Welcome to benefits enrollment for the 2018-2019 school year!

Benefits can be confusing, but are an essential component in taking preventive steps to protect your health and well-being along with making sure you are covered if anything were to happen. That’s why we offer (and require, in some cases) benefit plans to ensure long-term success in your MCW student careers and beyond.

2018-2019 Changes
This year, we are switching health plan administrators from Humana to Network Health. The plan designs are similar; however, we are updating the plan names to make it easier to differentiate between them. Your provider network will also be similar; however, Aurora Health Care and ProHealth Care will no longer be in network. To receive the lowest cost, be sure to check if your provider is in network any time you have a change in carriers.

You also may now receive one vision exam per year under the MCW health plans. If glasses or contact lenses are needed, you will be responsible for the total cost.

Enrollment
To choose the best health plan for you and your family (if applicable), we encourage you to read this guide. Once you have made your decisions, simply fill out the enrollment form.

Network Health Plan will also be mailing to you a packet of information on your new health plan.

We hope you find the enrollment process as seamless as possible. If you have any questions, concerns or comments, please contact Diane VerHaagh by emailing dverhaagh@mcw.edu or by calling (414) 955-8090.
HEALTH INSURANCE

We are switching to Network Health for MCW’s student health insurance coverage for the 2018-2019 school year.

**ALL STUDENTS ARE REQUIRED TO HAVE HEALTH INSURANCE.** However, this does not mean that you must enroll in MCW’s health insurance. The following are your four options for coverage:

1. You may be covered under your parents’ insurance policy (until you are 26).
2. You may be covered by a spouse’s insurance policy.
3. You may sign up for one of the four MCW health insurance plans, offered through Network Health.
4. You may provide documentation of a private health insurance plan.

**NETWORK HEALTH INSURANCE PLANS**

If you wish to apply for MCW’s health insurance through Network Health, you may choose between the HMO Plan ($0 Deductible), NPOS Plan ($500 Deductible), NPOS Plan ($3,000 Deductible), or NPOS Plan ($5,000 Deductible). Please note that you will not be able to switch plans during the contract year, which runs July 1, 2018 through June 30, 2019, unless you have a qualifying life event (such as turning 26, getting married or divorced, having a child, etc.). If you do not have a qualifying event, you will need to wait until the next open enrollment period, which is during the months of June and July each year.

**Network Health Plan Network**

See the lists below for the hospitals and health systems that are in the Network Health Plan network nearest MCW campuses.

**Milwaukee County**
- Wheaton Franciscan Healthcare, Franklin
- Midwest Orthopedic Specialty Hospital, Franklin
- Orthopedic Hospital of Wisconsin, Glendale
- Columbia St. Mary’s Hospital, Milwaukee
- Wheaton Franciscan St. Joseph, Milwaukee
- Wheaton Franciscan Healthcare, St. Francis, Milwaukee
- Sacred Heart Rehab, Milwaukee
- Froedtert Memorial Lutheran Hospital, Milwaukee
- Medical College of Wisconsin, Milwaukee

**Brown County**
- St. Vincent Hospital, Green Bay
- St. Mary Hospital, Green Bay
- Bellin Memorial Hospital, Green Bay
- Prevea

**Wausau Area**
- First Health National Network

**Non-Network Providers**
- Aurora Health Care System
- ProHealth System
Find a Network Health In-Network Doctor

To search for a doctor or hospital online:

2. Click “Find a Doctor” on the right side of the screen.
3. Enter your ZIP code and select “Choose Your Plan” to search. Choose the HMO/POS/EPO selection.
4. Choose the type of doctor from the dropdown selections.

Find a First Health In-Network Doctor

If you reside outside the Network Health coverage areas shown above, you will be covered by the First Health Network.

To find a First Health in-network doctor, visit myfirsthealth.com and follow the prompts.

Plan 1: HMO Plan

This plan provides is a good option for those students who plan to visit a doctor on a more frequent basis. It provides comprehensive coverage with a lower premium cost compared to the NPOS Plan ($500 Deductible). In-network claims are paid 100% by Network Health, but Network Health pays 0% for out-of-network claims.

