



WCA Group Health Trust

**Ozaukee County
Benefit Summary
January 1, 2024**

		Plan Benefits		
Network		UHC Choice Plus		
Plan Type		EPO		
Accumulation Type		Embedded		
Benefit Accumulator		Calendar Year		
		In-Network		Out-of-Network
Deductible		\$1,500/\$3,000		N/A
Coinsurance		100%		N/A
Total Maximum Out-of-Pocket (Ded, Coins, Med & Rx Copays)		\$6,850/\$13,700		N/A
Medical Benefits				
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%/Deductible Waived		Not Covered
Manipulation		\$25/Deductible/100%		Not Covered
Phys/Occ/Sp/Resp Therapy		\$25/Deductible/100%		Not Covered
Urgent Care		\$50/Deductible/100%		Not Covered
Emergency Room Care		\$250/Deductible/100%		\$250/PPO Deductible/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
Teladoc Benefits		100%/Deductible Waived		
Pharmacy Benefits				
Drug Plan Formulary		Generic	Preferred	Non-Preferred
Retail, 30 Days		\$10	\$30	\$60
Retail, 31-90 Days		\$30	\$90	\$180
Mail Order, 90 Days		\$20	\$60	\$120
Specialty, 30 Days		\$100	\$100	\$100
Value Priced Generics: Yes - \$0				
Mandatory Generic: Yes				
Rx Max Out-of- Pocket: Included in Medical				

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.