Rosholt School District 2021-2022 Health Insurance Election



WCA GROUP HEALTH TRUST

Coverage Period: July 1, 2021 to June 30, 2022

1	Check \checkmark one of the following options:				
	Accept Coverage If you choose to accept covere	age, go to Step 2			
	Waive Coverage If you choose to waive covera	ige, go to Step 3			
2	Choose your plan and check √ (only 1) either	r Single or Fami	ily coverage be	low that plan:	
		Single	Family n 6A	Single	Family
	Deductible (In-Network/Out of Network) Max Out-of-Pocket In-Network Max Out-of-Pocket Out of Network Total Monthly Premium District's Share of Monthly Premium Employee's Share of Monthly Premium (per paycheck)	\$1,500 \$1,500 N/A \$913.73 \$737.93 \$87.90	\$3,000 \$3,000 N/A \$2,081.85 \$1,681.32 \$200.27		
	Deductible (In-Network/Out of Network) Max Out-of-Pocket In-Network Max Out-of-Pocket Out of Network Total Monthly Premium District's Share of Monthly Premium Employee's Share of Monthly Premium (per paycheck)	\$2,000 \$2,000 \$2,000 N/A \$875.71 \$737.93 \$68.89	\$4,000 \$4,000 N/A \$1,995.21 \$1,681.32 \$156.95	\$2,000/\$4,000 \$2,000 \$5,500 \$898.66 \$737.93 \$80.37	\$4,000/\$8,000 \$4,000 \$11,000 \$2,047.52 \$1,681.32 \$183.10
	Deductible (In-Network/Out of Network) Max Out-of-Pocket In-Network Max Out-of-Pocket Out of Network Total Monthly Premium District's Share of Monthly Premium Employee's Share of Monthly Premium (per paycheck)	\$2,800 \$2,800 \$1,800 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4	\$5,600 \$5,600 N/A \$1,910.59 \$1,681.32 \$114.64	\$2,800/\$5,600 \$2,800 \$6,600 \$860.58 \$737.93 \$61.33	\$5,600/\$11,200 \$5,600 \$13,200 \$1,960.74 \$1,681.32 \$139.71
		Pla	n 2A	Pla	n 2B
	Deductible (In-Network/Out of Network) Max Out-of-Pocket In-Network Max Out-of-Pocket Out of Network Total Monthly Premium District's Share of Monthly Premium Employee's Share of Monthly Premium (per paycheck)	\$3,000 \$3,000 N/A \$826.30 \$737.93 \$44.19	\$6,000 \$6,000 N/A \$1,882.63 \$1,681.32 \$100.66	\$3,000/\$6,000 \$3,000 \$7,000 \$851.14 \$737.93 \$56.61	\$6,000/\$12,000 \$6,000 \$14,000 \$1,939.24 \$1,681.32 \$128.96
		Ш	Ш	Ш	Ш
	Deductible (In-Network/Out of Network) Max Out-of-Pocket In-Network Max Out-of-Pocket Out of Network Total Monthly Premium District's Share of Monthly Premium Employee's Share of Monthly Premium (per paycheck)	\$4,000 \$4,000 N/A \$776.12 \$737.93 \$19.10	\$8,000 \$8,000 N/A \$1,768.30 \$1,681.32 \$43.49		
	NOTE: Employee's Share of Mo The District will pay 88% of total premiun				
3	Sign and return completed form to Rachel Plo			,	
	Print Name				
			_		
	Signature		1	Date	



