

FOCUS ON BENEFITS 2022

Wilmot Union High School District

HEALTH PLAN SUMMARY

Effective January 1, 2022, we will continue to offer a health plan through WCA Group Health Trust for all benefit-eligible employees.

About the Health Plan: Preventive care is covered at 100% and no deductible applies.

The district contributes \$750 single / \$1,500 family to an HRA account. If you do not use these funds, they will remain in your account for future use.

Features	In-Network	Out-of-Network
Deductible per calendar year	\$1,000 /single \$2,000/family	\$2,000 /single \$4,000/family
Out-of-Pocket Max per calendar year Rx copays NOT included	\$3,500 /single \$7,000/family	Unlimited
Physician Services Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation	You pay \$10, then 0% after deductible for PCP You pay \$25, then 0% after deductible for Specialist	You pay 20% after deductible for PCP You pay 20% after deductible for Specialist
Preventive Services Well child, Immunizations, Certain Prenatal Services, Screening	You pay \$0	You pay 20% after deductible
Mental/Behavioral/ Substance Use – Office Visit	You pay \$10 outpatient or 0% after deductible inpatient	You pay 20% after deductible
Physical/Occupational/ Speech Therapies	You pay 0% after deductible	You pay 20% after deductible
Ambulance	You pay 0% after deductible	Paid as In Network
Emergency Room	You pay \$100	Paid as In Network
Hospital	You pay 0% after deductible	You pay 20% after deductible
Prescription Drugs Retail (31-day supply) GenRx preferred drug list including preferred generic, preferred brand	\$10 / \$20 / \$40	\$10 / \$20 / \$40
Specialty Drugs 90 dayRx / Mail Order GenRx preferred drug list including preferred generic and preferred brand. Specialty drugs are in specialty networks.	Applicable Copay Tier Applies \$20 / \$40 / \$80	Applicable Copay Tier Applies \$20 / \$40 / \$80

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



WCA GROUP HEALTH TRUST

Need a provider? As a member, www.wcaght.com offers a search function to help you find participating providers in your network.

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 866-404-2700 or call the phone number on the back of your ID card or visit www.wcaght.com.