GHT

WCA Group Health Trust

Your Partner in Health

January 1, 2027

Benefit Booklet

Prepared For:

CLARK CO WISCONSIN

WCA Group Health Trust

BENEFIT CONTACT INFORMATION

UMR (MEDICAL PLAN)

- **To find out if a provider is in the network,** call Plan Advisor at **800-207-3172** (Plan Advisor's phone number is also on the back of your ID card) or login to www.umr.com and:
  - Click on Provider Network
    - For a medical provider:
      - Click on View Providers
      - Enter the zip code or the city and state of the provider
      - Then you are ready to search for a provider
      - **NOTE: Many providers sign up with the network individually. If you are looking for a particular provider, enter their first and last name. If you do not find them, try the clinic name**
    - For a behavioral health provider (for mental health or substance abuse):
      - Click on Behavioral Health Directory
      - Click on the city/state/zip shown and change it to your or your provider's city/state or zip
      - Then you are ready to search for a provider
      - **NOTE: Behavioral health providers sign up with the network individually or under their clinic name. If you don't find them under their name, try the clinic name.**
- **For claims questions**, call Plan Advisor at **800-207-3172.**
- **If a service requires prior authorization** (including but not limited to: inpatient hospital stays, behavioral health inpatient or residential stays, transplants and related services, skilling nursing facility stays, durable medical equipment exceeding $1,500, clinical trials, dialysis, chemotherapy, infusion therapy, genetic testing, gender dysphoria treatment, and specialty injectables), have your physician call **866-494-4502.**
- **If a service does not require prior authorization but you want to determine a procedure is medically necessary** (such as, an outpatient surgery, an oral surgical procedure, etc.), have your physician submit a **predetermination request online at UMR.com**. All procedure and diagnosis codes and supporting medical records must be included.

- **Prior authorization nor predetermination are a guarantee of benefit coverage. Contact the benefits department or refer to the summary plan document to determine plan coverage.**

CVS CAREMARK (PRESCRIPTIONS) - Most prescriptions are available at your local retail pharmacy or through CVS Caremark's mail order program. If you are taking a specialty medication, you must obtain it through CVS Caremark's Specialty Mail Order Program or from a local CVS Caremark Pharmacy, up to a 30-day supply.

- **To find out if a prescription is covered or what tier it is on**, go to www.caremark.com or call Customer Care at **866-818-6911**.
- **To begin mail order for prescriptions**, go to www.caremark.com or call 866-239-4543 to set up your account and provide payment information. Your provider can e-prescribe to CVS Caremark or fax prescriptions to 800-378-0323.
- **For specialty prescriptions**, call **800-237-2767**.
- **For prior authorizations**, your provider can call **800-294-5979**.

*FOR ADDITIONAL ASSISTANCE***, contact the WCA Group Health Trust at 800-236-6885 and ask to be connected with a member of the GHT Team.**

Clark County
2027 Benefit Summary
(Effective 1/1/2027)

	Plan Benefits – Plan 1		
Network	UHC Choice Plus		
Plan Type	PPO		
Accumulation Type	Embedded		
Benefit Accumulator	Calendar Year		
	In-Network	***Out-of-Network***	
Deductible	$100/$200	$300/$600	
Coinsurance	85%	65%	
Total Maximum Out-of-Pocket (Ded, Coins, Med & Rx Copays)	$1,600/$3,200	$3,300/$6,600	
Medical Benefits			
Inpatient Hospital	Deductible/85%	Deductible/65%	
Outpatient Hospital	Deductible/85%	Deductible/65%	
Office Visit	$20 Copay/Deductible Waived/100%	Deductible/65%	
Specialist Office Visit	$40 Copay/Deductible Waived/100%	Deductible/65%	
Preventive Exam	Deductible Waived/100%	Deductible/65%	
Convenient Care/ Retail Clinic	Deductible/85%	Deductible/65%	
Manipulation	Deductible/85%	Deductible/65%	
Phys/Occ/Sp/Resp Therapy (50 Combined Visits per year Limit)	Deductible/85%	Deductible/65%	
Urgent Care	$45 Copay/Deductible Waived/100%		
Emergency Room Care	$100 Copay/Deductible Waived/100%		
Mental Health/Subst. Abuse: Office Visit Inpatient Outpatient	 $20 Copay/Deductible Waived/100% Deductible/85% $20 Copay/Deductible Waived/100%	 Deductible/65% Deductible/65% Deductible/65%	
High Tech Imaging Coverage	Deductible/85%	Deductible/65%	
Oral Surgery	Deductible/85%	Deductible/65%	
All Other Covered Medical Services	Deductible/85%	Deductible/65%	
Teladoc Benefits	100%/Deductible Waived		
Pharmacy Benefits			
Drug Plan Formulary	Generic	Preferred	Non-Preferred
Retail, 30 Days	$10 Copay	$20 Copay	$35 Copay
Retail, 31-90 Days	$30 Copay	$60 Copay	$105 Copay
Mail Order, 90 Days	$20 Copay	$45 Copay	$80 Copay
Specialty, 30 Days	30% or $0 w/Prudent Rx	30% or $0 w/Prudent Rx	30% or $0 w/Prudent Rx
	Value Priced Generics: $0		
	Mandatory Generic: Yes		
	Rx Max Out-of-Pocket: Included in Medical		
Other Benefits			
Value Adds	UHC Hearing Program, Maternity Management, Vision Exam, Hearing Exam, Betr Health, One Pass Select		

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.

Clark County
2027 Benefit Summary
(Effective 1/1/2027)

	Plan Benefits – Plan 2		
Network	UHC Choice Plus		
Plan Type	PPO HDHP		
Accumulation Type	Non-Embedded		
Benefit Accumulator	Calendar Year		
	In-Network	***Out-of-Network***	
Deductible	$1,750/$3,500	$3,500/$7,000	
Coinsurance	85%	65%	
Total Maximum Out-of-Pocket (Deductible & Coinsurance)	$3,500/$7,000	$7,000/$14,000	
Medical Benefits			
Inpatient Hospital	Deductible/85%	Deductible/65%	
Outpatient Hospital	Deductible/85%	Deductible/65%	
Office Visit	Deductible/85%	Deductible/65%	
Specialist Office Visit	Deductible/85%	Deductible/65%	
Preventive Exam	Deductible Waived/100%	Deductible/65%	
Convenient Care/ Retail Clinic	Deductible/85%	Deductible/65%	
Manipulation	Deductible/85%	Deductible/65%	
Phys/Occ/Sp/Resp Therapy (50 Combined Visits per year Limit)	Deductible/85%	Deductible/65%	
Urgent Care	Deductible/85%		
Emergency Room Care	Deductible/85%		
Mental Health/Subst. Abuse: Office Visit Inpatient Outpatient	 Deductible/85% Deductible/85% Deductible/85%	 Deductible/65% Deductible/65% Deductible/65%	
High Tech Imaging Coverage	Deductible/85%	Deductible/65%	
Oral Surgery	Deductible/85%	Deductible/65%	
All Other Covered Medical Services	Deductible/85%	Deductible/65%	
Teladoc Benefits	100%/Deductible Waived		
Pharmacy Benefits			
Drug Plan Formulary	Generic	Preferred	Non-Preferred
Retail, 30 Days	Deductible/85%	Deductible/85%	Deductible/85%
Retail, 31-90 Days	Deductible/85%	Deductible/85%	Deductible/85%
Mail Order, 90 Days	Deductible/85%	Deductible/85%	Deductible/85%
Specialty, 30 Days	30% or $0 w/Prudent Rx	30% or $0 w/Prudent Rx	30% or $0 w/Prudent Rx
	Value Priced Generics: $0		
	Mandatory Generic: Yes		
	Rx Max Out-of-Pocket: Included in Medical		
Other Benefits			
Value Adds	UHC Hearing Program, Maternity Management, Vision Exam, Hearing Exam, Betr Health, One Pass Select		