The co-pays for office visits, emergency room visits, urgent care visits and prescription drugs are the lowest of all plans offered.

You must choose a primary care physician (PCP) from the HMO Provider Directory at networkhealth.com. To do so, follow the instructions under Find a Network Health In-Network Doctor above.

You may change your PCP throughout the year; however, you must choose a provider from the list of physicians and hospitals on the Network Health website.

Please see page 5 for plan details.
Plan 2: NPOS Plan ($500 Deductible)

The NPOS Plan ($500 Deductible) is also good option for those students who plan to visit a doctor on a more frequent basis. The annual single deductible is $500 and the single out-of-pocket maximum is $1,500. After meeting the deductible, claims are paid at 90% by Network Health if you use an in-network provider or at 60% if you use an out-of-network provider.

Please see page 5 for more plan details.

Plan 3: NPOS Plan ($3,000 Deductible)

The NPOS Plan ($3,000 Deductible) is a good option for those students who are generally healthy, but plan to see a doctor once or twice per year. The annual single deductible is $3,000. After meeting the deductible, claims are paid at 90% by Network Health Plan if you use an in-network provider, or at 60% if you use an out-of-network provider.

Note that your out-of-pocket exposure is high with this plan. Be sure to consider carefully.

Please see page 5 for more plan details.

Plan 4: NPOS Plan ($5,000 Deductible)

The monthly premium for this plan is the lowest and your out-of-pocket exposure is the highest. This is also a good option for those students who are healthy, but need to see a doctor once or twice per year. The annual single deductible is $5,000. After meeting the deductible, claims are paid at 70% by Network Health if you use an in-network provider, or at 50% if you use an out-of-network provider. The co-pays for office visits, emergency room visits, urgent care visits and prescription drugs are the highest of all plans offered.

Note that your out-of-pocket exposure is high with this plan. Be sure to consider carefully.

Please see page 5 for more plan details.
<table>
<thead>
<tr>
<th></th>
<th>HMO</th>
<th>NPOS ($500 Ded.)</th>
<th>NPOS ($3,000 Ded.)**</th>
<th>NPOS ($5,000 Ded.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Network Single / Family*</td>
<td>$0</td>
<td>$500 / $1,500</td>
<td>$3,000 / $9,000</td>
<td>$5,000 / $10,000</td>
</tr>
<tr>
<td>Out of Network Single / Family*</td>
<td>N/A</td>
<td>$1,000 / $3,000</td>
<td>$6,000 / $12,000</td>
<td>$6,000 / $12,000</td>
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<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Network Single / Family*</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
<td>70%</td>
</tr>
<tr>
<td>Out of Network Single / Family*</td>
<td>0%</td>
<td>60%</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>In Network Single / Family*</td>
<td>$4,000 / $8,000</td>
<td>$1,500 / $3,500</td>
<td>$6,350 / $12,700</td>
<td>$6,000 / $12,000</td>
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<tr>
<td>Out of Network Single / Family*</td>
<td>N/A</td>
<td>$3,000 / $6,000</td>
<td>$10,000 / $20,000</td>
<td>$12,000 / $24,000</td>
</tr>
<tr>
<td><strong>Office Visit Co-Pay</strong></td>
<td>$20</td>
<td>$35</td>
<td>$35</td>
<td>$40</td>
</tr>
<tr>
<td><strong>Specialist Co-Pay</strong></td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>$55</td>
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<tr>
<td><strong>Hospital Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deductible / Coinsurance</td>
<td>Deductible / Coinsurance</td>
<td>Deductible / Coinsurance</td>
<td>Deductible / Coinsurance</td>
</tr>
<tr>
<td><strong>Virtual Visits</strong></td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>Deductible / Coinsurance</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>$100</td>
<td>$100</td>
<td>$150</td>
<td>$250</td>
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<tr>
<td><strong>Urgent Care</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Deductible / Coinsurance</td>
<td>$50</td>
<td>$50</td>
<td>$100</td>
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<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$10/$25/$50/$100/$200</td>
<td>$10/$25/$50/$100/$200</td>
<td>$10/$25/$50/$100/$200</td>
<td>$20/$40/$60/$100/$200</td>
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<tr>
<td>(Depending on tier)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Mail Order</strong></td>
<td>$25/$60/$150</td>
<td>$25/$60/$150</td>
<td>$25/$60/$150</td>
<td>$55/$105/$180</td>
</tr>
<tr>
<td><strong>Monthly Rates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$321.61</td>
<td>$383.29</td>
<td>$263.93</td>
<td>$209.10</td>
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<tr>
<td>Single + 1</td>
<td>$616.73</td>
<td>$734.98</td>
<td>$506.72</td>
<td>$401.00</td>
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<tr>
<td>Family</td>
<td>$1,018.46</td>
<td>$1,213.76</td>
<td>$836.82</td>
<td>$662.17</td>
</tr>
</tbody>
</table>

