



WCA GROUP HEALTH TRUST

## UNION GROVE UNION HIGH SCHOOL

### Medical Summary

**Effective Date:** 7/1/17

**Benefit Period:** January - December

**Network:** United Healthcare Choice Plus

Benefits	In Network	Out of Network
<b>Deductible – single/family</b>	\$750/\$1,500	\$1,500/\$3,000
<b>Coinsurance</b>	100%	80%
<b>Maximum Out of Pocket – single/family</b> Includes all copays except prescription drug.	\$1,750/\$3,500	Unlimited
<b>Maximum Out of Pocket for Prescription Drug – single/family</b>	\$3,000/\$6,000	Not Applicable
<b>Lifetime Maximum</b>	Unlimited	
<b>Primary Care Office Visits</b>	Deductible/100%	\$10 Copay/Deductible/80%
<b>Specialist Care Office Visits</b>	Deductible/100%	\$10 Copay/Deductible/80%
<b>Routine/Preventive Services</b>	100%	In Network Deductible/100%
<b>Vision Exam</b>	100%-Deductible & coinsurance waived One exam per Calendar Year	
<b>Vision Materials (contacts OR lenses/frames)</b>	In Network Deductible/50%	
<b>Inpatient Hospital Services **</b> <i>Including Mental Health &amp; Substance Abuse</i>	Deductible/100%	Deductible/80%
<b>Outpatient Hospital Services</b>	Deductible/100%	Deductible/80%
<b>Outpatient Mental Health &amp; Substance Abuse</b>	Deductible/100%	\$10 Copay/Deductible/80%
<b>Therapy – Physical, Speech &amp; Occupational</b>	Deductible/100%	\$10 Copay/Deductible/80%
<b>Emergency Care</b>	\$200 Copay/In Network Deductible/100%	
<b>Ambulance</b>	In Network Deductible/100%	
<b>Urgent Care</b>	\$40 Copay/Deductible/100%	\$40 copay/Deductible/80%
<b>Maternity Care</b>	Deductible/100%	Deductible/80%
<b>Chiropractic Manipulations</b>	Deductible/100%	\$10 Copay/Deductible/80%

\*\*All Inpatient admissions require prior authorization. Failure to pre-authorize will result in a penalty of 25% of billed charges up to \$250.

***This is only a summary. Please refer to your Plan Document for specifics of your Plan.***

Benefits <i>(continued...)</i>	In Network	Out of Network
Lab & X-ray	Deductible/100%	Deductible/80%
Advanced Imaging - MRI/CT/PET	\$100 Copay/Deductible/100%	\$100 Copay/Deductible/80%
Durable Medical Supplies	Deductible/100%	Deductible/80%

Prescription Drugs	Value Choice/Generic/Formulary/Brand
<i>Retail: 30-day supply</i>	\$0/\$10/\$20/\$40
<i>Retail: 31 – 90 day supply</i>	\$0/\$20/\$40/\$80
<i>Mail Order: 90-day supply</i>	\$0/\$20/\$40/\$80
<i>Specialty: 30-day supply</i>	Specialty copay applies to corresponding tier Specialty drugs may only be obtained through CVS Pharmacy or CVS Mail Order

Annual Health Club Reimbursement Per Calendar Year	\$120 Single/\$240 Family
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**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 radiologist, anesthesiologist, or pathologist will be payable at the In-Network level of benefits when rendered by an Out-of-Network provider.

Covered Services provided by a Physician during an Inpatient stay will be payable at the In-Network level of benefits when provided at an In-Network Hospital.

Covered Services provided by an 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.

**UMR Customer Service: 1-800-826-9781**

**CVS Caremark: 1-866-818-6911**