

# Medical Plan Highlights

WCA Group Health Trust Network: UHC Choice Plus	HMO Plan Options			
	Copay Plan		HDHP HSA Plan	
<b>Deductible</b>				
Single		\$1,500		\$2,000
Family		\$3,000		\$4,000
<b>Out-of-Pocket Maximum</b>				
Single		\$6,850		\$3,000
Family		\$13,700		\$6,000
<b>Coinsurance</b>		90%		90%
<b>Dependent Eligibility</b>		To Age 26 (end of month)		
<b>Physician Services</b>				
Routine / Preventive Care		<i>Select Services Are FREE</i>		<i>Select Services Are FREE</i>
Teledoc Visit		\$0 Copay		Deductible - \$49 Average Cost
Primary Care Physician		\$10 Copay		Deductible
Specialist		\$25 Copay		Deductible
Bellin-Nearsite Clinics		\$0 Copay		\$20 Fee
<b>Hospital Services</b>		Deductible		Deductible
<b>Urgent Care   ER</b>		<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i> <i>Out-of-Network</i>
Urgent Care		\$100 Copay	No Coverage	Deductible    No Coverage
Emergency Care		\$200 Copay	\$200 Copay	Deductible    Deductible
<b>Retail Prescription Drugs</b>				
Generic		\$10 Copay		Deductible
Brand		\$25 Copay		Deductible
Non-Preferred		\$50 Copay		Deductible
Specialty		90% Coinsurance (\$250 Max)		N/A

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Copay Plan Employee Cost	Copay Plan Employer Cost	HDHP HSA Employee Cost	HDHP HSA Employer Cost
Employee	\$166.22	\$778.21	\$112.99	\$783.74
Family	\$370.37	\$1,733.99	\$251.73	\$1,746.14