	PLAN	2A Current I	Plan Benefits	PLAN 2A Renewal Plan Benefits			
Network		UHC Choice		UHC Choice Plus			
Plan Type		EPO		EPO			
Accumulation Type		Embedd	ed		Embedd	ed	
Benefit Accumulator		Plan Yea			Plan Yea		
	In-Netv		Out-of-Network	In-Net		Out-of-Network	
Deductible	\$3,000/\$		NA	\$3,000/\$6,000		NA	
Coinsurance	1009		NA	100		NA	
Maximum Out of Pocket (Deductible/Coinsurance)	\$3,000/\$		NA	\$3,000/\$6,000		NA	
Medical Benefits							
Inpatient Hospital	Deductible	e/100%	Not Covered	Deductibl	e/100%	Not Covered	
Outpatient Hospital	Deductible	2/100%	Not Covered	Deductibl	e/100%	Not Covered	
Office Visit	Deductible	2/100%	Not Covered	Deductible/100% Deductible/100%		Not Covered	
Specialist Office Visit	Deductible		Not Covered			Not Covered	
Preventive Exam	100%/Ded. Waived		Not Covered	100%/Ded. Waived		Not Covered	
Manipulation Deductib			Not Covered	Deductibl	e/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%		Not Covered	Deductible/100%		Not Covered	
Urgent Care	Deductible/100%		Not Covered	Deductible/100%		Not Covered	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%			
Mental Health/Subst. Abuse:							
Office Visit Inpatient Outpatient	Deductible/100% Deductible/100% Deductible/100%		Not Covered Not Covered Not Covered	Deductible/100% Deductible/100% Deductible/100%		Not Covered Not Covered Not Covered	
High Tech Imaging Coverage	Deductible		Not Covered	Deductible/100% Deductible/100%		Not Covered	
Oral Surgery	Deductible		Not Covered			Not Covered	
All Other Covered Medical Services	Deductible		Not Covered	Deductible/100%		Not Covered	
Teladoc Benefits		PPO Deductibl		PPO Deductible/100%			
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible			
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred	
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60	
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180	
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120	
Specialty, 30 Days	720	PPO Deductib		PPO Deductible/25%			
	HDHP Preven		Deductible Waived	HDHP Preventive: Yes - \$0 Deductible Waived			
		-	yearetiste warrea	Mandatory Generic: Yes			
	Mandatory Generic: Yes Certain Diabetic Supplies: \$0 Copay Rx Max Out-of-Pocket: \$500/\$1,000			Certain Diabetic Supplies: \$0 Copay			
				Rx Max Out-of-Pocket: \$500/\$1,000			
Other Benefits	17. 19187 Out-01-1 Ocket. 2500/ 21,000			TA HIGA OUT OF TOCKET, 9500/91/000			
Waiver of Premium		Yes		Yes			
UHC Hearing		Yes	7 = 7 = 7 = 7 = 7 = 7		Yes	1600	
Maternity Management		Yes		1	Yes		
Real Appeal		Yes			Yes		
Plan Election		103				7	

By: Rosholt School District	By: WCA Group Health Trust Signature:
Signature:	Signature:
Print Name:	Print Name: Michael Lamont
Title:	Title: Chief Operating Officer
Date:	Date: 03.24.202



9.5	PLAN.	2B Current	t Plan Benefits	PLAN	l 2B Renewal	Plan Benefits		
Network		UHC Choi	ice Plus	UHC Choice Plus				
Plan Type		PPO)	PPO				
Accumulation Type		Embed	lded	Embedded				
Benefit Accumulator	Plan Year (In/Out of Network)	Plan Year (Combined I		/Out of Network)		
In-Netwo				In-Net		Out-of-Network		
Deductible	\$3,000/\$6	5,000	\$6,000/\$12,000	\$3,000/\$6,000		\$6,000/\$12,000		
Coinsurance	100%		80%	100%		80%		
Maximum Out of Pocket (Deductible/Coinsurance)	\$3,000/\$6	5,000	\$7,000/\$14,000	\$3,000/\$6,000		\$7,000/\$14,000		
Medical Benefits								
Inpatient Hospital	Deductible,	/100%	Deductible/80%	Deductibl	e/100%	Deductible/80%		
Outpatient Hospital	Deductible	/100%	Deductible/80%	Deductibl	e/100%	Deductible/80%		
Office Visit			Deductible/80%	Deductibl	e/100%	Deductible/80%		
Specialist Office Visit			Deductible/80%	Deductibl		Deductible/80%		
Preventive Exam			Deductible/80%	100%/Ded	. Waived	Deductible/80%		
Manipulation	The state of the s		Deductible/80%	Deductibl	e/100%	Deductible/80%		
Phys/Occ/Sp/Resp Therapy	Phys/Occ/Sp/Resp Therapy Deductible/100%		Deductible/80%	Deductible/100%		Deductible/80%		
Urgent Care	Deductible/100%		Deductible/80%	Deductible/100%		Deductible/80%		
Emergency Room Care			ible/100%		PPO Deductib	eductible/100%		
Mental Health/Subst. Abuse:								
Office Visit	Deductible,	/100%	Deductible/80%	Deductible/100%		Deductible/80%		
Inpatient	Deductible/100% Deductible/100%		Deductible/80%	Deductible/100% Deductible/100%		Deductible/80% Deductible/80%		
Outpatient			Deductible/80%					
High Tech Imaging Coverage	Deductible/	100%	Deductible/80%	Deductible/100% Deductible/100% Deductible/100% PPO Deductil		Deductible/80% Deductible/80% Deductible/80% Sible/100%		
Oral Surgery	Deductible/	100%	Deductible/80%					
All Other Covered Medical Services	Deductible/	100%	Deductible/80%					
Teladoc Benefits	P	PO Deducti	ble/100%					
Pharmacy Benefits	Sub	ject to PPC) Deductible	Subject to PPO Deductible				
Drug Plan Formulary	Generic	Preferre	d Non-Preferred	Generic	Preferred	Non-Preferred		
Retail, 30 Days	\$10	\$30		\$10	\$30	\$60		
Retail, 31-90 Days	\$30	\$90		\$30	\$90	\$180		
Mail Order, 90 Days	\$20	\$60		\$20	\$60	\$120		
Specialty, 30 Days		PPO Deductible/25%			PPO Deductible/25%			
)/Deductible Waived	HDHP Preventive: Yes - \$0/Deductible Waived				
	Mandatory Ge	2.000		Mandatory Generic: Yes Certain Diabetic Supplies: \$0 Copay				
	Certain Diabet		\$0 Copay					
Rx Max Out-of-Pocket: \$5			Rx Max Out-of-Pocket: \$500/\$1,000 (Applies t In-Net OOP Only)					
Other Benefits								
Waiver of Premium	Yes)		Yes			
UHC Hearing		Yes	;		Yes			
Maternity Management		Yes			Yes			
Real Appeal		Yes	i		Yes			
Plan Election	NIE-Z-							

