

School District of Edgar
Health Insurance Election Form
Effective Date: 07-01-2021

Plan	WCA Group Health Trust \$2,000 / \$4,000	
Plan Specifics	Non-embedded HMO/HDHP	
Monthly Premium	Single	Family
	\$875.71	\$1,995.21
Premium Contribution	Deduction Per Paycheck	
Single	\$ 65.68	
Family	\$ 149.64	
Deductible	Single	Family
In-Network	\$2,000	\$4,000
Out of Network	NA	NA
Coinsurance		
In-Network	100% After Deductible	
Out of Network	NA	
Out-of-Pocket Maximum	Single	Family
In-Network	\$2,000	\$4,000
Includes RX Copays	\$2,500	\$5,000
Office Visits	Primary Care	Specialist
In-Network	Deductible & Coinsurance	Deductible & Coinsurance
Out of Network	NA	NA
Routine/Preventive Care		
In-Network	Select Services Covered in Full	
Out of Network	NA	
Urgent Care		
In-Network	100% after Deductible	
Out of Network	NA	
Emergency Room		
	100% after Deductible	
Hospital Services		
In-Network	100% after Deductible	
Out of Network	NA	
High Tech Imaging		
In-Network	100% after Deductible	
Out of Network	NA	
Prescription (Rx) Drugs	Tier I / Tier II / Tier III	
	Deductible, then \$10/\$30/\$60/25%	
Election	WCA Group Health Trust \$2,000 / \$4,000	
Single Plan	<input type="checkbox"/>	
Family Plan	<input type="checkbox"/>	
Waiving Coverage	<input type="checkbox"/>	
Print Employee Name		
Employee Signature		Date
<p>I understand that this election will be irrevocable until the next plan year. If I do not turn in a form, I will be automatically enrolled in the \$2,000/\$4,000 plan.</p> <p>While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.</p>		