



WCA GROUP HEALTH TRUST

7/1/20 Renewal for Suring School District

	Current Plan Benefits		Renewal Plan Benefits	
Network	UHC+		UHC+	
Plan Type	HRA		HRA	
Accumulation Type	Embedded		Embedded	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3,000/\$6,000	N/A	\$3,000/\$6,000	N/A
Coinsurance	100%	N/A	100%	N/A
Maximum Out of Pocket (Ded & Coinsurance Only)	\$3,000/\$6,000	N/A	\$3,000/\$6,000	N/A
Maximum Out of Pocket (Ded, Coins and Med Copay)	\$4,000/\$8,000	N/A	\$4,000/\$8,000	N/A
Medical Benefits				
Hospitalization	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Office Visit	\$25/Deductible/100%	Not Covered	\$25/Deductible/100%	Not Covered
Specialist Office Visit	\$25/Deductible/100%	Not Covered	\$25/Deductible/100%	Not Covered
Preventative Exam	100% Ded Waived	Not Covered	100% Ded Waived	Not Covered
Convenient Care	100%/Ded Waived	Not Covered	100%/Ded Waived	Not Covered
Chiropractic Office Visit	\$25/Deductible/100%	Not Covered	\$25/Deductible/100%	Not Covered
Phys/Occ/Speech Therapy	\$25/Deductible/100%	Not Covered	\$25/Deductible/100%	Not Covered
Urgent Care	\$25/Deductible/100%	\$25/PPO Ded/100%	\$25/Deductible/100%	\$25/PPO Ded/100%
Emergency Room Care	\$250/Deductible/100%	\$250/PPO Ded/100%	\$250/Deductible/100%	\$250/PPO Ded/100%
Mental Health/Subst. Abuse:				
Office Visit	\$25/Deductible/100%	\$25/PPO Ded/100%	\$25/Deductible/100%	\$25/PPO Ded/100%
Inpatient	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Outpatient	Deductible/100%	PPO Deductible/100%	Deductible/100%	PPO Deductible/100%
High Tech Imaging Coverage	\$100/Deductible/100%	Not Covered	\$100/Deductible/100%	Not Covered
Oral Surgery	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Extraction/Replace of Teeth	Deductible/100%	Not Covered	Deductible/100%	Not Covered
	Limited to \$1,500 Per Benefit Period		Limited to \$1,500 Per Benefit Period	
All Other Medical Services	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Teladoc Benefits	100%/Deductible Waived		100%/Deductible Waived	
Pharmacy Benefits				
Drug Plan	Retail, 30 Days	\$0/\$10/\$25/\$50/\$100	Retail, 30 Days	\$0/\$10/\$25/\$50/\$100
	Retail, 31-90 Days	\$0/\$20/\$50/\$100	Retail, 31-90 Days	\$0/\$20/\$50/\$100
	Mail Order 90 Days	\$0/\$20/\$50/\$100	Mail Order 90 Days	\$0/\$20/\$50/\$100
	Specialty, Mail, 30 Days	Limited to 30 Days	Specialty, Mail, 30 Days	Limited to 30 Days
	Mandatory Generic: No		Mandatory Generic: No	
	Rx Max Out-of-Pocket: \$2,000/\$4,000		Rx Max Out-of-Pocket: \$2,000/\$4,000	
Other Benefits				
Waiver of Premium		Yes		Yes
Employee Clinic		Yes		Yes
Wellness Grant		Yes		No
Annual Exam Gift Card		No		No
Health Club Reimbursement		No		No

By: _____
 Signature: Kelly C. Casper
 Print Name: Kelly C Casper
 Title: District Administrator
 Date: June 8, 2020

By: WCA Group Health Trust
 Signature: _____
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: _____