of Plan	Number of Participants	Monthly Premium	Monthly Cost	Annual Cost
Single	46	\$743	\$34,157	\$409,882
Family	150	\$1,667	\$250,053	\$3,000,636
Total Cost				\$3,410,518

Overall Comparison

	Projected Incr/Decrease	Projected ERRP Credit	Total Projected Incr/Decrease
<u>2011-2012 Renewal Rates with No Change Comparison to 2010-2011 Current Rates</u>	\$142,630	-\$85,000	\$57,630
<u>2011-2012 Rates with Changes Comparison to 2010-2011 Current Rates</u>	-\$313,456	-\$85,000	-\$398,456
<u>2011-2012 Renewal Rates with No Change Comparison to 2011-2012 Rates with Changes</u>	-\$456,086	-\$85,000	-\$541,086

**Note : ERRP = Early Retirement Reinsurance Program*

*****SAMPLE ONLY MUST BE REVIEWED AND APPROVED IN ITS ENTIRETY BEFORE MAILING.

June 24, 2011

RE: Waupaca School District Health Insurance Plan Change
Group No.: 308.0

Dear Member:

I am writing to inform you that Waupaca School District is considering the following changes to your health insurance plan. If the School Board approves the plan design change and you are insured under the District's plan on **July 1, 2011**, you will be automatically enrolled in our WEA Trust Preferred Provider Plan with:

- Value Choice Drug Plan

Once a final decision is made, you will receive a benefit summary and new insurance cards.

To help you understand this plan, I have enclosed "Ins and outs of your health insurance coverage" and "Preventive Services" brochures. Your new plan will include:

Network				Non-Network			
90% Coinsurance				70% Coinsurance			
Deductible		Maximum Out-of-Pocket Expense		Deductible		Maximum Out-of-Pocket Expense	
Single	Family	Single	Family	Single	Family	Single	Family
\$500	\$1,000	\$1,125	\$2,250	\$1,000	\$2,000	\$2,875	\$5,750

Copayments

Your plan includes a copayment for specific services. I have enclosed an “How your copayment works” brochure to help you understand how the following copayments work:

Network Office Visit Copayment	Non-Network Office Visit Copayment	Network or Non-Network Urgent Care Copayment	Network or Non-Network Emergency Room Copayment
\$10	\$25	\$25	\$150

* Copayments do not apply toward the annual deductible or the maximum out-of-pocket expense

Prescription Drugs

Your new Value Choice Drug Plan (VCDP) copayment amounts will be \$0 Value Drug/\$5 Tier 1/\$20 Tier 2/\$40 Tier 3 for prescription drugs purchased through a participating provider in the National Network.

To encourage you to ask for Value Drugs (a subset of Tier 1 drugs) over more expensive alternatives, there is no copayment. If you take a Tier 3 (\$40 drug), please be aware that your drug plan provides lower-cost and effective alternatives in Tiers 1 and 2. You can determine which drugs are Tier 3 and what alternatives are available by visiting our Web site (go to weatrust.com and click “Prescription drug lists” under Quick Links, then click “Value Choice Drug Plan list”) or by calling our Customer Service Department at (800) 279-4000.

Additionally, we recommend the use of our home delivery service OR the use of a participating pharmacy in our 90-day retail Network to obtain your maintenance medications (drugs you take regularly). Home delivery offers a 90-day supply for two copayments; whereas, 90-day retail Network pharmacies offer a 90-day supply for three copayments. Please refer to the enclosed brochure for more details about your VCDP.

Provider Information

You may access the most up-to-date WEA Trust Preferred Provider Network information online at weatrust.com (click “Find a doctor” under Tools). If you need instructions for accessing provider information online, a copy of the “Find a Doctor Web Guide” is enclosed. If you would prefer a paper copy of the provider directory, please call the Trust at (800) 279-4000 and ask for the Customer Service Department. The Trust’s customer service representatives can mail a provider directory to you, answer your questions, and help you locate Network providers outside of Wisconsin.

Should you need services before your new ID cards arrive, you may give your providers the group number shown at the top of this letter and your Subscriber number. This information will allow them to identify your new plan benefits. If you have any questions about your coverage, please call our Customer Service Department at (800) 279-4000.

Alternative Plan Option

If you are age 65 or older, retired from full-time employment and enrolled in Medicare Parts A and B as your primary insurer, you may be eligible to enroll in the Trust's WEA-MedPlus plan. Your spouse may apply with you if he or she meets these criteria. The WEA-MedPlus plan has an annual deductible of \$100 for single coverage and \$200 for family coverage. For more information about WEA-MedPlus benefits, premium, or enrolling in this plan, please call the Trust at (800) 279-4000.

Sincerely,

[Field Rep Name, designation(s)]
Field Representative

XX/xx

Enclosure(s)

cc: [Eligibility Rep Name], WEA Trust Eligibility Representative