By: WCA Group Health Trost
By: WCA Group Healt/Trast Signature:
Print Name: Michael Lamont
Title: Chief Operating Officer
Date: 03.24.2012



	PLAN	4A Current I	Plan Benefits	PLAN 4A Renewal Plan Benefits								
Network		UHC Choice	Plus	UHC Choice Plus								
Plan Type		EPO - QHI	OHP	EPO - QHDHP								
Accumulation Type		Embedd	ed		Embedd	ed						
Benefit Accumulator		Plan Yea			Plan Ye	ar						
	In-Netv		Out-of-Network	In-Net	work	Out-of-Network						
Deductible	\$4,000/\$		NA	\$4,000/\$8,000		NA						
Coinsurance	1009		NA	100		NA						
Maximum Out of Pocket (Deductible/Coinsurance)	\$4,000/\$		NA	\$4,000/\$8,000		NA						
Medical Benefits												
Inpatient Hospital	Deductible	e/100%	Not Covered	Deductibl	e/100%	Not Covered						
Outpatient Hospital	Deductible	e/100%	Not Covered	Deductibl	e/100%	Not Covered						
Office Visit	Deductible	e/100%	Not Covered	Deductibl	e/100%	Not Covered						
Specialist Office Visit	Deductible	e/100%	Not Covered	Deductible/100%		Not Covered						
Preventive Exam			Not Covered	100%/Ded	. Waived	Not Covered						
Manipulation								2/100%	Not Covered	Deductibl	e/100%	Not Covered
The state of the s					e/100%	Not Covered						
Urgent Care	Deductible/100%		Not Covered	Deductible/100%		Not Covered						
Emergency Room Care		PPO Deductible/100%			PPO Deductible/100%							
Mental Health/Subst. Abuse:												
Office Visit Inpatient Outpatient	Deductible/100% Deductible/100% Deductible/100%		Not Covered Not Covered Not Covered	Deductibl Deductibl Deductibl	e/100%	Not Covered Not Covered Not Covered						
High Tech Imaging Coverage	Deductible		Not Covered	Deductible/100%		Not Covered						
Oral Surgery	Deductible		Not Covered	Deductibl		Not Covered						
All Other Covered Medical Services	Deductible		Not Covered	Deductible/100%		Not Covered						
Teladoc Benefits				PPO Deductible/100%								
Pharmacy Benefits	PPO Deductible/100% Subject to PPO Deductible			Subject to PPO Deductible								
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferre						
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60						
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180						
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120						
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%								
.,	HDHP Proven		Deductible Waived	HDHP Preventive: Yes - \$0/Deductible Waived								
			ocaactible waivea	Mandatory Generic: Yes								
	Mandatory Generic: Yes Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay								
	Rx Max Out-of-Pocket: \$1,000/\$2,000			Rx Max Out-of-Pocket: \$1,000/\$2,000								
Other Benefits	TA IVIAN OUL-C	RX Max Out-of-Pocket: \$1,000/\$2,000			ocket. \$1,00	50, 42,000						
Waiver of Premium	Yes			Yes								
UHC Hearing	Yes			Yes								
Maternity Management		Yes			Yes							
Real Appeal					Yes							
Plan Election		Yes			Yes							

By: Rosholt School District	By: WCA Group Health Tust Signature:
Signature:	Signature:
Print Name:	Print Name: Michael Lamont
Fitle:	Title: Chief Operating Officer
Date:	Date: <u>03-24_2022</u>