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.

You've got Teladoc Health



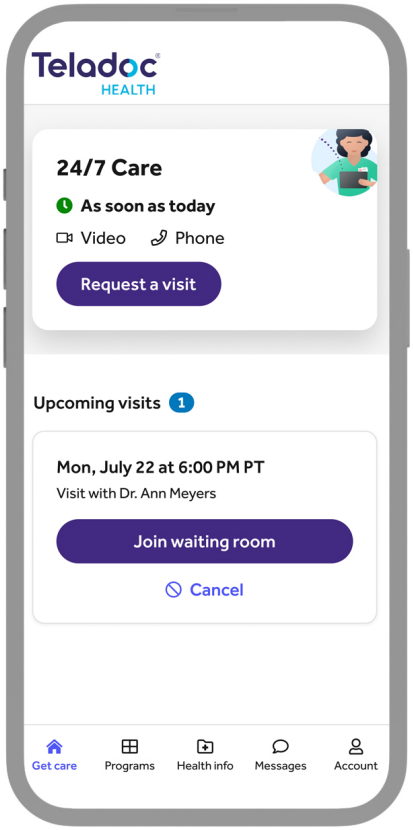
Teladoc® HEALTH | GHT WCA Group Health Trust

Access to quality care when you need it most

24/7 Care | free/visit
Talk to a licensed healthcare provider for non-urgent conditions 24/7.
Flu • Sinus infections • Sore throats • And more

Mental Health
Talk to the therapist who's right for you by phone or video.
free/therapist visit
free/psychiatrist first visit
free/psychiatrist ongoing visit

Dermatology | free/online review
Upload images of your skin issue online and get a custom treatment plan within 24 hours.



Register or log in today

Visit TeladocHealth.com
Call 1-800-835-2362 | Download the app

Refer to your employee booklet at umr.com for Teladoc benefits

Phone and video visits are not required or part of the dermatology visit.

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Teladoc HEALTH | GHT WCA Group Health Trust

24/7 Care: frequently asked questions



What is Teladoc Health 24/7 Care?
24/7 Care is a virtual healthcare service that offers convenient, confidential access to quality providers 24/7, anytime, anywhere.

By scheduling a visit with a U.S. board-certified and licensed provider, you can be diagnosed, treated and prescribed medication if necessary.

What can I use Teladoc Health 24/7 Care for?
24/7 Care can help you with everyday, non-emergency healthcare issues, including sinus problems, allergies, flu symptoms and much more. Skip the waiting room and the trip to the ER. Teladoc Health is here to help you feel better faster and get back to living your life.

Does Teladoc Health 24/7 Care replace my doctor?
No. 24/7 Care doesn't replace your primary care doctor. Teladoc Health should be used for non-emergency illnesses when it is not convenient to get to the doctor, or it is outside of regular office hours.

How do I register?
Download the Teladoc Health app, visit the website or call 1-800-835-2362 to register.

Do I need to have my insurance information available?
As you register, you may need information on your health insurance card. If requested, having this information will help make the registration process easier.

How much does it cost?
The cost of a 24/7 Care visit varies depending on the type of visit you are requesting and your plan design. You will see the visit fee during the visit request process. If you wish to confirm pricing prior to requesting a visit, call 1-800-835-2362.

How do I pay for the visit?
If there is a fee, you can pay with your HSA (health savings account) card, credit card, prepaid debit card or by PayPal.

Is there a time limit when talking to the provider? Am I charged more for taking longer?
There is no time limit for visits, and there is no extra charge for longer provider visits.

How do I access Teladoc Health 24/7 Care?
The service can be accessed by app, web or phone and visits are available by phone or video.

If the Teladoc Health provider recommends that I see my primary care doctor or a specialist, do I still have to pay the 24/7 Care visit fee?
Yes. Just like any medical appointment, there is a fee for the consulting provider's time. The portion of the fee that you will pay varies based on your benefits plan structure.

Can my family use Teladoc Health?

This depends on your specific Teladoc Health plan. Most plan designs allow you to use the Teladoc Health 24/7 Care service for you, your spouse and covered dependents. Dependents over 18 years old should download the Teladoc Health app and create their own account. For dependents under 18 years old, the primary account holder must request a visit on their app, website or by phone.

Who are Teladoc Health providers?

Teladoc Health providers are U.S. board-certified providers. They average 15 years of experience and are licensed to practice in your state.

Can Teladoc Health providers prescribe medications?

Yes. When medically appropriate, providers can prescribe medications. If a prescription is not required, the provider may provide the member with instructions for managing symptoms or following up with their primary care doctor.

Can my primary care doctor get a record of my Teladoc Health visit?

With your consent, an electronic copy of your Teladoc Health visit will be sent to your primary care doctor.

Can I use 24/7 Care while traveling?

Teladoc Health is available in all 50 states so you can use the service while traveling within the United States. Some restrictions may apply.*

Who should I contact if I have questions or encounter an issue?

Teladoc Health aims to make your experience with us as seamless as possible. If you have any further questions or encounter an issue, please visit TeladocHealth.com/care-anytime or call the Member Support team at 1-800-835-2362.

Does Teladoc Health offer any other services?

Please log in to your account to see any additional services that may be available to you.

Begin your journey to better health today

Visit TeladocHealth.com/care-anytime
Call 1-800-835-2362

*Teladoc Health is not available internationally.

