



WCA GROUP HEALTH TRUST

Mayville School District  
(7/01/17)

	<b>Renewal Plan Benefits</b>	
<b>PPO Network</b>	UHC Choice +/-Options	
	<b>PPO</b>	
<b>Deductible</b>	<b>Embedded</b>	
In Network	\$2,000/4,000	
Out of Network	\$4,000/8,000	
<b>Coinsurance</b>		
In Network	100%	
Out of Network	80%	
<b>Maximum Out of Pocket</b> (Deductible & Coinsurance Only)		
In Network	N/A	
Out of Network		
<b>Maximum Out of Pocket</b> (Deductible, Coinsurance and Medical Copays)		
In Network	\$3,000/6,000	
Out of Network	\$6,000/12,000	
	<b>In-Network</b>	<b>Out-of-Network</b>
Hospitalization	Ded/100%	Ded/80%
Office Visit(s)	\$10/Ded/100%	\$25/Ded/80%
Specialist Office Visit(s)	\$25/Ded/100%	\$50/Ded/80%
Teledoc	100%-Ded/coins waived	
Chiropractic Office Visits(s)	\$10/Ded/100%	\$25/Ded/80%
Physical, Occupational, Speech Therapy	\$10/Ded/100%	\$25/Ded/80%
Urgent Care	\$50/Ded/100%	\$50/PPO Ded/100%
Emergency Room Care	\$100/Ded/100%	\$100/PPO Ded/100%
All Other Medical Services	Ded/100%	Ded/80%
High Tech Imaging Coverage	Ded/100%	Ded/80%
Extraction/Replacement of Teeth (Incl Dental Implants)	Ded/100%	Ded/80%
	<b>Limited to \$1,500 Per Benefit Period</b>	
<b>Pharmacy</b>		
Drug Plan	Retail (30 Days): \$0/10/25/50 Retail (31-90 Days): \$0/30/75/150 Mail (90 Days): \$0/20/50/100	
<b>Maximum Out of Pocket</b> (Pharmacy Only)	\$2,000/4,000	
<b>Waiver of Premium</b>	No	

**Wellness Benefit Update:**

Wellness Exam(s), Including Mammograms, Pap, PSA, and Colonoscopies: 1<sup>st</sup> of the calendar/plan year will be covered at 100% with or without diagnosis. Any wellness exams received out of network will be paid as out of network. 3-D Mammograms are a covered benefit.