	PLAN	5A Current P	lan Benefits	PLAN 5A Renewal Plan Benefits				
Network		UHC Choice	Plus	UHC Choice Plus				
Plan Type		EPO		EPO				
Accumulation Type		Non-Embed	lded		Non-Embed	ded		
Benefit Accumulator		Plan Yea	r		Plan Year	r		
•	In-Network		Out-of-Network	In-Net	work	Out-of-Network		
Deductible	\$2,000/\$	4,000	NA	\$2,000/\$4,000		NA		
Coinsurance	100%	6	NA	100)%	NA		
Maximum Out of Pocket (Deductible/Coinsurance)	\$2,000/\$	4,000	NA	\$2,000/\$4,000		NA		
Medical Benefits								
Inpatient Hospital	Deductible	2/100%	Not Covered	Deductib	le/100%	Not Covered		
Outpatient Hospital	Deductible	/100%	Not Covered	Deductib	le/100%	Not Covered		
Office Visit	Deductible	/100%	Not Covered	Deductible/100%		Not Covered		
Specialist Office Visit	·		Not Covered	Deductible/100%		Not Covered		
Preventive Exam			Not Covered	100%/Ded	. Waived	Not Covered		
Manipulation			Not Covered	Deductible/100%		Not Covered		
Phys/Occ/Sp/Resp Therapy			Not Covered	Deductibl	le/100%	Not Covered		
Urgent Care Deductible/100%		/100%	Not Covered	overed Deductible/100%		Not Covered		
Emergency Room Care		PPO Deductible	e/100%	PPO Deductible/1		/100%		
Mental Health/Subst. Abuse: Office Visit Inpatient Outpatient	Office Visit Deductible/1009 Inpatient Deductible/1009		Not Covered Not Covered Not covered	Deductible/100% Deductible/100% Deductible/100%		Not Covered Not Covered Not covered		
High Tech Imaging Coverage	Deductible		Not Covered	Deductible/100%		Not Covered		
Oral Surgery	Deductible		Not Covered Not Covered	Deductibl		Not Covered		
All Other Covered Medical Services		Deductible/100%		Deductible/100%		Not Covered		
Teladoc Benefits		PO Deductible		PPO Deductible/100%				
Pharmacy Benefits	The second secon	bject to PPO D		Subject to PPO Deductible				
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred		
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60		
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180		
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120		
Specialty, 30 Days		PPO Deductibl		PPO Deductible/25%				
		11221 1225	eductible Waived	HDHP Preventive: Yes - \$0/Deductible Waived				
	Mandatory Ge			Mandatory Generic: Yes Certain Diabetic Supplies: \$0 Copay				
	Certain Diabet							
Rx Max Out-of-Pocket: \$50			/\$1,000	1,000 Rx Max Out-of-Pocket: \$500		\$1,000		
Other Benefits								
Waiver of Premium	Yes			Yes				
UHC Hearing		Yes		Yes				
Maternity Management		Yes			Yes			
Real Appeal		Yes		Yes				
Plan Election								

By: Rosholt School District	By: WCA Group Health Trust	
Signature:	By: WCA Group Health Trust Signature:	
Print Name:	Print Name: Michael Lamont	
Title:	Title: Chief Operating Officer	
Date:	Date: <u>63.24.26</u> 2	



