



WCA GROUP HEALTH TRUST

Cedarburg School District

(1/01/19)

| | Current Plan Benefits | | Renewal Plan Benefits | |
|---|---|-----------------------|--|-----------------------|
| PPO Network | UHC Choice + | | UHC Choice + | |
| Deductible | Embedded | | Embedded | |
| In Network | \$249/ 500 | | \$ 500/1,000 | |
| Out of Network | \$500/1,000 | | \$1,000/2,000 | |
| Coinsurance | | | | |
| In Network | 90% | | 90% | |
| Out of Network | 70% | | 70% | |
| Maximum Out of Pocket (Medical & Coinsurance Only) | | | | |
| In Network | \$ 875/1,750 | | \$1,350/2,700 | |
| Out of Network | \$2,375/4,750 | | \$2,700/5,400 | |
| Maximum Out of Pocket W/Copays (not including Rx copays) | | | | |
| In Network | | | \$2,350/4,700 | |
| Out of Network | | | Unlimited | |
| | In Network | Out of Network | In Network | Out of Network |
| Hospitalization | Ded/90% | Ded/70% | Ded/90% | Ded/70% |
| Office Visit(s) | \$10/Ded/90% | \$25/Ded/70% | \$25/Ded/90% | \$50/Ded/70% |
| Specialist Office Visit(s) | \$10/Ded/90% | \$25/Ded/70% | \$25/Ded/90% | \$50/Ded/70% |
| Preventative Care | 100% | \$25/Ded/70% | 100% | \$50/Ded/70% |
| Chiropractic Office Visits(s) | \$10/Ded/90% | \$25/Ded/70% | \$25/Ded/90% | \$50/Ded/70% |
| Physical, Occupational, Speech Therapy | Ded/90% | Ded/70% | \$25/Ded/90% | \$50/Ded/70% |
| Urgent Care | \$25/Ded/90% | \$25/ PPO Ded/90% | \$ 40/Ded/90% | \$ 40/ PPO Ded/90% |
| Emergency Room Care | \$100 /Ded/90% | \$100/PPO Ded/90% | \$150 /Ded/90% | \$150/PPO Ded/90% |
| All Other Medical Services | Ded/90% | Ded/70% | Ded/90% | Ded/70% |
| High Tech Imaging Coverage | Ded/90% | Ded/70% | Ded/90% | Ded/70% |
| Pharmacy | | | | |
| Drug Plan | \$0/5/20/40-Retail (30 Days) \$0/10/40/80-Retail (31-90 Days) \$0/10/40/80-Mail Order (90 Days) Specialty Drugs limited to 30 Day Supply | | \$0/10/30/60-Retail (30 Days) \$0/30/90/180-Retail (31-90 Days) \$0/20/60/120-Mail Order (90 Days) Specialty Drugs limited to 30 Day Supply | |
| Maximum Out of Pocket (Pharmacy Only) | \$4000/8000 | | \$4000/8000 | |
| Waiver of Premium | No | | No | |

YOUR RENEWAL REFLECTS THE FOLLOWING COVERAGE UPDATE:

| PRIOR AUTHORIZATION REQUIREMENTS | NON-COMPLIANCE PENALTY | SUMMARY |
|--|---|---|
| <p>Inpatient Hospitalization</p> <ul style="list-style-type: none"> • Inpatient maternity stays over 48 hours for normal delivery and 96 hours for C-section. • Inpatient Behavioral Health (acute care) • Transplant and Transplant-related services • Skilled Nursing Facility (Extended Care Facilities) • Residential Treatment | <p>PPO: No penalty (for the Covered Person).</p> <p>Non-PPO: 25%, up to \$250 per occurrence.</p> <p>The penalty is taken prior to applying the deductible and coinsurance provisions of the Plan. The penalty is not applied to the out-of-pocket limit.</p> | <p>PPO: Your PPO provider is required to notify UMR for authorization.</p> <p>Non-PPO: You must call UMR for authorization at least five days in advance of any Non-Emergency inpatient admission. If You do not obtain authorization, benefits will be payable after the non-compliance penalty. If admission is on an emergency basis, UMR must be notified within 72 hours following Your admission, or as soon as medically possible.</p> |
| <p>Durable Medical Equipment (excludes braces and orthotics): (Over \$1,000 in cost)</p> <p>Clinical Trials (Services related to the clinical trials)</p> <p>Dialysis</p> <p>Chemotherapy (All Diagnoses)</p> <p>Infusion Therapy (Over \$1,000 per infusion treatment)</p> <p>Genetic Testing</p> | <p>PPO: No penalty (for the Covered Person).</p> <p>Non-PPO: 25%, up to \$250 per occurrence.</p> <p>The penalty is taken prior to applying the deductible and coinsurance provisions of the Plan. The penalty is not applied to the out-of-pocket limit.</p> | <p>PPO and Non-PPO: You must call UMR for authorization. If You do not obtain authorization, benefits will be payable after the non-compliance penalty.</p> |

ORAL SURGERY BENEFIT

The following oral surgical procedures are to be covered, including necessary x-ray and laboratory tests:

- (1) Excision of partially or completely impacted teeth;
- (2) Excision of tumors and cysts of the jaw, cheeks, lips, tongue, roof and floor of the mouth when such conditions require pathological exams;
- (3) Surgical procedures to correct Accidental Injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth;
- (4) Reduction of fractures and dislocations of the jaw;
- (5) External incision and drainage of cellulitis;
- (6) Incision of accessory sinuses, salivary glands or ducts;
- (7) Excision of exostosis of jaws and hard palate;
- (8) Treatment required to repair and restore natural teeth damaged due to Injury. The treatment must be incurred within six months from the date of the Injury. Damage resulting from biting or chewing will not be considered an Injury. Subsequent treatment to an Injured tooth after the initial treatment is not covered. Dental implants are not covered. (Note: A sound natural tooth is one that is organic, not manufactured. Therefore, Injury resulting in damage to bridges, implants, crowns and/or dentures is not covered.) and
- (9) Dental exams performed in preparation for a covered oral surgery.



WCA GROUP HEALTH TRUST

**CEDARBURG SCHOOL DISTRICT
2019 RENEWAL EXHIBIT**

| | <i>Current Premium</i> | <i>Renewal Premium</i> |
|------------------------|------------------------|------------------------|
| Medical | | |
| Single | \$ 705.48 | \$ 760.51 |
| Family | \$1,591.08 | \$1,715.18 |
| Single – Medicare | \$ 497.88 | \$ 536.72 |
| Family – Medicare | \$ 997.86 | \$1,075.70 |
| 1 Over 65/1 Under 65 | \$1,216.08 | \$1,310.94 |
| Single–Medicare w/o Rx | \$ 144.00 | \$ 155.24 |
| Family–Medicare w/0 Rx | \$ 288.00 | \$ 310.48 |

2019 Renewal Accepted By

11-30-18

Date

Note:

- The proposed 2019 renewal assumes acceptance of the terms and conditions of the participation requirements of the WCA Group Health Trust.