

	A	B	C	D
1	2020-2021 GHT			
2	WCA Group Health Trust			
3	7/1/2020-6/30/2021			
4	Cedar Grove Belgium School District			
5				
6	BASIC PLAN			
7	Network		UHC +	
8	Plan Type		H.S.A.	
9			Non-Embedded	
10				
11		In Network		Out of Network
12	Deductible	\$2,000/\$4,000		\$6,000/\$12,000
13	Coinsurance	80%		50%
14	Maximum Out of Pocket			
15	(Ded & Coninsurance Only)	\$3,000/\$6,000		\$9,000/\$18,000
16	Medical Benefits			
17	Hospitalization	Deductible/80%		Deductible/50%
18	Office Visit	Deductible/80%		Deductible/50%
19	Specialist Office Visit	Deductible/80%		Deductible/50%
20	Preventative Exam	100%/Ded Waived		Deductible/50%
21	Chiropractic Office Visit	Deductible/80%		Deductible/50%
22	Phys/Occ/Speech Therapy	Deductible/80%		Deductible/50%
23	Urgent Care	Deductible/80%		Deductible/50%
24	Emergency Room Care	Deductible/80%		PPO Deductible/80%
25	Mental Health/Subst. Abuse:			
26	Office Visit	Deductible/80%		Deductible/50%
27	Inpatient	Deductible/80%		Deductible/50%
28	Outpatient	Deductible/80%		Deductible/50%
29	High Tech Imaging Coverage	Deductible/80%		Deductible/50%
30	Oral Surgery	Deductible/80%		Deductible/50%
31	All Other Medical Services	Deductible/80%		Deductible/50%
32	Teladoc Benefits		PPO Deductible/80%	
33	Gern Med/Behav Hth/Derm		<i>General Medical</i>	
34	Pharmacy Benefits			
35	Drug Plan	Retail, 30 Days		PPO Deductible/80%
36		Retail, 31-90 Days		PPO Deductible/80%
37		Mail Order 90 Days		PPO Deductible/80%
38		Specialty, Mail, 30 Days		Limited to 30 Days
39			Mandatory Generic: No	
40				
41	OTHER BENEFITS			
42	Waiver of Premium		No	
43	Employee Clinic		No	
44	Wellness Grant		No	
45	Annual Exam Gift Card		No	
46	Health Club Reimbursement		Yes	