

MEDICAL PLAN HIGHLIGHTS

This information is only a brief description of the group medical insurance policy sponsored by the Washington Island School District. The controlling provisions will be in the group policy issued by WCA GHT. The group policy contains a detailed description of the limitations and exclusions. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact human resources.

WCA GROUP HEALTH TRUST	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Single	\$1,500	n/a
Family	\$3,000	n/a
<u>District Funded Health Reimbursement Account</u>		
Single	\$ 750	n/a
Family	\$1,500	n/a
Out-of-Pocket Maximum (Ded/Coinsurance/Med & Rx Copays)		
Single	\$6,850	n/a
Family	\$13,700	n/a
Coinsurance	100%	n/a
Dependent Eligibility	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventative Services	Covered In Full	Not Covered
Primary Care Office Visit	\$20 Copay	Not Covered
Specialty Care Office Visit	\$50 Copay	Not Covered
Virtual Visit	\$0 Copay	n/a
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Not Covered
URGENT CARE & ER SERVICES		
Urgent Care	<i>In-Network</i> \$200 Copay	<i>Out-of-Network</i> Not Covered
Emergency Care	\$200 Copay	\$200 Copay
RETAIL PRESCRIPTION DRUGS		
Preventive		\$0 Copay
Generic		\$20 Copay
Preferred Brand		\$40 Copay
Non-Preferred Brand		\$60 Copay
Specialty		\$60 Copay

Please remember you will not be covered if you go to an out of network provider. Find a participating health care provider in your area by going to: www.umar.com>Find a Provider>United Healthcare Choice Plus.

Monthly Rates

	Monthly Full Rate	Employer Rate	Employee Rate
Employee	\$681.29	\$599.54	\$81.75
Family	\$1,518.05	\$1,335.88	\$182.17