




07/01/2022 Renewal for Lomira School District

	PLAN 1 - Current Plan Benefits			PLAN 1 - Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	PPO - QHDHP			PPO - QHDHP		
Accumulation Type	Non-Embedded			Non-Embedded		
Benefit Accumulator	Plan Year			Plan Year		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$2,000/\$4,000	\$4,000/\$8,000		\$2,000/\$4,000	\$4,000/\$8,000	
Coinsurance	100%	70%		100%	70%	
Maximum Out of Pocket (Ded/Coinsurance Only)	\$2,000/\$4,000	\$6,000/\$12,000		\$2,000/\$4,000	\$6,000/\$12,000	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Outpatient Hospital	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Office Visit	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Specialist Office Visit	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Preventive Exam	100%/Ded. Waived	Deductible/70%		100%/Ded. Waived	Deductible/70%	
Manipulation	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Phys/Occ/Sp/Resp Therapy <small>(Combined 60 visits per benefit period for PT/OT/ST)</small>	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Urgent Care	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Inpatient	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Outpatient	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
High Tech Imaging Coverage	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Oral Surgery	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
All Other Covered Medical Services	Deductible/100%	Deductible/70%		Deductible/100%	Deductible/70%	
Teladoc Benefits	PPO Deductible/100%			PPO Deductible/100%		
Pharmacy Benefits						
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	PPO Deductible/100%			PPO Deductible/100%		
Retail, 31-90 Days	PPO Deductible/100%			PPO Deductible/100%		
Mail Order, 90 Days	PPO Deductible/100%			PPO Deductible/100%		
Specialty, 30 Days	PPO Deductible/100%			PPO Deductible/100%		
	HDHP Preventive Generics: Yes - \$0			HDHP Preventive Generics: Yes - \$0		
	Mandatory Generic: No			Mandatory Generic: No		
	Rx Max Out-of-Pocket: Included in Medical			Rx Max Out-of-Pocket: Included in Medical		

By: Lomira School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature:  _____
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.13.2022

This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.