

## Medical Benefits Overview

Please refer to the summary plan description for complete plan details.

Benefit Coverage	WCA Group Health Trust Medical EPO 7670440164	WCA Group Health Trust Medical PPO 7670440164	
	Schedule of Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>			
Individual	\$3,100	\$3,100	\$6,200
Family	\$6,200	\$6,200	\$12,400
Coinsurance	80%	80%	50%
<b>Maximum Out-of-Pocket*</b>			
Individual	\$6,300	\$6,300	\$19,800
Family	\$12,600	\$12,600	\$39,600
<b>Physician Office Visit</b>			
Primary Care	\$25 copay per visit; 80% after deductible	\$25 copay Per Visit; 80% after deductible	\$100 copay per visit; 50% after deductible
Specialty Care	\$50 copay per visit; 80% after deductible	\$50 copay per Visit; 80% after deductible	\$150 copay per visit; 50% after deductible
<b>Preventive Care</b>			
Adult Periodic Exams	100%	100%	\$100 copay for visits; 50% after deductible
Well-Child Care	100%	100%	\$100 copay for visits; 50% after deductible
<b>Diagnostic Services</b>			
X-ray and Lab Tests	80% after deductible	80% after Deductible	50% after Deductible
Complex Radiology	80% after deductible	80% after deductible	50% after deductible
Urgent Care Facility	\$50 copay per visit; 80% after deductible	\$50 copay per Visit; 80% after deductible	\$50 copay per Visit; 50% after deductible
Emergency Room Facility Charges*	\$250 copay per visit; 80% after deductible	\$250 copay per visit; 80% after deductible	\$250 copay per visit; 80% after deductible
Inpatient Facility Charges	80% after deductible	80% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	80% after deductible	80% after deductible	50% after deductible
<b>Mental Health</b>			
Inpatient	80% after deductible	80% after Deductible	50% after Deductible
Outpatient	80% after deductible	80% after deductible	50% after deductible
<b>Substance Abuse</b>			
Inpatient	80% after deductible	80% after Deductible	50% after Deductible
Outpatient	80% after deductible	80% after deductible	50% after deductible

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<b>Retail Pharmacy (30 Day Supply)</b>			
Generic (Tier 1)	\$10 copay	\$10 copay	\$10 copay
Preferred (Tier 2)	\$30 copay	\$30 copay	\$30 copay
Non-Preferred (Tier 3)	\$60 copay	\$60 copay	\$60 copay
Preferred Specialty (Tier 4)	\$100 copay 30 days	\$100 copay 30 days	\$100 copay 30 days
<b>Mail Order Pharmacy (90 Day Supply)</b>			
Generic (Tier 1)	\$20 copay	\$20 copay	\$20 copay
Preferred (Tier 2)	\$60 copay	\$60 copay	\$60 copay
Non-Preferred (Tier 3)	\$120 copay	\$120 copay	\$120 copay
Preferred Specialty (Tier 4)	\$100 copay 30 days	\$100 copay 30 days	\$100 copay 30 days

<b>Employee Contributions (Monthly)</b>	
Medical EPO with Wellness	
Employee	\$83.28
Employee & Dep(s)	\$189.05
Medical EPO without Wellness	
Employee	\$103.11
Employee & Dep(s)	\$234.06
Medical PPO with Wellness	
Employee	\$268.55
Employee & Dep(s)	\$609.50
Medical PPO without Wellness	
Employee	\$288.38
Employee & Dep(s)	\$654.61