



WCA Group Health Trust

**SCHOOL DISTRICT OF LADYSMITH
MEDICAL/RX PROPOSAL
(Effective 07/01/2022)**

		Proposed Plan Benefits,		
Network	UHC Choice Plus			
Plan Type	PPO - HDHP			
Accumulation Type	Embedded			
Benefit Accumulator	Plan Year – Separate			
	In-Network		Out-of-Network	
Deductible (Single/Family)	\$3,000/\$6,000		\$3,250/\$6,500	
Coinsurance	100%		70%	
Total Maximum Out-of-Pocket (Deductible, Coinsurance)	\$3,000/\$6,000		\$5,000/\$10,000	
Medical Benefits				
Inpatient Hospital	Deductible/100%		Deductible/70%	
Outpatient Hospital	Deductible/100%		Deductible/70%	
Office Visit	Deductible/100%		Deductible/70%	
Specialist Office Visit	Deductible/100%		Deductible/70%	
Preventive Exam	100%/Deductible Waived		Deductible/70%	
Manipulation	Deductible/100%		Deductible/70%	
Phys/Occ/Sp/Resp Therapy	Deductible/100%		Deductible/70%	
Urgent Care	Deductible/100%		Deductible/70%	
Emergency Room Care	PPO Deductible/100%			
Mental Health/Subst. Abuse:				
Office Visit	Deductible/100%		Deductible/70%	
Inpatient	Deductible/100%		Deductible/70%	
Outpatient	Deductible/100%		Deductible/70%	
High Tech Imaging Coverage	Deductible/100%		Deductible/70%	
Oral Surgery	Deductible/100%		Deductible/70%	
All Other Covered Medical Services	Deductible/100%		Deductible/70%	
Teladoc Benefits	PPO Deductible/100%			
Pharmacy Benefits				
Drug Plan Formulary	<u>Generic</u>	<u>Preferred</u>	<u>Non-Preferred</u>	
Retail, 30 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%	
Retail, 31-90 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%	
Mail Order, 90 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%	
Specialty, 30 Days	PPO Deductible/100%	PPO Deductible/100%	PPO Deductible/100%	
	HDHP Preventive Generic Drugs: \$0			
	Mandatory Generic: Yes			
	Rx Max Out-of-Pocket: Included in Medical			
Value Adds	UHC Hearing Program, Maternity Management, Vision Exam, Hearing Exam, Real Appeal, Live Well Reward\$			