



WCA GROUP HEALTH TRUST

## Campbellsport School District Benefit Summary – Plan 1

	<b>PLAN 1 - Benefits</b>			
<b>Network</b>	UHC Choice Plus			
<b>Plan Type</b>	PPO			
<b>Accumulation Type</b>	Embedded			
<b>Benefit Accumulator</b>	Calendar Year			
	<b>In-Network</b>		<b>Out-of-Network</b>	
<b>Deductible</b>	\$250/\$500		\$500/\$1,000	
<b>Coinsurance</b>	90%		70%	
<b>Maximum Out of Pocket</b> (Ded., Coins., & Med Copays)	\$1,750/\$3,500		\$3,000/\$8,000	
<b>Medical Benefits</b>				
Inpatient Hospital	Deductible/90%		Deductible/70%	
Outpatient Hospital	Deductible/90%		Deductible /70%	
Office Visit	\$10/Deductible/90%		\$25/ Deductible /70%	
Specialist Office Visit	\$20/Deductible/90%		\$50/ Deductible /70%	
Preventive Exam	100%/Deductible Waived		\$25/ Deductible /70%	
Chiropractic Office Visit	\$10/Deductible/90%		\$25/ Deductible /70%	
Phys/Occ/Speech Therapy	Deductible/90%		Deductible /70%	
Urgent Care	\$50/Deductible/100%		\$50/PPO Deductible /100%	
Emergency Room Care	\$200 /Deductible/90%		\$200/PPO Deductible /90%	
Mental Health/Subst. Abuse:				
Office Visit	\$10/Deductible/90%		\$25/ Deductible /70%	
Inpatient	Deductible/90%		Deductible/70%	
Outpatient	Deductible/90%		Deductible/70%	
High Tech Imaging Coverage	Deductible/90%		Deductible/70%	
Oral Surgery	Deductible/90%		PPO Ded/90%	
All Other Medical Services	Deductible/90%		Deductible/70%	
<b>Teladoc Benefits</b>	100%/Deductible Waived			
<b>Pharmacy Benefits</b>				
	<u>Value Priced Generics</u>	<u>Generics</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>
Retail, 30 Days	\$0	\$10	\$30	\$60
Retail, 31-90 Days	\$0	\$20	\$60	\$120
Mail Order 90 Days	\$0	\$20	\$60	\$120
Specialty, Mail, 30 Days		\$100	\$100	\$100
	Mandatory Generic: Yes			
	Certain Diabetic Supplies: \$0 Copay			
	Rx Max Out-of-Pocket: \$3,000/\$6,000			
<b>Annual Exam Gift Card</b>	\$50			
<b>Health Club Reimbursement</b>	\$120/\$240			



## Campbellsport School District Benefit Summary – Plan 2

		<b>PLAN 2 - Benefits</b>			
<b>Network</b>	UHC Choice Plus				
<b>Plan Type</b>	PPO w/ HRA				
<b>Accumulation Type</b>	Embedded				
<b>Benefit Accumulator</b>	Calendar Year				
	<b>In-Network</b>		<b>Out-of-Network</b>		
<b>Deductible</b>	\$2,000/\$4,000		\$4,000/\$8,000		
<b>Coinsurance</b>	100%		80%		
<b>Maximum Out of Pocket</b> (Ded & Coinsurance Only)	\$3,000/\$6,000		\$6,000/\$12,000		
<b>Total Maximum Out-of-Pocket</b> (Ded, Coins, Medical Copays)	\$6,000/\$12,000		\$9,000/\$18,000		
<b>Medical Benefits</b>					
Inpatient Hospital	Deductible/100%		Deductible/80%		
Outpatient Hospital	Deductible/100%		Deductible/80%		
Office Visit	\$10/Deductible/100%		\$25/Deductible/80%		
Specialist Office Visit	\$20/Deductible/100%		\$50/Deductible/80%		
Preventive Exam	100%		\$25/Deductible/80%		
Chiropractic Office Visit	\$10/Deductible/100%		\$25/Deductible/80%		
Phys/Occ/Speech Therapy	Deductible/100%		Deductible/80%		
Urgent Care	\$50/Deductible/100%		\$50/PPO Deductible/100%		
Emergency Room Care	\$200 /Deductible/100%		\$200/PPO Deductible/100%		
Mental Health/Subst. Abuse:					
Office Visit	\$10/Deductible/100%		\$25/Deductible/80%		
Inpatient	Deductible/100%		Deductible/80%		
Outpatient	Deductible/100%		Deductible/80%		
High Tech Imaging Coverage	Deductible/100%		Deductible/80%		
Oral Surgery	Deductible/100%		PPO Deductible/100%		
All Other Medical Services	Deductible/100%		Deductible/80%		
<b>Teladoc Benefits</b>	100%/Deductible Waived				
<b>Pharmacy Benefits</b>					
	<u>Value Priced Generics</u>	<u>Generics</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>	
Retail, 30 Days	\$0	\$10	\$30	\$60	
Retail, 31-90 Days	\$0	\$20	\$60	\$120	
Mail Order 90 Days	\$0	\$20	\$60	\$120	
Specialty, Mail, 30 Days		\$100	\$100	\$100	
	Mandatory Generic: Yes				
	Certain Diabetic Supplies: \$0 Copay				
	Rx Max Out-of-Pocket: \$3,000/\$6,000				
<b>Other Benefits</b>					
<b>Annual Exam Gift Card</b>	\$50				
<b>Health Club Reimbursement</b>	\$120/\$240				