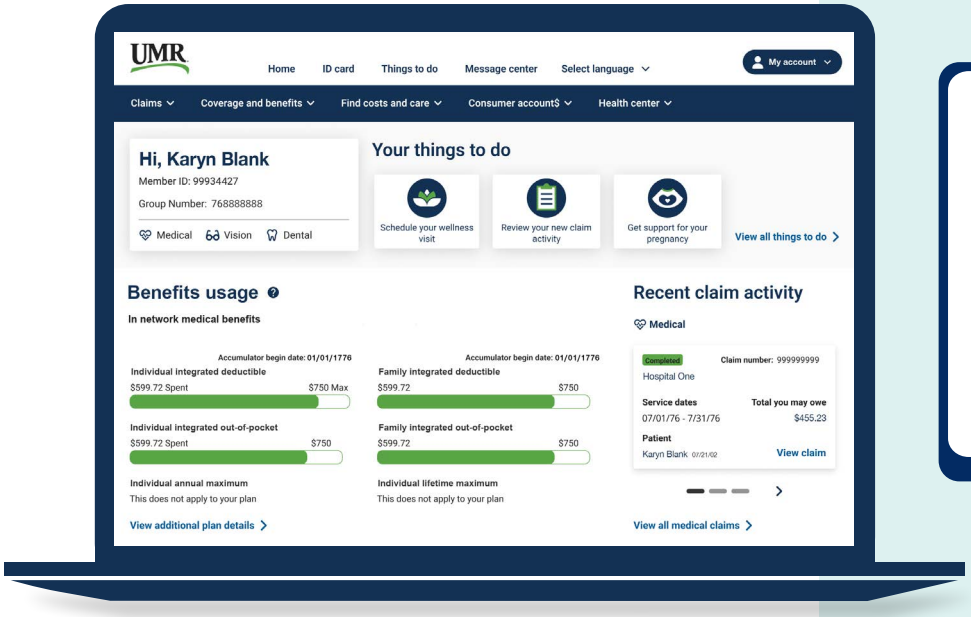
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Get all your answers quick and easy at umr.com

Make **umr.com** your first stop

Do you want managing your health care to be fast and easy? You got it. At **umr.com**, you'll find everything you want to know – and need to do – as soon as you sign in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!



(Fictionalized data)

Sign in now to:

- View **Things to do**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

The UMR app is another way we're reimagining health care to work for you.

We have a smarter, simpler, faster way to manage your health care benefits, right from the palm of your hand.



Download the UMR app today

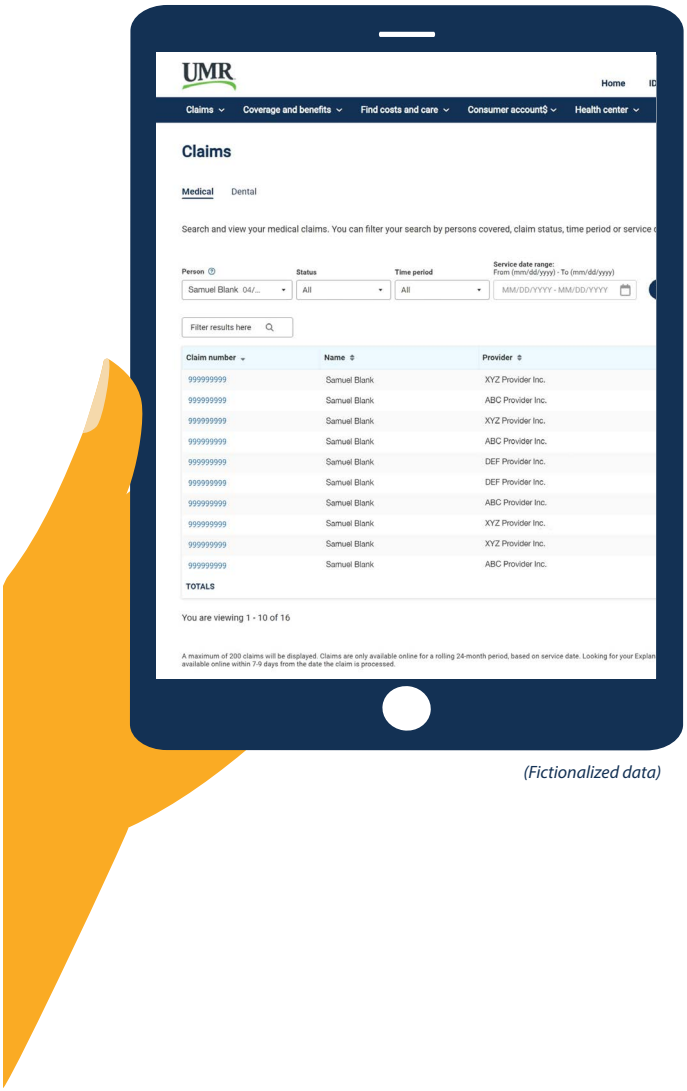
Scan the QR code to the left or visit your app store to get started.



With just a tap, you can:

- Access your digital ID card
- View your plan details on-demand – anytime, anywhere
- Find out if there is a copay for your upcoming appointment
- Chat, call or message the UMR member support team
- Add your health plan details from your ID card to the mobile wallet on your smartphone for convenient and secure access.

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.



(Fictionalized data)

You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Select **Coverage and benefits** from the blue secondary navigation to find out:

- What health care services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

Buried in paperwork? A single click lets you track all your claims

With the **Claims** menu option, check in at your convenience to see if a claim has been processed and what you might owe. To get more details on a specific claim, select the **Claim #** or the **EOB** link on the same row as the claim. This will tell you the type of services provided, the amount billed and the amount paid, if any, and whether there's any action that needs to be taken before the claim can be processed.

You can choose to receive a secure email any time you have a new EOB. If you're not ready to give up paper completely, you can print out copies from the **Claims** dashboard.

Don't be surprised by unexpected costs

Under the **Find costs and care** menu option, you can find in-network doctors near you and get a better idea of what you'll pay with the **Health cost estimator** tool.

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This content is provided for information only and is not to be considered medical advice. All decisions about medical care should be made by the doctor and patient. Always refer to the plan document for specific benefit coverage or call the toll-free member phone number on the back of your health plan ID card. UMR operates in accordance with medical privacy standards established by applicable federal and state laws. The screen shots shown are for illustrative purposes and use fictional data only.

