



**Waunakee School District
Medical Plan
Benefit Outline and Cost Summary
July 1, 2026 Renewal Date**

	HMO	HDHP	Current POS/PPO
Carrier	Dean Health Plan, Inc.	Dean Health Plan, Inc.	Dean Health Plan, Inc.
Plan Type, Name, Network	HMO Copay Plan	HMO HSA Plan	POS Copay Plan
Deductible (Individual / Family)	\$750 / \$1,500	\$3,000 / \$6,000	\$750 / \$1,500
Non-Network Deductible (Individual / Family)			\$1,500 / \$3,000
Out-of-Pocket Maximum (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Non-Network OOP Max (Individual / Family)			\$4,500 / \$9,000
Deductible / OOP Embedded / Non-Embedded	Embedded	Non-embedded	Embedded
Annual HSA Contribution (Individual / Family)		\$1,700 / \$3,900	
Coinsurance (In / Out)	100%	100%	100% / 80%
Wellness / Preventive Care	100%	100%	100%
Primary Care Office Visit	\$50 copay	100% after deductible	\$50 copay
Specialist Office Visit	\$50 copay	100% after deductible	\$50 copay
Urgent Care Visit	\$50 copay	100% after deductible	\$50 copay
Emergency Room	\$100 copay	100% after deductible	\$100 copay
Outpatient Lab / X-Ray	100% after deductible	100% after deductible	100% after deductible
Complex Imaging (MRI, CAT, PET, et al.)	100% after deductible	100% after deductible	100% after deductible
Outpatient Surgical Facility	100% after deductible	100% after deductible	100% after deductible
Inpatient Hospital Facility	100% after deductible	100% after deductible	100% after deductible
Retail Prescription Drug Copays	\$10/\$25/\$50/30%	100% after deductible	\$10/\$25/\$50/30%

Rates & Total Cost

	HMO	HDHP	POS/PPO			
Single	103	48	11	\$882.08	\$662.74	\$987.04
Family	188	101	15	\$1,984.69	\$1,491.16	\$2,220.84
Total Employees	291	149	26			

Annual Subtotal	\$5,567,718	\$2,189,028	\$530,039
Percent Change by Plan			
Annual Total (w/out HSA)			\$8,286,785
Change from Current			
Percentage Change			



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	HMO	HDHP	Renewal POS/PPO
Carrier	Dean Health Plan, Inc.	Dean Health Plan, Inc.	Dean Health Plan, Inc.
Plan Type, Name, Network	HMO Copay Plan	HMO HSA Plan	POS Copay Plan
Deductible (Individual / Family)	\$750 / \$1,500	\$3,000 / \$6,000	\$750 / \$1,500
Non-Network Deductible (Individual / Family)			\$1,500 / \$3,000
Out-of-Pocket Maximum (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Non-Network OOP Max (Individual / Family)			\$4,500 / \$9,000
Deductible / OOP Embedded / Non-Embedded	Embedded	Non-embedded	Embedded
Annual HSA Contribution (Individual / Family)	\$0	\$1,700 / \$3,900	\$0
Coinsurance (In / Out)	100%	100%	100% / 80%
Wellness / Preventive Care	100%	100%	100%
Primary Care Office Visit	\$50 copay	100% after deductible	\$50 copay
Specialist Office Visit	\$50 copay	100% after deductible	\$50 copay
Urgent Care Visit	\$50 copay	100% after deductible	\$50 copay
Emergency Room	\$100 copay	100% after deductible	\$100 copay
Outpatient Lab / X-Ray	100% after deductible	100% after deductible	100% after deductible
Complex Imaging (MRI, CAT, PET, et al.)	100% after deductible	100% after deductible	100% after deductible
Outpatient Surgical Facility	100% after deductible	100% after deductible	100% after deductible
Inpatient Hospital Facility	100% after deductible	100% after deductible	100% after deductible
Retail Prescription Drug Copays	\$10/\$25/\$50/30%	100% after deductible	\$10/\$25/\$50/30%

Rates & Total Cost

	HMO	HDHP	POS/PPO			
Single	103	48	11	\$987.03	\$741.62	\$1,104.48
Family	188	101	15	\$2,220.82	\$1,668.65	\$2,485.08
Total Employees	291	149	26			

Annual Subtotal	\$6,230,139	\$2,449,577	\$593,106
Percent Change by Plan	11.9%	11.9%	11.9%
Annual Total (w/out HSA)			\$9,272,822
Change from Current	Dean Rate Caps: 11.9% for 7/1/27		\$986,036
Percentage Change			11.9%