* The Family amount listed also applies to Single + 1 coverage.
** The NPOS ($3,000 Deductible) Plan provides a $500 side account allowance that is applied first toward covered expenses. This is after any applicable co-pays and does not apply toward the annual deductible. It is not applicable to preventive service or Rx.
Network Health Value Adds (included in all medical plans)

Breakthrough Teletherapy Program

Teletherapy is a convenient and affordable way to receive behavioral health care. With MDLIVE® behavioral health services, you can see a licensed therapist from home, the office, or on the go via phone or secure video—on your schedule.

Online therapists are trained to help with a wide range of concerns, such as:

- Addictions
- Anxiety
- Bipolar disorders
- Child and adolescent issues
- Depression
- Eating disorders
- Grief and loss
- Gay/lesbian/bisexual/transgender issues
- Life changes
- Men’s/women’s issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Stress
- Trauma and post-traumatic stress disorder (PTSD)
- And more

See your Network Health packet for more details.

Network Health Millennium

Participate in Millennium and complete activities in five healthy rewards categories to earn up to $250 in valuable rewards per year. Millennium is an innovative program that encourages you and your covered spouse (if applicable) to make healthy decisions. Millennium rewards you for meeting health and fitness goals, and gives you access to the tools you need.

See your Network Health packet for more information.

Important Health Plan Phone Numbers

- Clinical line to speak with a pharmacist: 920-720-1287 or 1-888-665-1246
- Customer Service: 920-720-1300 or 800-826-0940
- Case Management for transition of care: 920-720-1600 or 800-236-0208
- CVS/Caremark: 855-282-8476
- CVS Specialty Pharmacy for members requiring specialty products: 800-237-2767
- FastStart (CVS/Caremark mail service pharmacy): 800-875-0867

For Students Waiving Health Insurance Coverage

Health insurance coverage at MCW is mandatory. However, if you are already covered as a dependent on your parent’s or spouse’s plan, or if you already have private health insurance you wish to keep, you may waive the enrollment in the group insurance plan by indicating you wish to do so on your enrollment form.

If you do not submit an enrollment form indicating you are waiving insurance AND fail to provide a copy of your health insurance card, you will be charged for enrollment in the HMO Plan. It will then be your responsibility to cancel this insurance by completing the waiver requirements as stated above.
Enrollment in basic Life, Accidental Death & Dismemberment (AD&D) and Long-Term Disability (LTD) insurance is mandatory for MSTP students.

Graduate students may enroll, but are not required to do so.

Basic Life Insurance
You will receive $50,000 in basic life insurance.
All benefits terminate upon no longer being a full-time student at MCW.

Basic AD&D Insurance
Accidental Death & Dismemberment insurance is a policy that pays a beneficiary of your choice, if the cause of death is an accident. It is attached to your life insurance policy.
Your principle sum is equal to the amount of your basic group term life insurance amount in force.

Long-Term Disability Insurance
Long-Term Disability insurance ensures you will continue to receive a percentage of your income if you are unable to work or attend school due to a serious illness or accident.
The elimination period (the time between an injury and the receipt of benefit payments) is 90 days.
The total disability benefit is $1,000 during the first two years of school and $1,500 after completing two years of school. The loan payoff maximum benefit is $100,000 and the maximum benefit period is a lifetime.
DENTAL INSURANCE

Dental insurance through either Anthem or CarePlus (Dental Associates) is optional for all students. If you choose to elect dental insurance, you may choose from the Anthem DHMO Plan or the CarePlus Dental Plan.

