

FOCUS ON BENEFITS 2019 - 2020

Richland School District

HEALTH PLAN SUMMARIES

Effective July 1, 2019, we will continue to offer a choice in health plans through WCA Group Health Trust for all benefit-eligible employees.

About the Health Plan: In-network preventive care is covered at 100% without a deductible. For other services, these plans require a deductible before eligible services are paid. Plan year is July 1 through June 30.



GHT

WCA GROUP HEALTH TRUST

Provisions	HRA PPO Plan		HSA PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible per plan year	\$2,000 /single \$4,000/family	\$4,000 /single \$8,000/family	\$2,000 /single \$4,000/family	\$4,000 /single \$8,000/family
District's HRA Reimbursement Maximum	Second half of the in-network deductible \$1,000/single \$2,000/family		Not Applicable to HSA Plan	
Out of Pocket Max (applies to deductible, coinsurance, & med copays)	\$4,600 /single \$8,200/family	Unlimited	\$2,000 /single \$4,000/family	\$5,000 /single \$10,000/family
Physician Services Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation	You pay \$25 per visit; deductible waived	You pay 20% after deductible	You pay 0% after deductible	You pay 20% after deductible
Preventive Services Well child, Immunizations, Certain Prenatal Services, Screening	You pay \$0	You pay 20% after deductible (deductible waived for immunizations)	You pay \$0	You pay 20% after deductible (deductible waived for immunizations)
Mental/Behavioral/Substance Use Outpatient	You pay \$25 per visit; deductible waived	You pay 20% after deductible	You pay 0% after deductible	You pay 20% after deductible
Emergency Room	You pay \$150 per visit; deductible waived	You pay \$150 per visit; deductible waived	You pay 0% after deductible	You pay 0% after deductible
Hospital	You pay 0% after deductible	You pay 20% after deductible	You pay 0% after deductible	You pay 20% after deductible
Prescription Drugs at a Participating Pharmacy (30 day supply)	Separate RX out of pocket maximum - \$2,000 single/\$4,000 family Deductible waived		RX expenses apply to medical out of pocket max; there is not a separate RX out of pocket max	
Value Generic Preferred Brand Non-Preferred Brand	You pay \$0 You pay \$5 You pay \$20 You pay \$40		You pay 0% after in-network deductible	

Need a provider? Use the following provider search function to help you find participating providers in your area:

- The Alliance providers
www.the-alliance.org or 800.223.4139

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

QUESTIONS?

Call customer service at 800.826.9781 or call the phone number on the back of your ID card or visit www.umar.com. If UMR cannot answer your question, call WCA-GHT at 800.236.6885.

Please review your benefit plan summary document for more detailed coverage information.

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Health Plan Premiums: The Richland School District pays the majority of your health plan premiums. The table below lists the entire monthly WCA-GHT premium, the District's portion of the premium, and the portion paid by employees on a monthly basis:

Coverage	Total Monthly Premium	Monthly Premium Paid by the District	Monthly Premium Paid by Employees*
HRA PPO Plan	District pays 88% of monthly premium and the second half of the in-network deductible through the HRA (\$1,000 single/\$2,000 family)		
Single	\$737.68	\$649.16	\$88.52
Family	\$1,877.25	\$1,651.98	\$225.27
HSA PPO Plan	District pays 88% of monthly premium plus an additional \$42 single/\$84 family per month		
Single	\$722.94	\$678.19	\$44.75
Family	\$1,851.25	\$1,713.10	\$138.15

HEALTH PLAN VALUE-ADDED PROVISIONS

Health Club Membership Reimbursement from WCA-GHT

On an annual basis, employees covered under the WCA-GHT medical plan can be reimbursed for their membership in a health club up to the maximums below:

Single - \$120

Family - \$240

Requests for reimbursement must be sent to WCA-GHT as noted on the reimbursement form along with the needed documentation.

Annual Exam Gift Card from WCA-GHT

Employees and their spouses who are covered under the WCA-GHT medical plan are each eligible to receive a \$50 gift card for having an annual medical examination. Requests for reimbursement must be sent to WCA-GHT as noted on the reimbursement form along with the needed documentation.

NOTE: Reimbursement forms are available from Amber Bingham in the District office.



WCA GROUP HEALTH TRUST

PRIOR AUTHORIZATION REQUIRED FOR CERTAIN HEALTH SERVICES

WCA-GHT requires that certain services have a prior authorization before the service is received. Failure to get a prior authorization could impose a penalty of up to \$250 per occurrence. A representative list of these health services is listed below.

- **Inpatient (IP) Hospitalizations**, including but not limited to the following:
 - IP maternity stays longer than 48 hours for a normal delivery & 96 hours for a C-section
 - IP behavioral health (acute care)
 - Transplant & Transplant-related services
 - Skilled Nursing Facility (extended care facilities)
 - Residential Treatment
- **Durable Medical Equipment** over \$1,000 in cost (excludes braces and orthotics)
- **Clinical Trials** & services related to the clinical trials
- **Dialysis**
- **Chemotherapy** (all diagnoses)
- **Infusion Therapy** (over \$1,000 per infusion treatment)

If using a PPO provider, your provider's office will usually assist with the prior authorization paperwork, but remember that since the financial responsibility lies with the member, you will want to check with your provider to assure that the prior authorization was approved. If using a non-PPO provider, you must call UMR to obtain authorization. Also please call UMR with any questions concerning prior authorization, especially if you are using a non-PPO provider.