

## WINNECONNE COMMUNITY SCHOOL DISTRICT

BENEFIT SUMMARY

January 1, 2023

	Plan Benefits			
Network	UHC Choice Plus			
Plan Type	PPO - QHDHP			
Accumulation Type	Embedded			
Benefit Accumulator	Calendar Year			
	In-Network		Out-of-Network	
Deductible (Single/Family)	\$3,000/\$6,000		\$6,000/\$12,000	
Coinsurance	100%		70%	
Total Maximum Out-of-Pocket (Deductible and Coinsurance)	\$3,000/\$6,000		\$9,000/\$18,000	
Medical Benefits				
Inpatient Hospital	Deductible/100%		Deductible/70%	
Outpatient Hospital	Deductible/100%		Deductible/70%	
Office Visit	Deductible/100%		Deductible/70%	
Specialist Office Visit	Deductible/100%		Deductible/70%	
Preventive Exam	100%/Deductible Waived		Deductible/70%	
Manipulation	Deductible/100%		Deductible/70%	
Phys/Occ/Sp/Resp Therapy (Limited to 20 Visits per Benefit Period)	Deductible/10	tible/100%		eductible/70%
Urgent Care	PPO Deductible/100%			
Emergency Room Care	PPO Deductible/100%			
Mental Health/Subst. Abuse:				
Office Visit	Deductible/100%		Deductible/70%	
Inpatient	Deductible/100%		Deductible/70%	
Outpatient	Deductible/100%		Deductible/70%	
High Tech Imaging Coverage	Deductible/100%		Deductible/70%	
Oral Surgery	Deductible/100%		Deductible/70%	
Extraction/Replacement of Teeth \$1,500 Limit	Deductible/10	00%	Deductible/70%	
All Other Covered Medical Services	Deductible/10	)0% De		eductible/70%
Teladoc Benefits	PPO Deductible/100%			
Pharmacy Benefits				
Drug Plan Formulary	Generic	Prefe	rred	Non-Preferred
Retail, 30 Days	PPO Deductible/100%	PPO Deduc		PPO Deductible/100%
Retail, 31-90 Days	PPO Deductible/100%	PPO Deductible/100%		PPO Deductible/100%
Mail Order, 90 Days	PPO Deductible/100%	PPO Deductible/100%		PPO Deductible/100%
Specialty, 30 Days	PPO Deductible/100%	PPO Deductible/100%		PPO Deductible/100%
HDHP Preventive Generics: \$0				
	Mandatory Generic: Yes			
	Rx Max Out-of-Pocket: Included in Medical			
Value Adda	UHC Hearing Program, N	laternity Manag	ement, Vision	Exam, Hearing Exam, Real
Value Adds	Appeal, \$50 Annual Exan			-