If you choose the **CarePlus Dental Plan**, you must select from the following list of clinics on your enrollment form:

- Appleton – 4660 W. College Ave.
- North Appleton – 2115 E. Evergreen Dr.
- Fond du Lac – 545 E. Johnson St.
- Green Bay Downtown – 430 Main St.
- Green Bay Howard – 2340 Duck Creek Pkwy.
- Greenville – N1737 Lily of the Valley Dr.
- Kenosha – 7117 Green Bay Rd.
- Milwaukee Beerline B – 220 E. Pleasant St.
- Milwaukee Downtown – 205 E. Wisconsin Ave.
- Milwaukee Miller Park Way – 2100 Miller Park Way
- Franklin – 6855 S. 27th St.
- Wauwatosa – 11711 W. Burleigh St.
- Waukesha – 1211 Dolphin Court
- Sturtevant – 10155 Washington Ave.

If you choose the **Anthem DHMO Plan**, you must choose an in-network dentist on your enrollment form. To do so:

**Step 1**
Visit anthem.com/findadoctor

- Search as a Member: log in or use the identification number on your member ID card and go to Step 3, or
- Search as a Guest: click on “search by selecting a plan/network”

**Step 2**
If searching as guest, complete the following fields:

- How do you get insurance? Select “Employer”
- What state do you want to search in? Select a state
- What type of care are you searching for? Select “Dental”
- Select a plan/network – Select the “Dental Blue - DentaCare Standard” network

**Step 3**
- Select your search criteria and click “Search”
## Dental Insurance Plan Comparison

### Anthem DHMO

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Maximum</strong></td>
<td></td>
<td>$750</td>
</tr>
<tr>
<td><strong>Dental Office Visit</strong></td>
<td>(If there is an office visit co-pay, it will apply in addition to any co-pay/coinsurance listed below)</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Diagnostic / Preventive Services</strong></td>
<td>Oral evaluations, x-rays, cleaning, sealants and space maintainers</td>
<td>No co-pay or coinsurance</td>
</tr>
<tr>
<td><strong>Class A Basic Services</strong></td>
<td>Palliative (emergency) treatment, amalgam/composite restorations and pin retention procedures, simple endodontics (pulp treatments), simple oral surgery (simple extractions), simple periodontics (scaling and planing), and other selected basic services</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Class B Basic Services</strong></td>
<td>Complex endodontics (root canal therapy), complex oral surgery (surgical tooth extractions), complex periodontics (gingivectomy), and other selected endodontic, oral surgery and periodontal services</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>Single unit crowns, dentures, bridges and other selected prosthodontic services</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td>(no age limit) Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth; covered services include examination, records, tooth guidance and repositioning (straightening) of the teeth</td>
<td>20% discount</td>
</tr>
<tr>
<td><strong>Separate Orthodontic Lifetime Max</strong></td>
<td></td>
<td>20% discount up to $1,000</td>
</tr>
</tbody>
</table>

### CarePlus

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Maximum</strong></td>
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<td>$1,250</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong> (Single / Family)</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Diagnostic / Preventive Services</strong></td>
<td>Oral evaluations, x-rays, cleaning, sealants, fluoride and space maintainers</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Restorative</strong></td>
<td>Amalgam and composite fillings</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Crows</strong></td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td><strong>Prosthodontics</strong></td>
<td>Full and partial dentures, denture relines and repair, fixed bridgework</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Endodontics</strong></td>
<td>Root canals and therapy</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Periodontics</strong></td>
<td>Scaling and root planing, gingivectomy</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Oral Surgery</strong></td>
<td>Surgical Extractions</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Implants</strong></td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td><strong>Orthodontics</strong> (to age 19)</td>
<td></td>
<td>Lifetime Max: $1,500 Co-payment: 50%</td>
</tr>
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</table>