



WCA GROUP HEALTH TRUST

9/1/2021 Renewal for School District of Rhinelander

	PLAN 1 – Current Plan Benefits		PLAN 1 – Renewal Plan Benefits	
Network	UHC Choice +		UHC Choice +	
Plan Type	EPO		EPO	
Accumulation Type	Embedded		Embedded	
Benefit Accumulator	Plan Year		Plan Year	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1,000/\$2,000	N/A	\$1,000/\$2,000	N/A
Coinsurance	100%	N/A	100%	N/A
Out of Pocket (Deductible & Coinsurance)	\$1,000/\$2,000	N/A	\$1,000/\$2,000	N/A
Maximum Out of Pocket (Ded, Coins & Med Copays)	\$4,000/\$8,000	N/A	\$4,000/\$8,000	N/A
Medical Benefits				
Inpatient Hospital	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Outpatient Hospital	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Office Visit	\$25/Ded Waived/100%	Not Covered	\$25/Ded Waived/100%	Not Covered
Specialist Office Visit	\$25/Ded Waived/100%	Not Covered	\$25/Ded Waived/100%	Not Covered
Preventive Exam	100%/Ded Waived	Not Covered	100%/Ded Waived	Not Covered
Manipulation	\$25/Ded Waived/100%	Not Covered	\$25/Ded Waived/100%	Not Covered
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Urgent Care	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Emergency Room Care	\$150/Ded Waived/100%	\$150/Ded Waived/100%	\$150/Ded Waived/100%	\$150/Ded Waived/100%
Mental Health/Subst. Abuse:				
Office Visit	\$25/Ded Waived/100%	\$25/Ded Waived/100%	\$25/Ded Waived/100%	\$25/Ded Waived/100%
Inpatient	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Outpatient	Deductible/100%	PPO Deductible/100%	Deductible/100%	PPO Deductible/100%
High Tech Imaging Coverage	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Oral Surgery	Deductible/100%	PPO Deductible/100%	Deductible/100%	PPO Deductible/100%
Extraction, Replacement & Implant	Limited to \$1,500 Per Benefit Period		Limited to \$1,500 Per Benefit Period	
All Other Medical Services	Deductible/100%	Not Covered	Deductible/100%	Not Covered
Teladoc Benefits	100%/Deductible Waived		100%/Deductible Waived	
Pharmacy Benefits				
Drug Plan	Value Priced Generic	\$0	Value Priced Generic	\$0
	Retail, 30 Days	\$10/\$30/\$45	Retail, 30 Days	\$10/\$30/\$45
	Retail, 31-90 Days	\$30/\$90/\$135	Retail, 31-90 Days	\$30/\$90/\$135
	Mail Order 90 Days	\$20/\$60/\$90	Mail Order 90 Days	\$20/\$60/\$90
	Specialty, Mail, 30 Days	Applicable Tier	Specialty, Mail, 30 Days	Applicable Tier
	Mandatory Generic: Yes		Mandatory Generic: Yes	
	Rx Max Out-of-Pocket: \$3,000/\$6,000		Rx Max Out-of-Pocket: \$3,000/\$6,000	
Other Benefits				
Waiver of Premium	Yes		Yes	
Employee Clinic	Yes		Yes	
Wellness Grant	No		No	
Mobile Mammogram	Yes		Yes	
Annual Exam Gift Card	No		No	
Health Club Reimbursement	No		No	

By: School District of Rhinelander

Signature: _____

Print Name: _____

Title: _____

Date: _____

By: WCA Group Health Trust

Signature: Michael Lamont

Print Name: Michael Lamont

Title: Chief Operating Officer

Date: 08.10.2021