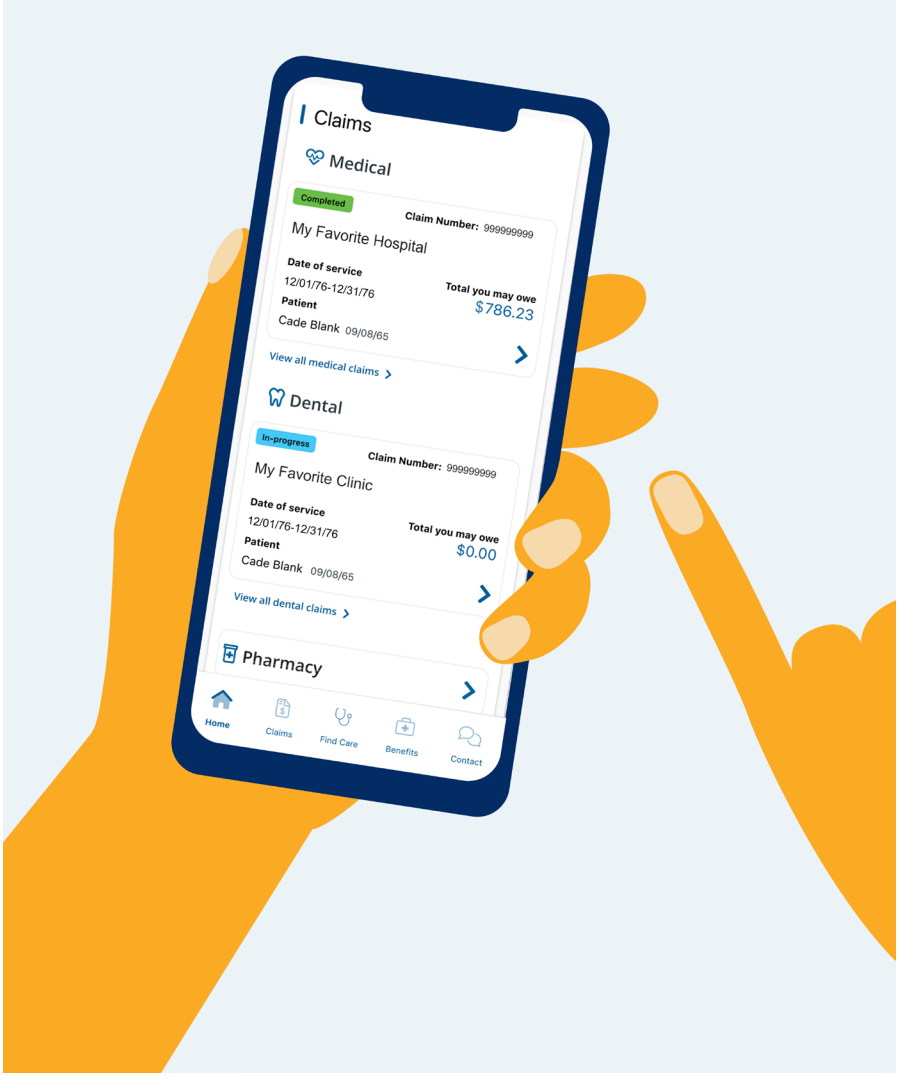
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UMR

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A smarter, simpler, faster way to manage your health care benefits

UMR on the go, right from the palm of your hand.



The UMR app has a smart fresh look, simple navigation, and faster access to your health care benefits information. View your plan details on demand – anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- See a personalized list of **Things to do** to stay on top of your health and keep your benefits up to date
- Look up in-network health care providers
- Find out if there's a copay for your upcoming appointment
- View your recent medical and dental claims
- Chat, call or message the UMR member support team
- Add your health plan details to your Apple Wallet or Google Wallet

Download the UMR app today

Simply scan the QR code or visit your app store to get started.

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Call, chat or message online – choose what's convenient for you

Our team members are available to answer your questions by phone or online chat and messaging on **umr.com**.

Three ways to connect:

1 By phone

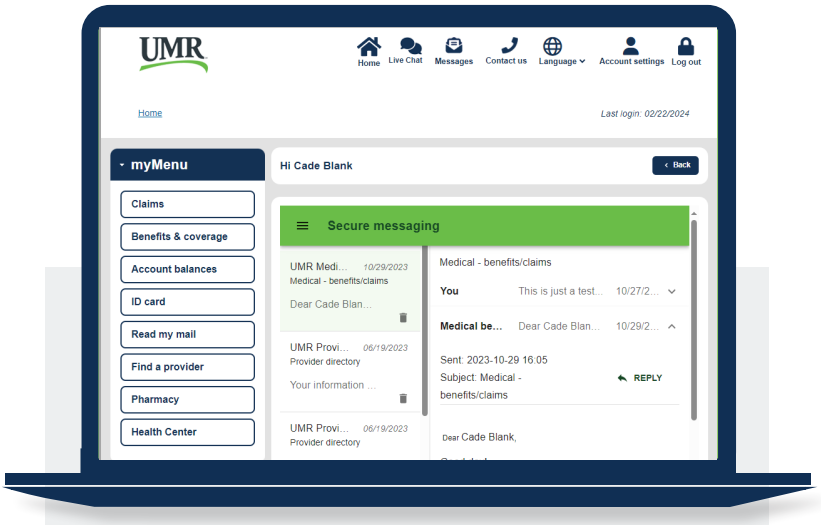
You can **call the customer service** phone number on your ID card. Your customer service team is available 24/7 to answer your questions.*

2 Via live chat

To access chat, just sign in to your **umr.com** account and select the **Live Chat** icon. After you start a chat session, you'll be prompted to tell us more about your question. Within moments, a team member will join you to assist with your question.

3 Secure messaging

To send and receive **secure messages** and documents, just sign in to your **umr.com** account and select the **Contact us** icon. A **Message Center** window will display where you can create your new message. You will be notified by email when you receive a response and can view it by signing in to your online account and selecting **Messages** from the options at the top of the screen. It's an easy way to exchange documents/files and receive reminders, alerts and other messages.



Fictionalized data

We're making it easier for you to get the answers you need – fast.

* Excluding major holidays

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Find a provider

Finding a network provider on **umr.com** or the **UMR app** has never been easier

1

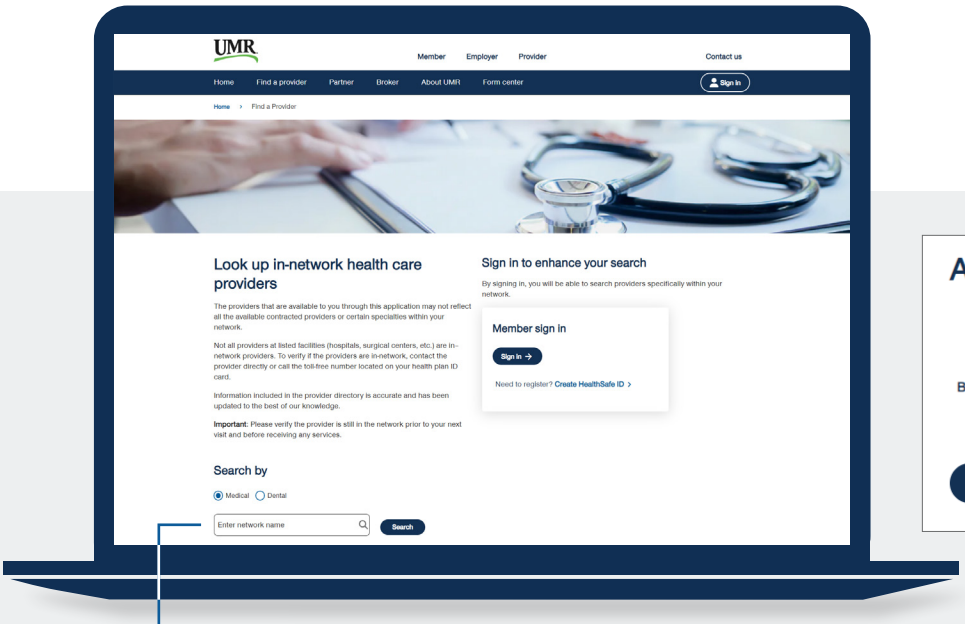
Go to **umr.com** and select **Find a provider**

