School District of Edgar
Health Insurance Election Form
Effective Date: 07-01-2021

Plan	WCA Group Health Trust $2,000 / $4,000	
Plan Specifics	**Non-embedded HMO/HDHP**	
Monthly Premium	**Single**	**Family**
	$875.71	$1,995.21
Premium Contribution	**Deduction Per Paycheck**	
Single Family	**$ 65.68** **$ 149.64**	
Deductible	**Single**	**Family**
In-Network	$2,000	$4,000
Out of Network	NA	NA
Coinsurance		
In-Network	100% After Deductible	
Out of Network	NA	
Out-of-Pocket Maximum	**Single**	**Family**
In-Network	$2,000	$4,000
Includes RX Copays	$2,500	$5,000
Office Visits	**Primary Care**	**Specialist**
In-Network	Deductible & Coinsurance	Deductible & Coinsurance
Out of Network	NA	NA
Routine/Preventive Care		
In-Network	Select Services Covered in Full	
Out of Network	NA	
Urgent Care		
In-Network	100% after Deductible	
Out of Network	NA	
Emergency Room		
	100% after Deductible	
Hospital Services		
In-Network	100% after Deductible	
Out of Network	NA	
High Tech Imaging		
In-Network	100% after Deductible	
Out of Network	NA	
Prescription (Rx) Drugs	**Tier I / Tier II / Tier III**	
	Deductible, then $10/$30/$60/25%	

Election	WCA Group Health Trust $2,000 /$4,000
Single Plan	☐
Family Plan	☐
Waiving Coverage	☐
Print Employee Name	
Employee Signature	Date

I understand that this election will be irrevocable until the next plan year. If I do not turn in a form, I will be automatically enrolled in the $2,000/$4,000 plan.