Wyoming Credit Union Insurance Trust

2024 - WCUIT Benefit Plan Options

	Plan #3		Plan #4		Plan #5		Plan #6	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Amounts					*HSA Eligible*		*HSA Eligible*	
Individual	$1,500	$3,000	$300 FMD	$600 FMD	$1,750	$3,500	$3,200	$6,400
Family	$3,000	$6,000	FMD = Family Monthly Deductible		$3,500	$7,000	$6,400	$12,800
Coinsurance Percentage								
In-Network	80%	60%	60%	40%	60%	40%	80%	60%
Out-of-Pocket Maximum (incl. Ded.)								
Individual (in network)	$5,500	$11,000	$4,500	$9,000	$5,000	$10,000	$6,000	$12,000
Family (in network)	$11,000	$22,000	$9,000	$18,000	$10,000	$20,000	$12,000	$24,000
Doctor Office Visit Co-pay								
Primary Care Physician	$35	Ded & Co-insurance	$35	Ded & Co-insurance	Deductible and Co-insurance		Deductible and Co-insurance	
Specialist Physician	$75		$75					
Preventative Care	100%		100%		100%		100%	
	First Mammogram and/or Colonoscopy per year per person - paid 100% regardless of coding/billing				First Mammogram and/or Colonoscopy per year per person - paid 100% AFTER Deductible			
In-Patient Services								
Hospitalization	80%/60% after deductible		60%/40% after deductible		60%/40% after deductible		80%/60% after deductible	
Physician	80%/60% after deductible		60%/40% after deductible		60%/40% after deductible		80%/60% after deductible	
Out-Patient Surgery Benefits	80%/60% after deductible		60%/40% after deductible		60%/40% after deductible		80%/60% after deductible	
Emergency Room Co-pay	$500 / non-emergency visit		$500 / non-emergency visit		$500 / non-emergency visit		$500 / non-emergency visit	
Prescription Card	Preferred Pharmacy	Non-Preferred Pharm	Preferred Pharmacy	Non-Preferred Pharm				
Preferred Generic	$0	$10	$0	$10				
Non-Preferred Generic	$15	$25	$15	$25				
Preferred Brand Name	$40	$65	$40	$65				
Non-Preferred Brand Name	$90	$120	$90	$120				
Specialty Brand Name	$250	$350	$250	$350				
Mail Order	2x Co-pay - 90 day supply		2x Co-pay - 90 day supply		Discount Card - Deductible and Co-insurance Available		Discount Card - Deductible and Co-insurance Available	

**Please refer to the Plan Document for a full explanation of benefits, limitations and exclusions. If there is a discrepancy between this summary and the Plan Document, the Plan Document carries precedent.*

Note: Co-payments (Dr. Office, Rx Card and Emergency Room) ***will apply*** *toward the annual out-of-pocket maximum.*

Wyoming Credit Union Insurance Trust

Delta Dental

Effective January 1, 2024

	Plan 1
Diagnostic & Preventative Services:	
Coinsurance %	100%
Deductible Amount:	$50 (3 x fam)
Only Applies to Basic and Major Services	
Basic Services:	
Coinsurance %	80%
Major Services	
6 month Waiting Period for Employees With No Prior Coverage	
Coinsurance %	50%
Combined Annual Maximum: *(EXCEPT Preventative Care)*	$1,500
Orthodontia Care: (covered dependent children to age 21)	
6 month Waiting Period for Employees With No Prior Coverage	
Coinsurance %	50%
Lifetime Maximum	$1,500

*Adult Children to Age 26 are eligible to participate in the dental plan.

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Wyoming Credit Union Insurance Trust

The Standard / VSP

Vision Plan

Effective January 1, 2024

	Plan B	Plan C
Eye Exam	12 Months	12 Months
Exam Co-pay	$10.00	$10.00
Lenses	12 Months	12 Months
Frames	24 Months	12 Months
Frame Allowance	$200	$250
Contacts Allowance	$200	$250
Materials Co-pay	$25.00	$25.00

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