



WCA GROUP HEALTH TRUST

**HORTONVILLE AREA SCHOOL DISTRICT
MEDICAL BENEFIT PLAN**

PPO Network	UHC Choice+
Deductible	
In Network	\$ 750/1,500
Out of Network	\$1,500/3,000
Coinsurance	
In Network	90%
Out of Network	70%
Annual Out of Pocket Maximum (Incl. Ded.,Coins, Office, Urgent, ER, & Rx Copays)	\$1,500/3,000 \$4,500/9,000
Primary Care Office Visits	
In Network	Deductible/90%
Out of Network	Deductible/ 70%
Specialty Care Office Visits	
In Network	Deductible/90%
Out of Network	Deductible/ 70%
Routine/Preventative Care	
In Network	100%, Deductible Waived
Out of Network (Incl. Routine Vision Exam)	Deductible/ 70%
Teladoc Coverage	100%
Inpatient Hospital Services	
In Network	Deductible/90%
Out of Network	Deductible/70%
Outpatient Surgery	
In Network	Deductible/90%
Out of Network	Deductible/70%
Outpatient Hospital Services	
In Network	Deductible/90%
Out of Network	Deductible/70%
Outpatient Mental Health & Substance Abuse Services	
In Network	Deductible/90%
Out of Network	Deductible/ 70%
Therapy-Physical, Speech, & Occupational	
In Network	Deductible/90%
Out of Network	Deductible/70%
Emergency Room	
In Network	\$50 Copay/Deductible/90%
Out of Network	\$50 Copay/PPO Deductible/ 90%
Urgent Care	
In Network	Deductible/90%
Out of Network	Deductible/ 70%

Non-Emergency Advanced Imaging	
In Network	Deductible/90%
Out of Network	Deductible/70%
Chiropractic Care	
In Network	Deductible/90%
Out of Network	Deductible/ 70%
Ambulance	
In Network	Deductible/90%
Out of Network	PPO Deductible/90%
Home Health Care	
In Network	Deductible/90%
Out of Network	Deductible/70%
Hospice Coverage	
In Network	Deductible/90%
Out of Network	Deductible/70%
Skilled Nursing Facility	
In Network	Deductible/90%
Out of Network	Deductible/70%
Inpatient Rehabilitation Facility	
In Network	Deductible/90%
Out of Network	Deductible/70%
Durable Medical Supplies (Incl. Orthotics)	
In Network	Deductible/90%
Out of Network	Deductible/70%
Retail & Mail Order Pharmacy	
Generic, Formulary, & Brand	\$0/10/25/ 50 \$0/25/60/150
Health Club Reimbursement	\$120/Single \$240/Family

EXCEPTIONS TO THE PROVIDER NETWORK RATES (PPO BENEFIT PROVISION)

Some benefits may be processed at In-Network benefit levels when provided by an Out-of-Network provider. When Non-Network charges are covered in accordance with Network benefits, the charges are still subject to the Usual and Customary charge limitations. The following exceptions may apply:

Covered Services provided by a Physician, radiologist, anesthesiologist, pathologist, and emergency room physician will be payable at the In-Network level of benefits when provided at an In-Network Hospital.

If there is not an In-Network provider, or no In-Network provider is willing or able to provide the necessary service(s) to the Covered Person within a 50 mile radius of the Covered Person's residence, then the Out-of-Network charges will be processed as In-Network charges so long as the Covered Person provides appropriate documentation.

Provider Network Lookup:

PPO Network: **United Healthcare Choice+ PPO Network**

1-800-651-8231, *1

Website: www.umar.com