



**School District of Bowler
Benefit Summary – July 1, 2022**

		Plan Benefits	
Network	UHC Choice Plus		
Plan Type	EPO		
Accumulation Type	Embedded		
Benefit Accumulator	Plan Year		
	In-Network	Out-of-Network	
Deductible	\$3,000/\$6,000	NA	
Coinsurance	100%	NA	
Total Maximum Out-of-Pocket (Deductible, Coinsurance, and Med Copays)	\$4,000/\$8,000	NA	
Medical Benefits			
Inpatient Hospital	Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered	
Office Visit	\$25/Deductible/100%	Not Covered	
Specialist Office Visit	\$50/Deductible/100%	Not Covered	
Preventive Exam	100%/Deductible Waived	Not Covered	
Manipulation	\$25/Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	\$25/Deductible/100%	Not Covered	
Urgent Care	\$75/Deductible/100%	Not Covered	
Emergency Room Care	\$250/PPO Deductible/100%		
Mental Health/Subst. Abuse:			
Office Visit	\$25/Deductible/100%	Not Covered	
Inpatient	Deductible/100%	Not Covered	
Outpatient	Deductible/100%	Not Covered	
High Tech Imaging Coverage	Deductible/100%	Not Covered	
Oral Surgery	Deductible/100%	Not Covered	
All Other Covered Medical Services	Deductible/100%	Not Covered	
Teladoc Benefits	100%/Deductible Waived		
Pharmacy Benefits			
Drug Plan Formulary	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$25	\$50
Retail, 31-90 Days	\$30	\$75	\$150
Mail Order, 90 Days	\$20	\$50	\$100
Specialty, 30 Days	\$100	\$100	\$100
	Value Priced Generics: \$0		
	Mandatory Generic: No		
	Rx Max Out-of-Pocket: \$2,000/\$4,000		

This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.

