



WCA GROUP HEALTH TRUST

Nekoosa School District 7/1/2021

	Current Plan Benefits	
Network	UHC Choice +	
Plan Type	EPO	
Accumulation Type	Embedded	
Benefit Accumulator	Calendar Year	
	In-Network	Out-of-Network
Deductible	\$2,000/\$4,000	N/A
Coinsurance	100%	N/A
Maximum Out of Pocket (Ded, Coins, Med Copays)	\$2,000/\$4,000	N/A
Medical Benefits		
Inpatient Hospital	Deductible/100%	Not Covered
Outpatient Hospital	Deductible/100%	Not Covered
Office Visit	Deductible/100%	Not Covered
Specialist Office Visit	Deductible/100%	Not Covered
Preventive Exam	100%/Ded Waived	Not Covered
Manipulation	Deductible/100%	Not Covered
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered
Urgent Care	Deductible/100%	Not Covered
Emergency Room Care	\$100/Deductible/100%	\$100/PPO Ded/100%
Mental Health/Subst. Abuse:		
Office Visit	Deductible/100%	PPO Deductible/100%
Inpatient	Deductible/100%	Not Covered
Outpatient	Deductible/100%	PPO Deductible/100%
High Tech Imaging Coverage	Deductible/100%	Not Covered
Oral Surgery	Deductible/100%	Not Covered
All Other Medical Services	Deductible/100%	Not Covered
Teladoc Benefits	100%/Deductible Waived	
Pharmacy Benefits		
Drug Plan	Retail, 30 Days	\$10/\$30/\$60
	Retail, 31-90 Days	\$30/\$90/\$180
	Mail Order 90 Days	\$20/\$60/\$120
	Specialty, Mail, 30 Days	\$10 Generic/\$250 Brand
	Mandatory Generic: Yes	
	Certain Diabetic Supplies & Insulin: \$0	
	Rx Max Out-of-Pocket: \$1,000/\$2,000	
Other Benefits		
Waiver of Premium	No	
Employee Clinic	No	
Wellness Grant	No	
Annual Exam Gift Card	No	
Health Club Reimbursement	Yes	