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	PLAN	5B Current	Plan Benefits	PLAN	I 5B Renewa	Plan Benefits		
Network		UHC Choi	ce Plus	UHC Choice Plus				
Plan Type		PPC)	PPO				
Accumulation Type		Non-Emb	edded		Non-Embe	edded		
Benefit Accumulator	Plan Year	(Combined	n/Out of Network)	Plan Yea	n/Out of Network)			
	In-Netw		Out-of-Network	In-Network		Out-of-Network		
Deductible	\$2,000/\$4	4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$4,000/\$8,000		
Coinsurance	100%	-	80%	100		80%		
Maximum Out of Pocket (Deductible/Coinsurance)	\$2,000/\$4		\$5,500/\$11,000	\$2,000/\$4,000		\$5,500/\$11,000		
Medical Benefits								
Inpatient Hospital	Deductible	/100%	Deductible/80%	Deductibl	e/100%	Deductible/80%		
Outpatient Hospital	Deductible	/100%	Deductible/80%	Deductibl	e/100%	Deductible/80%		
Office Visit	Deductible	/100%	Deductible/80%	Deductibl	e/100%	Deductible/80%		
Specialist Office Visit	Deductible	/100%	Deductible/80%	Deductibl	e/100%	Deductible/80%		
Preventive Exam	100%/Ded.		Deductible/80%	100%/Ded	. Waived	Deductible/80%		
Manipulation Deductible/100% Phys/Occ/Sp/Resp Therapy Deductible/100%		/100%	Deductible/80%	Deductibl	e/100%	Deductible/80%		
		/100%	Deductible/80%	Deductibl	e/100%	Deductible/80%		
Urgent Care	Deductible/100%		Deductible/80%	Deductible/100%		Deductible/80%		
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%				
Mental Health/Subst. Abuse:								
Office Visit	Deductible	Deductible/100% De		Deductible	e/100%	Deductible/80%		
Inpatient	Deductible/100%		Deductible/80%	Deductible/100%		Deductible/80%		
Outpatient	Deductible		Deductible/80%	Deductible/100% Deductible/100% Deductible/100%		Deductible/80%		
High Tech Imaging Coverage	Deductible	/100%	Deductible/80%			Deductible/80%		
Oral Surgery	Deductible	/100%	Deductible/80%			Deductible/80%		
All Other Covered Medical Services	Deductible	/100%	Deductible/80%	Deductible	e/100%	Deductible/80%		
Teladoc Benefits		PO Deducti		PPO Deducti		ble/100%		
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible				
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred		
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60		
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180		
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120		
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%				
			/Deductible Waived	HDHP Preventive: Yes - \$0/Deductible Waived				
	Mandatory Ge		,	Mandatory Generic: Yes				
	Certain Diabet		\$0 Copay	Certain Diabetic Supplies: \$0 Copay				
	Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to In-Net OOP Only)			Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to In-Net OOP Only)				
Other Benefits	III-INEL OUF OI	114)		militate oor o	,			
Waiver of Premium		Yes			Yes			
UHC Hearing		Yes		Yes				
Maternity Management		Yes						
Real Appeal		Yes		+	Yes			
Plan Election		162		Yes				

By: WCA Group Health Tryst
By: WCA Group Health Trust Signature:
Print Name: Michael Lamont
Title: Chief Operating Officer
Date: 03.27.2022



	07/01/	LULL KEHEW	al lot Rostioit School					
	PLAN		Plan Benefits	PLAN 6A Renewal Plan Benefits				
Network		UHC Choice	e Plus	UHC Choice Plus				
Plan Type		EPO		EPO				
Accumulation Type		Non-Embe	dded		Non-Embed	dded		
Benefit Accumulator		Plan Ye	ar	Plan Year				
	In-Net	vork	Out-of-Network	In-Net	work	Out-of-Network		
Deductible	\$1,500/\$	3,000	NA	\$1,500/\$3,000		NA		
Coinsurance	100	%	NA	100%		NA		
Maximum Out of Pocket (Deductible/Coinsurance)	\$1,500/\$	3,000	NA	\$1,500/\$3,000		NA		
Medical Benefits		hillian in the			The second			
Inpatient Hospital	Deductible	e/100%	Not Covered	Deductibl	e/100%	Not Covered		
Outpatient Hospital	Deductible	e/100%	Not Covered	Deductibl	e/100%	Not Covered		
Office Visit	Deductible	2/100%	Not Covered	Deductibl	e/100%	Not Covered		
Specialist Office Visit	Deductible/100% 100%/Ded. Waived Deductible/100%		Not Covered	Deductible/100% 100%/Ded. Waived Deductible/100%		Not Covered		
Preventive Exam			Not Covered			Not Covered		
Manipulation			Not Covered			Not Covered		
Phys/Occ/Sp/Resp Therapy	Deductible/100%		Not Covered	Deductible/100%		Not Covered		
Urgent Care	Deductible/100%		Not Covered	Deductible/100%		Not Covered		
Emergency Room Care		PPO Deductibl	e/100%	PPO Deductible		e/100%		
Mental Health/Subst. Abuse:		4 700						
Office Visit			Not Covered	Deductible/100% Deductible/100%		Not Covered		
Inpatient			Not Covered			Not Covered		
Outpatient	Deductible	2/100%	Not Covered	Deductible/100% Deductible/100% Deductible/100%		Not Covered Not Covered Not Covered		
High Tech Imaging Coverage	Deductible	2/100%	Not Covered					
Oral Surgery	Deductible	2/100%	Not Covered					
All Other Covered Medical Services	Deductible	2/100%	Not Covered	Deductible/100% Not		Not Covered		
Teladoc Benefits		PPO Deductibl	e/100%	PPO Deductible/100% Subject to PPO Deductible				
Pharmacy Benefits	Su	bject to PPO D	Deductible					
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferre		
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60		
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180		
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120		
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%				
	HDHP Preven		Deductible Waived	HDHP Preventive: Yes - \$0/Deductible Waived				
	Mandatory G			Mandatory Generic: Yes				
		tic Supplies: \$	0 Copay	Certain Diabetic Supplies: \$0 Copay				
		f-Pocket: \$1,0		Rx Max Out-of-Pocket: \$1,000/\$2,000				
Other Benefits	, ,,,,,,,,,							
Waiver of Premium	Yes			Yes				
UHC Hearing				Yes				
Maternity Management					Yes			
Real Appeal		Yes			Yes	4192		
Plan Election		20000000						

