



WCA GROUP HEALTH TRUST

**SCHOOL DISTRICT OF ATHENS  
BENEFIT SUMMARY**

July 1, 2021

	<b>Plan 5A</b>		
<b>Network</b>	UHC Choice Plus		
<b>Plan Type</b>	EPO		
<b>Accumulation Type</b>	Non-Embedded		
<b>Benefit Accumulator</b>	Plan Year		
	<b><i>In-Network</i></b>	<b><i>Out-of-Network</i></b>	
<b>Deductible</b>	\$2,000/\$4,000	NA	
<b>Coinsurance</b>	100%	NA	
<b>Maximum Out-of-Pocket (Deductible, Coinsurance)</b>	\$2,000/\$4,000	NA	
<b>Medical Benefits</b>			
Inpatient Hospital	Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered	
Office Visit	Deductible/100%	Not Covered	
Specialist Office Visit	Deductible/100%	Not Covered	
Preventive Exam	100%/Deductible Waived	Not Covered	
Manipulation	Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered	
Urgent Care	Deductible/100%	Not Covered	
Emergency Room Care	Deductible/100%	PPO Deductible/100%	
Mental Health/Subst. Abuse:			
Office Visit	Deductible/100%	Not Covered	
Inpatient	Deductible/100%	Not Covered	
Outpatient	Deductible/100%	Not Covered	
High Tech Imaging Coverage	Deductible/100%	Not Covered	
Oral Surgery	Deductible/100%	Not Covered	
All Other Medical Services	Deductible/100%	Not Covered	
<b>Teladoc Benefits</b>	Deductible/100%		
General Medical/Behavior Health/Dermatology			
<b>Pharmacy Benefits</b>			
	<u>Generic</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>
Retail, 30 Days	Deductible/\$10	Deductible/\$30	Deductible/\$60
Retail, 31-90 Days	Deductible/\$30	Deductible/\$90	Deductible/\$180
Mail Order 90 Days	Deductible/\$20	Deductible/\$60	Deductible/\$120
Specialty, Mail, 30 Days	Deductible/25%	Deductible/25%	Deductible/25%
HDHP Preventive Generics	\$0/Deductible Waived	\$0/Deductible Waived	\$0/Deductible Waived
Rx Maximum Out-of-Pocket	\$500/\$1,000		
Mandatory Generics	Yes		