**Waunakee School District
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	Dean Plan Design Alternate Options		
	HMO	HDHP	POS
Carrier	Dean Health Plan, Inc.	Dean Health Plan, Inc.	Dean Health Plan, Inc.
Plan Type, Name, Network	HMO Copay Plan	HMO HSA Plan	POS Copay Plan
Deductible (Individual / Family)	\$750 / \$1,500	\$3,000 / \$6,000	\$750 / \$1,500
Non-Network Deductible (Individual / Family)			\$1,500 / \$3,000
Out-of-Pocket Maximum (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Non-Network OOP Max (Individual / Family)			\$5,000 / \$10,000
Deductible / OOP Embedded / Non-Embedded	Embedded	Non-embedded	Embedded
Annual HSA Contribution (Individual / Family)		\$1,700 / \$3,900	
Coinsurance (In / Out)	80%	100%	80% / 60%
Wellness / Preventive Care	100%	100%	100%
Primary Care Office Visit	\$50 copay	Deductible, then \$25 copay	\$50 copay
Specialist Office Visit	\$50 copay	Deductible, then \$50 copay	\$50 copay
Urgent Care Visit	\$50 copay	Deductible, then \$25 copay	\$50 copay
Emergency Room	\$100 copay	Deductible, then \$250 copay	\$100 copay
Outpatient Lab / X-Ray	Deductible, then 80%	100% after deductible	Deductible, then 80%
Complex Imaging (MRI, CAT, PET, et al.)	Deductible, then 80%	100% after deductible	Deductible, then 80%
Outpatient Surgical Facility	Deductible, then 80%	100% after deductible	Deductible, then 80%
Inpatient Hospital Facility	Deductible, then 80%	100% after deductible	Deductible, then 80%
Retail Prescription Drug Copays	\$10/\$25/\$50/30%	Deductible, then \$10/\$35/\$60/30%	\$10/\$25/\$50/30%

Rates & Total Cost

	HMO	HDHP	POS/PPO			
Single	103	48	11	\$887.13	\$690.09	\$1,000.56
Family	188	101	15	\$1,996.04	\$1,552.70	\$2,251.26
Total Employees	291	149	26			
Annual Subtotal				\$5,599,559	\$2,279,364	\$537,301
Percent Change by Plan				0.6%	4.1%	1.4%
Annual Total (w/out HSA)						\$8,416,224
Change from Current						\$129,439
Percentage Change						1.6%



Waunakee School District
 Medical Plan
 Contribution Analysis
 July 1, 2026 Renewal Date

Assumes District Budget Increases by 5% over current for both renewal and alternates

	Current				Renewal				
	Enroll	Premiums	ER Cost	EE Cost	Enroll	Premiums	ER Cost	EE Cost	\$ EE Change
HMO			83%				78%		
Single	103	\$882.08	\$735.20	\$146.88	103	\$987.03	\$771.96	\$215.07	\$68.19
Family	188	\$1,984.69	\$1,653.25	\$331.44	188	\$2,220.82	\$1,735.91	\$484.91	\$153.47
Annual Subtotal	291	\$5,567,718	\$4,638,439	\$929,279	291	\$6,230,139	\$4,870,361	\$1,359,778	
HDHP			87%				85%		
Single	48	\$662.74	\$581.54	\$81.20	48	\$741.62	\$630.29	\$111.33	\$30.13
Family	101	\$1,491.16	\$1,301.19	\$189.97	101	\$1,668.65	\$1,410.91	\$257.74	\$67.76
Annual Subtotal	149	\$2,189,028	\$1,912,009	\$277,018	149	\$2,449,577	\$2,073,073	\$376,504	
POS/PPO			74%				70%		
Single	11	\$987.04	\$735.20	\$251.84	11	\$1,104.48	\$771.96	\$332.52	\$80.68
Family	15	\$2,220.84	\$1,653.25	\$567.59	15	\$2,485.08	\$1,735.91	\$749.17	\$181.58
Annual Subtotal	26	\$530,039	\$394,631	\$135,408	26	\$593,106	\$414,363	\$178,743	
Annual Total	466	\$8,286,785	\$6,945,080	\$1,341,705	466	\$9,272,822	\$7,357,797	\$1,915,025	



Waunakee School District
Medical Plan
Contribution Analysis **Assumes District Budget Increases by 5% over current fo**
July 1, 2026 Renewal Date

	Enroll	Premiums	ER Cost	Current EE Cost	Enroll	Premiums	ER Cost	Dean Plan Alternates EE Cost	\$ EE Change
HMO			83%				87%		
Single	103	\$882.08	\$735.20	\$146.88	103	\$887.13	\$771.96	\$115.17	(\$31.71)
Family	188	\$1,984.69	\$1,653.25	\$331.44	188	\$1,996.04	\$1,735.91	\$260.13	(\$71.31)
Annual Subtotal	291	\$5,567,718	\$4,638,439	\$929,279	291	\$5,599,559	\$4,870,361	\$729,198	
HDHP			87%				91%		
Single	48	\$662.74	\$581.54	\$81.20	48	\$690.09	\$630.29	\$59.80	(\$21.40)
Family	101	\$1,491.16	\$1,301.19	\$189.97	101	\$1,552.70	\$1,410.91	\$141.79	(\$48.19)
Annual Subtotal	149	\$2,189,028	\$1,912,009	\$277,018	149	\$2,279,364	\$2,073,073	\$206,291	
POS/PPO			74%				77%		
Single	11	\$987.04	\$735.20	\$251.84	11	\$1,000.56	\$771.96	\$228.60	(\$23.24)
Family	15	\$2,220.84	\$1,653.25	\$567.59	15	\$2,251.26	\$1,735.91	\$515.35	(\$52.24)
Annual Subtotal	26	\$530,039	\$394,631	\$135,408	26	\$537,301	\$414,363	\$122,938	
Annual Total	466	\$8,286,785	\$6,945,080	\$1,341,705	466	\$8,416,224	\$7,357,797	\$1,058,427	