



WCA GROUP HEALTH TRUST

**CENTRAL WISCONSIN AREA COOPERATIVE
MEDICAL PLAN(S)**

(7/01/19)

		Plan 2	
PPO Network		UHC Choice+	
		HMO/PPO Plan Design	
Deductible		Embedded	
In Network		\$2,000/\$4,000	
Out of Network		N/A	
Coinsurance			
In Network		100%	
Out of Network		N/A	
Maximum Out of Pocket (Ded/Coinsurance/Med Copays)			
In Network		\$3,000/6,000	
Out of Network		N/A	
		In-Network	Out-of-Network
Hospitalization		Deductible/100%	Not Covered
Office Visit(s)		Deductible/100%	Not Covered
Specialist Office Visit(s)		Deductible/100%	Not Covered
Preventative Exams		100%	Not Covered
Chiropractic Office Visits(s)		Deductible/100%	Not Covered
Phys, Occu & Speech Therapy		Deductible/100%	Not Covered
Urgent Care		Deductible/100%	Not Covered
Emergency Room Care		\$100 Copay/Ded/100%	\$100 Copay/PPO Ded/100%
Psych/Chem/Alcohol			
Office Visit		Deductible/100%	PPO Deductible/100%
Inpatient		Deductible/100%	Not Covered
Outpatient		Deductible/100%	Not Covered
All Other Medical Services		Deductible/100%	Not Covered
High Tech Imaging		Deductible/100%	Not Covered
Oral Surgery		Deductible/100%	Not Covered
Health Club Reimbursement		\$120 Single/\$240 Family	
Teladoc Benefits		100%	
Pharmacy			
Retail Copays		\$10/30/60/250	
Mail Order Copays		Mail Order [2x]	
Maximum Out of Pocket (Pharmacy Only)		Included In Medical OOP	