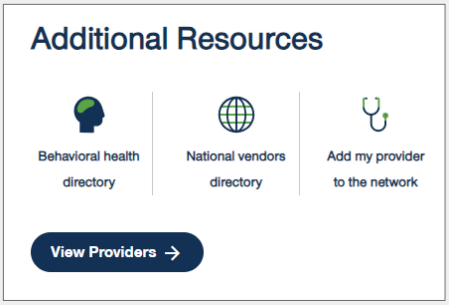
2

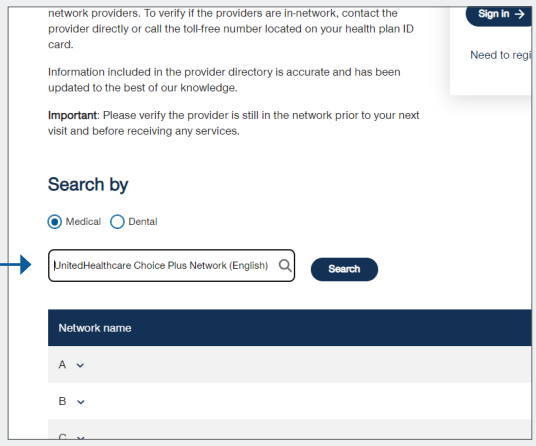
Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box

3

For medical providers, choose **View providers.** For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**





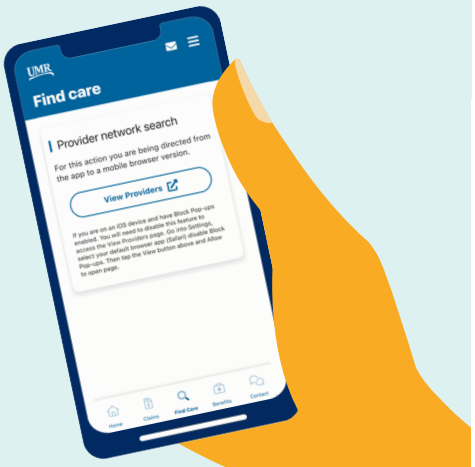


(Continued)

UnitedHealthcare Choice Plus

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office



Find a provider on the go.
Sign in to the **UMR app**
and select **Find care**

Remember

Get the most from your benefit plan – use participating network health care providers whenever possible.

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UMR℠
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Find the care you need and compare costs

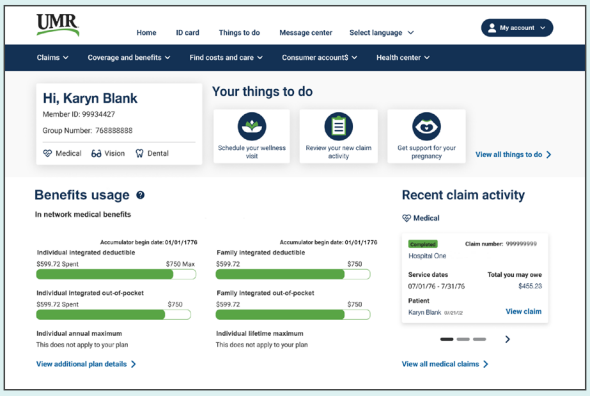
A simple way to search for network providers.

UMR makes it easy to look up UnitedHealthcare network doctors and health care facilities and find cost estimates for different services – all in one place.

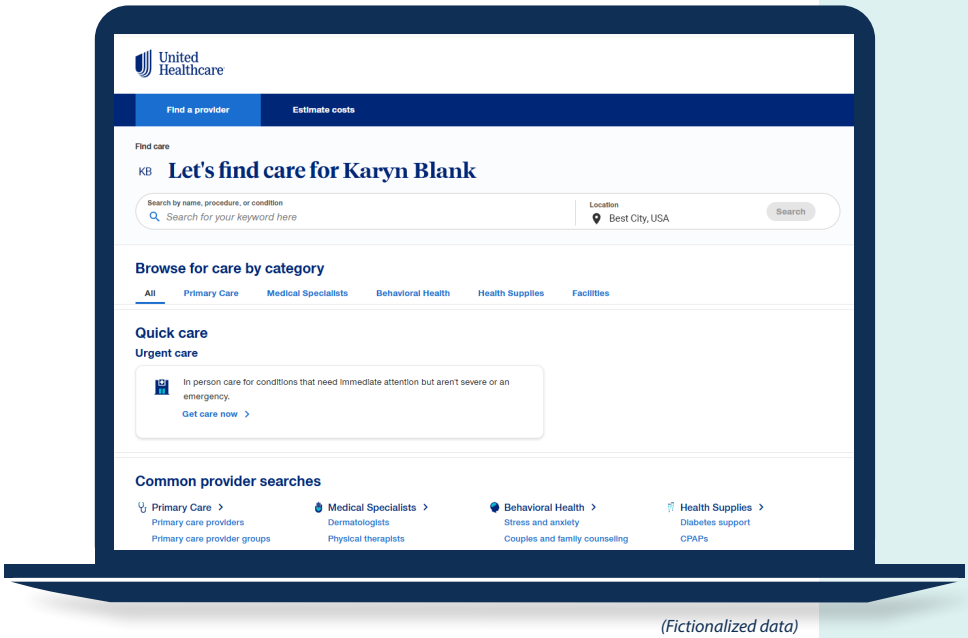
Sign in to **umr.com** and select **Find costs and care**. Then select **Find a provider** to search for care.

Features include:

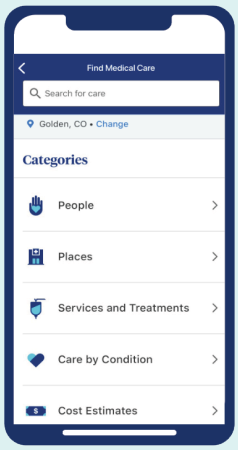
- Availability in English or Spanish
- Simple icons when choosing category options
- Easy-to-understand languages and descriptions
- Enhanced experience



(Fictionalized data)



(Fictionalized data)



A mobile-friendly interface



If you are searching for a provider, look for two blue hearts next to a provider's name. This tells you they are a Premium Care Provider who has been reviewed by UnitedHealthcare and meets quality standards for delivering cost-effective care. Check the total charge for your treatment, so you'll know what to expect from start to finish.

