

# BENEFIT HIGHLIGHTS

## MEDICAL PLANS

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Kewaunee School District provides eligible employees the choice of 2 medical plans administered by WCA Group Health Trust.

- The Copay Plan has higher premiums compared to the High Deductible Health Plan offering. This plan has copays, which means you'll pay more upfront but less for your medical services when seeking care.
- The High Deductible Health Plan offers the lowest premiums, but you'll have a higher deductible and will pay more before the plan starts to cover some of your costs. This plan also has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses. Kewaunee School District will contribute \$500 for Single or \$1,000 for Family coverage to your HSA account on the first payroll in September 2020.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Choice Plus network. Find a participating health care provider in your area by going to: [www.umar.com](http://www.umar.com) > Find a Provider > United Healthcare Choice Plus.

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

## TERMS TO KNOW

### **Annual Deductible**

The amount you pay out of your pocket each year before the plan begins sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

### **Copay**

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but do not count toward your deductible.

### **Annual Out-of-Pocket Maximum**

The most you'll have to pay out of your pocket in a calendar year for covered services.

## WHO IS ELIGIBLE FOR BENEFITS

- All full-time and regular part-time employees
- Your spouse
- Your biological children, stepchildren, legally adopted children (effective from the date place for adoption), and foster children up to age 26.

# MEDICAL PLAN

## WCA GROUP HEALTH TRUST

**Please Note:** you have two medical plan options to choose from, both are HMO plans. An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. You do not have out-of-network coverage. Below is a high-level overview of your benefit options.

HMO PLAN OPTIONS	COPAY PLAN		HDHP HSA PLAN	
<b>Deductible</b>				
Single	\$1,500		\$2,000	
Family	\$3,000		\$4,000	
<b>Out-of-Pocket Maximum</b>				
Single	\$6,850		\$2,000	
Family	\$13,700		\$4,000	
<b>Coinsurance</b>	100%		100%	
<b>Dependent Eligibility</b>	To Age 26 (end of month)			
<b>PHYSICIAN SERVICES</b>				
Select Preventative Services	Covered In Full		Covered In Full	
Primary Care Office Visit	\$10 Copay		Deductible	
Specialty Care Office Visit	\$25 Copay		Deductible	
Bellin Near-Site Clinics	\$0 Copay		\$20 Copay	
Teladoc Visit	\$0 Copay		Deductible - \$45 average cost	
<b>HOSPITAL SERVICES</b>				
<b>Inpatient / Outpatient</b>	Deductible		Deductible	
<b>URGENT CARE &amp; ER SERVICES</b>				
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Urgent Care	\$100 Copay	No Coverage	Deductible	No Coverage
Emergency Care	\$100 Copay	\$100 Copay	Deductible	Deductible
<b>RETAIL PRESCRIPTION DRUGS</b>				
Preventive	\$10 Copay		Deductible	
Generic	\$25 Copay		Deductible	
Preferred Brand Name	\$50 Copay		Deductible	
Non-Preferred Brand Name	\$50 Copay		Deductible	

Please reference page (8) for premium information.