By: Rosholt School District	By: WCA Group Health Trust
Signature:	By: WCA Group Health Trust Signature:
Print Name:	Print Name: Michael Lamont
Title:	Title: Chief Operating Officer
Date:	Date: 03.24.202



	PLAN	PLAN 7A Current Plan Benefits			17A Renewal	Plan Benefits	
Network		UHC Choice	e Plus	UHC Choice Plus			
Plan Type		EPO		EPO			
Accumulation Type	Embedded				Embedde	ed	
Benefit Accumulator	Plan Year			Plan Year			
	In-Netw	vork	Out-of-Network	In-Network		Out-of-Network	
Deductible	\$2,800/\$	5,600	NA	\$2,800/	\$5,600	NA	
Coinsurance	100%	6	NA	100	%	NA	
Maximum Out of Pocket (Deductible/Coinsurance)	\$2,800/\$	5,600	NA	\$2,800/	\$5,600	NA	
Medical Benefits							
Inpatient Hospital	Deductible/100% Not Covered		Deductibl	e/100%	Not Covered		
Outpatient Hospital	Deductible	2/100%	Not Covered	Deductibl	e/100%	Not Covered	
Office Visit	Deductible	2/100%	Not Covered	Deductibl	e/100%	Not Covered	
Specialist Office Visit	Deductible	2/100%	Not Covered	Deductibl	e/100%	Not Covered	
Preventive Exam	100%/Ded.	Waived	Not Covered	100%/Ded	. Waived	Not Covered	
Manipulation	Deductible	2/100%	Not Covered	Deductibl	e/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%		Not Covered	Deductible/100%		Not Covered	
Urgent Care	Deductible/100% Not Covered		Deductible/100% Not Covere		Not Covered		
Emergency Room Care		PPO Deductibl	e/100%	PPO Deductible/100%			
Mental Health/Subst. Abuse:	A STATE OF S						
Office Visit Inpatient Outpatient	Deductible Deductible Deductible	/100%	Not Covered Not Covered Not Covered	Deductibl Deductibl Deductibl	e/100%	Not Covered Not Covered Not Covered	
High Tech Imaging Coverage	Deductible		Not Covered	Deductible/100%		Not Covered	
Oral Surgery	Deductible		Not Covered	Deductible/100%		Not Covered	
All Other Covered Medical Services	Deductible		Not Covered	Deductible/100% Not Cove		Not Covered	
Teladoc Benefits		PPO Deductibl		PPO Deductible/100%			
Pharmacy Benefits		bject to PPO [S	ubject to PPO D		
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferre	
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60	
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180	
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120	
Specialty, 30 Days		PPO Deductib		PPO Deductible/25%			
	HDHP Preventive: Yes \$0/Deductible Waived			HDHP Preventive: Yes \$0/Deductible Waived			
			49-960-1 (1994) 38-96-1 (1994) 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Mandatory Generic: Yes			
	Mandatory Generic: Yes Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay			
	Rx Max Out-of-Pocket: \$500/\$1,000			Rx Max Out-of-Pocket: \$500/\$1,000			
Other Benefits							
Waiver of Premium	Yes			Yes			
UHC Hearing	Yes			Yes			
Maternity Management		Yes			Yes		
Real Appeal		Yes	300 30 30 30		Yes		
Plan Election				1]	

By: WCA Group Health Tust Signature:
Signature:
Print Name: Michael Lamont
Title: Chief Operating Officer
Date: 03.24.7672



