

2016



WCA GROUP HEALTH TRUST

**SAWYER COUNTY
MEDICAL BENEFIT PLAN**

	Current Plan Option 1	Renewal Plan Option 2	Renewal Plan Option 3
Deductible			
In Network	\$1500/3,000/4,000	\$2,000/3,500/4,500	\$2,500/4,000/5,000
Out of Network	\$1,500/3,000/4,000	\$2,000/3,500/4,500	\$3,500/5,000/6,000
Coinsurance			
In Network	100%	100%	100%
Out of Network	70%	70%	70%
Deductible & Coinsurance Maximum			
In Network	\$1,500/3,000/4,000	\$2,000/3,500/4,500	\$2,500/4,000/5,000
Out of Network	\$2,000/4,000/5,000	\$2,500/4,500/5,500	\$4,000/6,000/7,000
OOP – Copay Maximum (Deductible & Coins. Incl)			
In Network	(\$2,500/5,000/6,000)	(\$3,000/5,500/6,500)	(\$3,500/6,000/7,000)
Out of Network	Unlimited	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Office Visits			
In Network	\$25 Copay/Ded/ 100%	\$25 Copay/Ded/ 100%	\$25 Copay/Ded/ 100%
Out of Network	\$25 Copay/Ded/ 70%	\$25 Copay/Ded/ 70%	\$25 Copay/Ded/ 70%
Routine/Preventative Care			
In Network	100%	100%	100%
Out of Network (Incl Annual Eye Exam)	Deductible/70%	Deductible/70%	Deductible/70%
Inpatient Hospital Services			
In Network	Deductible/100%	Deductible/100%	Deductible/100%
Out of Network	Deductible/ 70%	Deductible/ 70%	Deductible/ 70%
Outpatient Hospital Services			
In Network	Deductible/100%	Deductible/100%	Deductible/100%
Out of Network	Deductible/ 70%	Deductible/ 70%	Deductible/ 70%
Outpatient Mental Health & Substance Abuse Services			
In Network	\$25 Copay/Ded/ 100%	\$25 Copay/Ded/ 100%	\$25 Copay/Ded/ 100%
Out of Network	\$25 Copay/Ded/ 70%	\$25 Copay/Ded/ 70%	\$25 Copay/Ded/ 70%

Emergency Room			
In Network	\$150 Copay/Ded/100%	\$150 Copay/Ded/100%	\$150 Copay/Ded/100%
Out of Network	\$150 Copay/PPO Ded/100%	\$150 Copay/PPO Ded/100%	\$150 Copay/PPO Ded/100%
Urgent Care			
In Network	Deductible/100%	Deductible/100%	Deductible/100%
Out of Network	Deductible/ 70%	Deductible/ 70%	Deductible/ 70%
MRI Copay			
In Network	\$100 Copay/Deductible/100%	\$100 Copay/Deductible/100%	\$100 Copay/Deductible/100%
Out of Network	\$100 Copay/Deductible/ 70%	\$100 Copay/Deductible/ 70%	\$100 Copay/Deductible/ 70%
Chiropractic Care			
In Network	\$25 Copay/Ded/100%	\$25 Copay/Ded/100%	\$25 Copay/Ded/100%
Out of Network	\$25 Copay/Ded/100%	\$25 Copay/Ded/100%	\$25 Copay/Ded/100%
Transplants			
In Network	Deductible/100%	Deductible/100%	Deductible/100%
Out of Network	Deductible/ 70%	Deductible/ 70%	Deductible/ 70%
Durable Medical Supplies			
In Network	Deductible/100%	Deductible/100%	Deductible/100%
Out of Network	Deductible/ 70%	Deductible/ 70%	Deductible/ 70%
Retail & Mail Order Pharmacy			
Generic, Formulary, & Brand	(30 Day Supply) \$10/30/60/100 (90 Day Supply- Retail) \$30/60/120/200 (90 Day Supply-Mail) \$20/60/120/200	(30 Day Supply) \$10/30/60/100 (90 Day Supply- Retail) \$30/60/120/200 (90 Day Supply-Mail) \$20/60/120/200	(30 Day Supply) \$10/30/60/100 (90 Day Supply- Retail) \$30/60/120/200 (90 Day Supply – Mail) \$20/60/120/200
Prescription Drug OOP Maximum	(\$3,850/7,700/6,700)	(\$3,350/7,200/6,200)	(\$2,850/6,700/5,700)