The UnitedHealth Premium® designation program evaluates physicians based on safe, timely, effective and efficient quality care criteria to help members make more informed and appropriate choices for their health care. It's intended only as a guide and should not be the sole factor when selecting a physician. Designations have a risk of error and members should discuss designations with a physician before choosing one. If you already have a physician, you may also wish to confer with them for advice on selecting other physicians. The fact that a physician does not have a Premium Care Physician designation does not mean that the physician does not provide quality health care services. All physicians in the UnitedHealthcare network have met certain minimum credentialing requirements (separate from the Premium program).

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CARE
A UMR Solution



Is your family growing?

Get the support you deserve

Whether you are considering having a baby or are already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby.

How we can help

Healthier women are more likely to have healthy babies. If you're thinking about starting a family, our experienced OB/GYN nurses will help you understand your personal health risks and empower you to take action before you become pregnant. When the time arrives, our registered nurses will support you with timely prenatal education and follow-up calls, and will refer you to case management if a serious condition arises. Your CARE nurse will call you each trimester during your pregnancy and once after your baby is born.

We also offer two types of monthly events for members who are enrolled in or have completed the program: virtual classes and a breastfeeding support group. And members have access to certified lactation consultants.

If you are pregnant and are identified as high-risk, a CARE nurse will monitor your condition and work to reduce your claims costs throughout your pregnancy and the post-delivery period.

You can self-enroll in Maternity CARE or pre-pregnancy support, or you'll be contacted and invited to participate if you're identified as pregnant through a utilization review or other program referrals.

It pays to participate

Some Maternity CARE programs may include a reward or incentive.* Check with your Maternity CARE nurse for additional details.

* To be eligible for the reward, you must enroll during your first or second trimester, complete the program, and fill out and return the program satisfaction survey.

Once enrolled, you'll receive ...

One-on-one phone calls with a CARE nurse who:

- Provides comprehensive pre-pregnancy and prenatal assessments
- Shares educational information before you become pregnant and throughout your pregnancy
- Encourages you to call with any questions or concerns and continues to reach out each trimester and again after your delivery to see how you and your baby are doing
- Sends a courtesy letter informing your physician that you're in the program

Guidance for your support person:

You may also choose to identify a support person who can receive an education call and electronic educational packet. The packet includes information to help them support you through your pregnancy, labor and delivery, and postpartum.

No-cost educational materials in the mail:

You can choose from a selection of high-quality books and other materials containing helpful information about pregnancy, pre-term labor, childbirth, breastfeeding and infant care.

CARE on the go:

The CARE app allows us to meet members where they are by connecting them to CARE nurses through their mobile device. Our nurses can view individual health metrics from self-reported data or synchronized monitoring devices and are able to virtually connect with members by text or email. It's free and confidential.

No cost support:

Maternity CARE is a valuable benefit provided by your employer at no additional cost to you.

Confidential care:

UMR CARE takes confidentiality very seriously. It's important to know that we won't share any identifiable, personal health information with your employer. Your employer receives group information only. UMR CARE programs operate in compliance with all federal and state privacy laws.

GET STARTED

Your first step is to enroll in the Maternity CARE program.

Call 888-438-8105 OR
Scan the QR code to complete the enrollment form online.

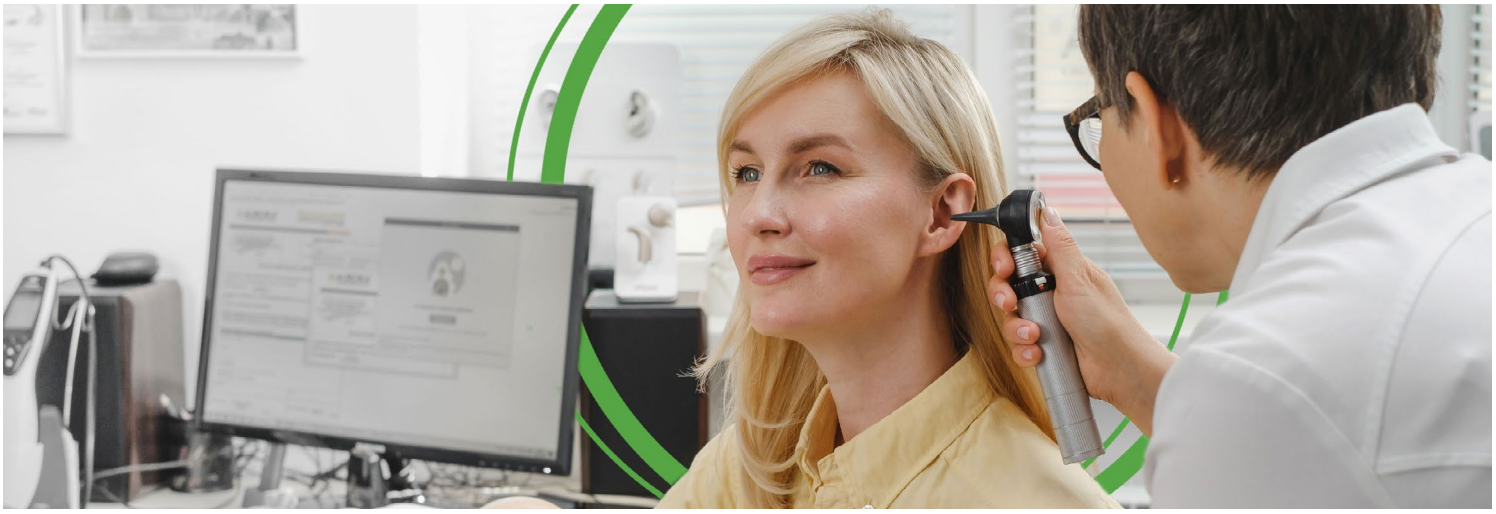
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UnitedHealthcare Hearing

UMR
A UnitedHealthcare Company

Because your hearing health is part of your overall health

Get the support your need to hear your best



Take charge of your hearing health today

Treating hearing loss may help you rediscover parts of your life that may have felt missing — including engaging in daily activities and staying connected to the people you love. You'll also support your long-term health and can potentially reduce the risk of diseases such as dementia.[1]

UnitedHealthcare Hearing is here to help. Through UnitedHealthcare Hearing, you'll save up to 50% off a wide selection of hearing aids and services.

1 Contact UnitedHealthcare Hearing to schedule an initial hearing exam and consultation

Treat hearing loss and protect your hearing health. Call **866-926-6632, TTY 711** to schedule an appointment.