	PLAN	7B Current	t Plan Benefits	PLA	N 7B Renewal	Plan Benefits	
Network		UHC Choi	ce Plus	UHC Choice Plus			
Plan Type		PPC)	PPO			
Accumulation Type	Embedded				Embedd	led	
Benefit Accumulator	Plan Year (Combined In/Out of Network)			Plan Ye	ar (Combined In	/Out of Network)	
	In-Network		Out-of-Network	In-Ne	twork	Out-of-Network	
Deductible	\$2,800/\$5,600		\$5,600/\$11,200	\$2,800,	/\$5,600	\$5,600/\$11,200	
Coinsurance	1009	6	80%	10	0%	80%	
Maximum Out of Pocket (Deductible/Coinsurance)	\$2,800/\$	5,600	\$6,600/\$13,200	\$2,800,	/\$5,600	\$6,600/\$13,200	
Medical Benefits							
Inpatient Hospital	Deductible	2/100%	Deductible/80%	Deductib	ole/100%	Deductible/80%	
Outpatient Hospital	Deductible	2/100%	Deductible/80%	Deductib	ole/100%	Deductible/80%	
Office Visit	Deductible	2/100%	Deductible/80%	Deductib	ole/100%	Deductible/80%	
Specialist Office Visit	Deductible	2/100%	Deductible/80%	Deductib	ole/100%	Deductible/80%	
Preventive Exam	100%/Ded.	Waived	Deductible/80%	100%/Dec	d. Waived	Deductible/80%	
Manipulation	Deductible	2/100%	Deductible/80%	Deductib	ole/100%	Deductible/80%	
Phys/Occ/Sp/Resp Therapy	Deductible/100%		Deductible/80%	Deductib	ole/100%	Deductible/80%	
Urgent Care	Deductible/100%		Deductible/80%	Deductib	ole/100%	Deductible/80%	
Emergency Room Care		PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse: Office Visit	Deductible/100%		Deductible/80%	Deductible/100%		Deductible/80%	
Inpatient Outpatient	Deductible Deductible	2/100%	Deductible/80% Deductible/80%	Deductible/100% Deductible/100%		Deductible/80% Deductible/80%	
High Tech Imaging Coverage	Deductible		Deductible/80%	Deductible/100%		Deductible/80%	
Oral Surgery	Deductible		Deductible/80%	Deductib		Deductible/80%	
All Other Covered Medical Services	Deductible	-	Deductible/80%	Deductib		Deductible/80%	
Teladoc Benefits	5,750,000,000,000,000,000,000	PPO Deducti			PPO Deductib		
Pharmacy Benefits		bject to PPO		Subject to PPO Deductible			
Drug Plan Formulary	Generic	Preferred		Generic	Preferred	Non-Preferre	
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60	
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180	
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120	
Specialty, 30 Days		PPO Deduct			PPO Deductible/25%		
			Deductible Waived	HDHP Preventive: Yes \$0/Deductible Waived			
	Mandatory Ge			Mandatory Generic: Yes			
			\$0 Copav	Certain Diabetic Supplies: \$0 Copay			
	Certain Diabetic Supplies: \$0 Copay Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to				Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to		
	In-Net OOP O			In-Net OOP Only)			
Other Benefits	A MARIA STATE						
Waiver of Premium		Yes			Yes		
UHC Hearing		Yes			Yes		
Maternity Management		Yes			Yes		
Real Appeal		Yes			Yes		
Plan Election						7	

By: WCA Group Health Trost
By: WCA Group Health Trost Signature:
Print Name: Michael Lamont
Title: Chief Operating Officer
Date: 03.28.202



Rosholt School District 2022 RENEWAL EXHIBIT

(Effective 07/01/2022)

PLAN 2A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	1	\$826.30	\$826.30	\$884.14	\$884.14
Family	3	\$1,882.63	\$5,647.89	\$2,014.41	\$6,043.23
Single Medicare w/Rx		\$578.41	\$0.00	\$618.90	\$0.00
Family Medicare w/Rx		\$1,156.81	\$0.00	\$1,237.79	\$0.00
Special Medicare (1 Over/1 Under)		\$1,404.70	\$0.00	\$1,503.03	\$0.00
Monthly Total	4		\$6,474.19		\$6,927.37
Annual Total			\$77,690.28		\$83,128.44
Plan Election					

PLAN 2B Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	0	\$851.14	\$0.00	\$910.72	\$0.00
Family	2	\$1,939.24	\$3,878.48	\$2,074.99	\$4,149.98
Single Medicare w/Rx		\$595.79	\$0.00	\$637.50	\$0.00
Family Medicare w/Rx		\$1,191.60	\$0.00	\$1,275.01	\$0.00
Special Medicare (1 Over/1 Under)		\$1,446.94	\$0.00	\$1,548.23	\$0.00
Monthly Total	2		\$3,878.48		\$4,149.98
Annual Total			\$46,541.76		\$49,799.76
Plan Election					

PLAN 4A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	2	\$776.12	\$1,552.24	\$830.45	\$1,660.90
Family	5	\$1,768.30	\$8,841.50	\$1,892.08	\$9,460.40
Single Medicare w/Rx		\$543.28	\$0.00	\$581.31	\$0.00
Family Medicare w/Rx		\$1,086.56	\$0.00	\$1,162.62	\$0.00
Special Medicare (1 Over/1 Under)		\$1,319.40	\$0.00	\$1,411.76	\$0.00
Monthly Total	7		\$10,393.74		\$11,121.30
Annual Total			\$124,724.88		\$133,455.60
Plan Election					

