



WCA GROUP HEALTH TRUST

**Benefit Summary for Ozaukee County  
January 1, 2021**

		<b>Plan Benefits</b>	
<b>Network</b>		UHC+	
<b>Plan Type</b>		EPO	
<b>Accumulation Type</b>		Embedded	
<b>Benefit Accumulator</b>		Calendar Year	
		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Deductible</b>		\$1,500/\$3,000	N/A
<b>Coinsurance</b>		100%	N/A
<b>Maximum Out of Pocket (Deductible &amp; Coinsurance)</b>		\$1,500/\$3,000	N/A
<b>Total Maximum Out-of-Pocket (Ded, Coins, Medical &amp; Rx Copay)</b>		\$6,850/\$13,700	N/A
<b>Medical Benefits</b>			
Inpatient Hospital		Deductible/100%	Not Covered
Outpatient Hospital		Deductible/100%	Not Covered
Office Visit		\$25/Deductible/100%	Not Covered
Specialist Office Visit		\$50/Deductible/100%	Not Covered
Preventive Exam		100%/Ded Waived	Not Covered
Chiropractic Office Visit		\$25/Deductible/100%	Not Covered
Phys/Occ/Speech Therapy		\$25/Deductible/100%	Not Covered
Urgent Care		\$50/Deductible/100%	Not Covered
Emergency Room Care		\$250/Deductible/100%	\$250/PPO Ded/100%
Mental Health/Subst. Abuse:			
Office Visit		\$25/Deductible/100%	Not Covered
Inpatient		Deductible/100%	Not Covered
Outpatient		Deductible/100%	Not Covered
High Tech Imaging Coverage		\$100/Deductible/100%	Not Covered
Oral Surgery		Deductible/100%	Not Covered
All Other Medical Services		Deductible/100%	Not Covered
<b>Teladoc Benefits</b>		100%/Deductible Waived	
<b>Pharmacy Benefits</b>			
Drug Plan			
	Value Priced		\$0
	Retail, 30 Days		\$10/\$30/\$60
	Retail, 31-90 Days		\$30/\$90/\$180
	Mail Order 90 Days		\$20/\$60/\$120
	Specialty, Mail, 30 Days		\$100
	Mandatory Generic: Yes		
	Rx Max Out-of- Pocket: Included in Medical		