2 Your provider will help you find the perfect solution

At your consultation and exam, your provider will assess your hearing and provide a personalized recommendation. Plus, they'll be able to answer any questions you have.

Better hearing starts here

Getting a professional hearing test is an important first step in taking care of your hearing. If you already have hearing aids, have them evaluated to make sure they're the right devices for you. Both of these services are covered at no cost by your UnitedHealthcare plan, and can help you protect your hearing as well as your overall health.

Good-to-know details

- You have 60 days to try out hearing aids purchased from a provider
- Your plan includes a three-year extended warranty for repairs and a one-time loss or damage replacement[2]
- Schedule up to three follow-up visits at no cost, with additional support available[3]
- Receive a no-cost hearing exam
- Choose from high-quality hearing aids, including Relate, Beltone, Oticon, Phonak, ReSound, Unitron, Signia, Widex, and Starkey

Get started

Call UnitedHealthcare Hearing to schedule an appointment:
866-926-6632, TTY 711

Be sure to have your hearing plan name available when you call to schedule your appointment.

Learn more about your hearing health at **uhchearing.com/employee** or by scanning the QR code.

[1] Journal of the American Medical Association. "Hearing Loss and Dementia Prevalence in Older Adults in the US."

[2] One-time professional fee may apply.

[3] Hearing aids purchased in the Silver technology level will receive one follow-up visit. Hearing aids purchased using virtual care and direct delivery receive virtual follow-up visits.

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UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

Administrative services provided by UMR or their affiliates.

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UnitedHealthcare Hearing

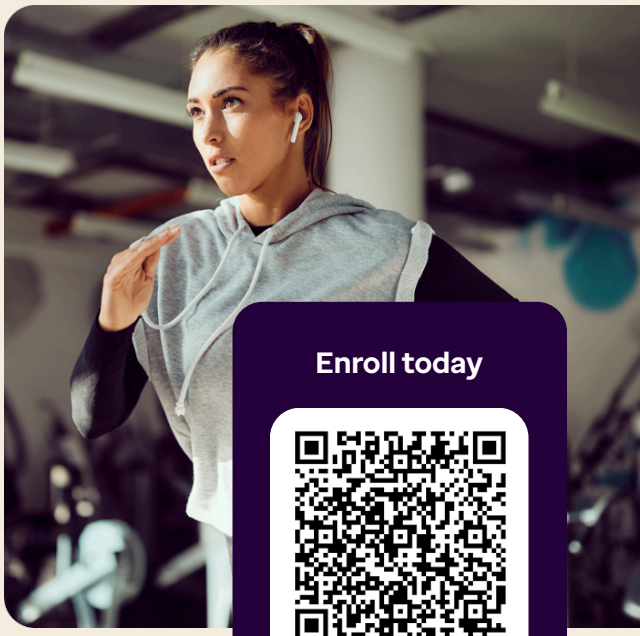
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OnePass | UMR
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More access. Less hassle. One Pass.

Fitness platforms are only a benefit if you actually want to use them. That's why One Pass gives you access to one of the largest networks*, and the flexibility to use multiple gyms or fitness centers monthly. Feel your best. And save big compared to retail memberships while you're at it.



Enroll today

Visit OnePassSelect.com

All access

Visit multiple gyms and online classes every month

Member perks

A grocery delivery subscription and more perks

5 tiers

Multiple membership tiers and option to change tiers monthly

No contract

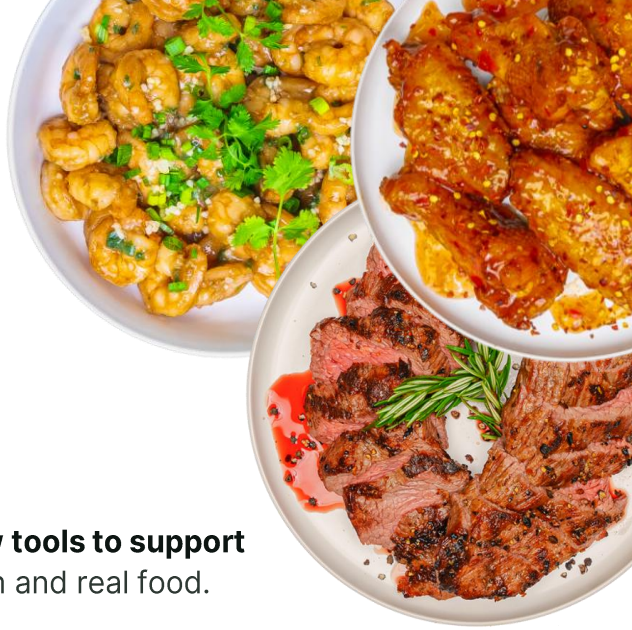
No long-term contracts or annual gym registration fees

20,000+ gyms. **35,000+** online classes. **All included.**

CRUNCH · LA FITNESS · planet fitness · CLUB PILATES · PVOLVE · iFIT · DAILY BURN · EōSFITNESS

*Gym network and other One Pass features may vary by membership tier.
Membership is instant, and you will be charged for the full current calendar month on the day you sign up (One Pass does not offer proration).
One Pass is a voluntary program. The information provided about this program is for general informational purposes only. Detailed information and terms and conditions of the program can be found at one-pass.com. Medicare Advantage members may want to consider consulting with an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. One Pass program availability and facilities (including equipment, classes, personalized fitness plans and events) vary by plan/area. One Pass is not responsible for the services or information provided by third parties. Purchasing discounted gym and fitness studio memberships may have tax implications. Members and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships under this program.

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WCA Group Health Trust



Did you enroll in 2025?

You're already in.

No need to re-enroll — Betr keeps going with you.

Everything you love about Betr continues — **with powerful new tools to support you.** Keep feeling your best with Food as Medicine, a real coach and real food.







GHT MEMBERS HAVE LOST 17,700+ lbs

ALREADY ENROLLED IN BETR?

How your access continues

- ✓ **Betr runs on your enrollment date,** not the calendar year
- ✓ **Stay engaged** — log a weight, snap a meal or chat with Betr AI
- ✓ **Your scale stays connected** while you're active
- ✓ **7 days before your anniversary,** we'll remind you it's coming up — and on the day, you'll hear from us to book a fresh round of 1:1 coaching

Haven't logged in lately?

1. Go to **webapp.betrhealth.com**
2. Enter your **email or mobile number**
3. Use the **one-time passcode** we send you

Need help? ask@betrhealth.com
205-809-1329

NOT ENROLLED YET?

Experience Betr — it's $0 for you.

100% covered for GHT members & spouses.

betrhealth.com/pages/wca-ght

★★★★★ **4.9** member rating

NEW MEMBERS: SCAN TO ENROLL



Earn from the mistakes of others

Find medical billing errors and you may be eligible for a cash reward

Hospital billing is a complex process that is prone to human error. In fact, numerous studies show that many hospital bills contain errors or excessive charges.

Since you are probably paying co-payment portions of your medical bills, it's definitely in your best interest to request itemized bills from your health care providers and check for any questionable items.

After all, if you double-check a restaurant or utility bill, it makes sense to also review a hospital bill that may run several thousand dollars. By doing so, you might also qualify for a medical bill review incentive!

How the medical bill review incentive works

When you or a member of your family receives services from a physician, dentist, hospital or clinic, check your bill carefully. If you find errors that reduce the plan's costs, you could be eligible for a monetary incentive for identifying and correcting the errors.

Examples of errors you may find include:

- Incorrect arithmetic
- Drugs or supplies that were not received
- Treatments or services that were not received

Should you find such errors:

- Report them to the provider of the service and request a corrected, itemized bill
- Send UMR a copy of the original bill with the errors circled and a copy of the new bill showing the provider's corrections

If you're correct, you could be eligible to receive a percentage of the amount found in error on the bill!

For more information, call us at
800-826-9781

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CVS caremark™



Anti-smoking initiatives

We want to help everyone quit

CVS Health has dedicated significant resources to an array of anti-smoking initiatives to help everyone on the path to better health.

We're helping create the nation's first tobacco-free generation

Be The First is our $50 million program aimed at helping youngsters and students avoid tobacco. It combines anti-smoking education, tobacco control advocacy and healthy behavior programs as part of our $100 million Building Healthier Communities initiative. An additional $10 million program sends clinicians into classrooms and communities to teach young people about the risks of e-cigarette use.

Learn more at **CVSHealth.com/social-responsibility/be-the-first**.

Get personalized support at your local MinuteClinic®

Start to Stop® at MinuteClinic provides one-on-one counseling and ongoing support with a nurse practitioner that includes:

- Dependence assessment
- Individualized smoking cessation plan
- Nicotine-replacement suggestions or prescriptions, if needed
- Visit summaries sent to your provider with your permission

Learn more at **CVS.com/minuteclinic**.



Your CVS Caremark® benefits are ready to help

Your prescription benefit plan offers different ways to help you quit smoking. Talk to your doctor about prescriptions and over-the-counter options to see which is best for you.

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CVS caremark™



CVS Specialty®

Medication and support just for you

We're a specialty pharmacy that provides personalized care to help make living with your condition a little easier.

What is a specialty pharmacy?

It's a pharmacy that provides specialized medications. This may include medications that help manage complex conditions (such as rheumatoid arthritis, multiple sclerosis and cancer) or those requiring injections or infusions.

A team of pharmacists and nurses specially trained in your condition

You can send a secure message to your CVS Specialty CareTeam any time you have a question about your health or medication. You can also get tips on how to take your medication correctly, help you manage side effects and stay on track.

A choice of pick up or delivery

Get the medication you need, when and where you need it. Have it delivered to any place nationwide or pick it up at any CVS Pharmacy® location.*

Learn more at **Caremark.com/Specialty** or scan the code.

To scan the QR code:
Open your camera
Scan the code
Tap the link

*Where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

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CVS caremark®

Prescription benefits



Convenient and cost-effective medication options

Welcome to CVS Caremark® – we manage your prescription benefit on behalf of your new plan. We're here to help you get the medication you need and learn how to keep costs low.

Know how to get your medication

Find out where to fill your prescriptions. Use the *Pharmacy Locator* tool to find a pharmacy that's covered under your prescription benefit plan. Some plans offer home delivery. Review your plan summary to see your options.

Tap into savings with digital tools

Save time, compare costs and stay connected. Do it all at **Caremark.com** and the CVS Health® mobile app.*

- Using a pharmacy that's covered by your plan can help keep your costs low. Locate one that's convenient through our *Pharmacy Locator* tool.
- Check and compare drug costs across in-network pharmacies to find possible savings through our *Check Drug Cost* tool.
- Stay connected for benefit plan updates. Sign up for email or text alerts to easily get important updates, including status alerts on any changes to your covered medications.

Access everything you need, all in one place

Scan this code to download the CVS Health app today.*

To scan the QR code:
Open the camera on your smart phone
Focus on the QR code
Tap the link that appears

*Some app functions are not available yet, but coming soon.

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CVS caremark®



Rx Home Delivery

Medications delivered right to you

Your benefit plan may offer home delivery options for medications you take regularly (like medication for asthma or high blood pressure). Here's how you can find out.

Check your pharmacy network

Sign in or register at **Caremark.com** and use the *Pharmacy Locator* tool to see if there is a mail service pharmacy in your network.

Ask your local pharmacy

Call or visit your local pharmacy to see if they offer home delivery.

Access everything you need, all in one place

Scan this code to download the CVS Health® app today.*

To scan the QR code:
Open the camera on your smart phone
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CVS caremark®



Digital tools

Looking to save time and money?

Our digital tools help you find ways to save on medication costs and manage your prescriptions on your own time.

When you register for an online account at **Caremark.com** or download our app*, you can manage your medications from your desktop or mobile device — anytime, anywhere. Here's how our digital tools can help you every day.

Find a network pharmacy

Using a pharmacy that's covered by your plan can help keep your costs low. Locate one that's convenient through our *Pharmacy Locator* tool.

Check drug costs

Check and compare drug costs across in-network pharmacies to find possible savings through our *Check Drug Cost* tool.

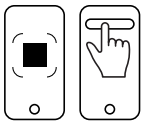
Stay connected for benefit plan updates

Sign up for email or text alerts to easily get important updates, including status alerts on any changes to your covered medications.

Access everything you need, all in one place

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Tap the link that appears

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Reduce out-of-pocket costs on your specialty medications

An innovative way to help you save

What is the program

CVS Caremark® has collaborated with PrudentRx exclusively for a program that may help save you money when you fill eligible specialty medications.*

How it works

A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable.** Participating members will have a **$0 out-of-pocket** cost on eligible specialty medications!†

How to get started

Your enrollment in the program will begin automatically, but additional steps may be needed.†† You can choose to opt-out at any time.‡

If you want more information on the program please contact PrudentRx at 1-800-578-4403 to help answer your questions



*Due to limitations that exist within various external pharmacy systems, implementing the PrudentRx solution on high-deductible health plans (HDHPs) with health savings accounts (HSAs) will be limited to only those medications included on the client's specialty drug list and dispensed by CVS Specialty® and will not include limited distribution drugs.

**Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any Federal health care program.

†Participating members enrolled in an HDHP with HSA must fully satisfy their deductible before they are eligible for a final $0 out-of-pocket cost, unless the member has been prescribed a medication that qualifies as "preventive care" under the Internal Revenue Code, which is administered and enforced by the Internal Revenue Service.

††Some manufacturers require you to sign up to obtain copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take.

‡If you choose to opt out of the program or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

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