By: Rosholt School District	By: WCA Group Health Trust
Signature:	By: WCA Group Health Trust Signature:
Print Name:	Print Name: Michael Lamont
Title:	Title: Chief Operating Officer
Date:	Date: 63-24.222



Rosholt School District 2022 RENEWAL EXHIBIT

(Effective 07/01/2022)

PLAN 5A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	5	\$875.71	\$4,378.55	\$937.01	\$4,685.05
Family	9	\$1,995.21	\$17,956.89	\$2,134.87	\$19,213.83
Single Medicare w/Rx		\$612.99	\$0.00	\$655.90	\$0.00
Family Medicare w/Rx		\$1,225.99	\$0.00	\$1,311.81	\$0.00
Special Medicare (1 Over/1 Under)		\$1,488.70	\$0.00	\$1,592.91	\$0.00
Monthly Total	14		\$22,335.44		\$23,898.88
Annual Total			\$268,025.28		\$286,786.56
Plan Election				NAME OF STREET	

PLAN 5B Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	0	\$898.66	\$0.00	\$961.57	\$0.00
Family	4	\$2,047.52	\$8,190.08	\$2,190.85	\$8,763.40
Single Medicare w/Rx		\$629.06	\$0.00	\$673.09	\$0.00
Family Medicare w/Rx		\$1,258.13	\$0.00	\$1,346.20	\$0.00
Special Medicare (1 Over/1 Under)		\$1,527.73	\$0.00	\$1,634.67	\$0.00
Monthly Total	4		\$8,190.08		\$8,763.40
Annual Total			\$98,280.96		\$105,160.80
Plan Election					

PLAN 6A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	3	\$913.73	\$2,741.19	\$977.69	\$2,933.07
Family	1	\$2,081.85	\$2,081.85	\$2,227.58	\$2,227.58
Single Medicare w/Rx		\$639.61	\$0.00	\$684.38	\$0.00
Family Medicare w/Rx		\$1,279.23	\$0.00	\$1,368.78	\$0.00
Special Medicare (1 Over/1 Under)		\$1,553.34	\$0.00	\$1,662.07	\$0.00
Monthly Total	4		\$4,823.04		\$5,160.65
Annual Total			\$57,876.48		\$61,927.80
Plan Election					

By: WCA Group Health Typest			
By: WCA Group Health Tynst			
Print Name: Michael Lamont			
Title: Chief Operating Officer			
Date: 03.24.2622			



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Rosholt School District 2022 RENEWAL EXHIBIT

(Effective 07/01/2022)

PLAN 7A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	3	\$838.56	\$2,515.68	\$897.26	\$2,691.78
Family	7	\$1,910.59	\$13,374.13	\$2,044.33	\$14,310.31
Single Medicare w/Rx		\$587.00	\$0.00	\$628.09	\$0.00
Family Medicare w/Rx		\$1,173.99	\$0.00	\$1,256.17	\$0.00
Special Medicare (1 Over/1 Under)		\$1,425.56	\$0.00	\$1,525.35	\$0.00
Monthly Total	10		\$15,889.81		\$17,002.09
Annual Total			\$190,677.72		\$204,025.08
Plan Election					

PLAN 7B Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	1	\$860.58	\$860.58	\$920.82	\$920.82
Family	4	\$1,960.74	\$7,842.96	\$2,097.99	\$8,391.96
Single Medicare w/Rx		\$602.41	\$0.00	\$644.58	\$0.00
Family Medicare w/Rx		\$1,204.80	\$0.00	\$1,289.14	\$0.00
Special Medicare (1 Over/1 Under)		\$1,462.98	\$0.00	\$1,565.39	\$0.00
Monthly Total	5		\$8,703.54		\$9,312.78
Annual Total			\$104,442.48		\$111,753.36
Plan Election					

By: Rosholt School District	By: WCA Group Health Tract Signature:		
Signature:	Signature:		
Print Name:	Print Name: Michael Lamont		
Title:	Title: Chief Operating Officer		
Date:	Date: 03.24.202L		



(Effective 07/01/2022)

REQUIRED MODIFICATION NOTICE REGARDING CHANGES TO YOUR WCA GROUP HEALTH TRUST PLAN TO TAKE EFFECT AT YOUR NEXT RENEWAL

Effective July 1, 2022, the follow benefit allowance will change:

- Private Duty Nursing Excluded
- Air Ambulance Benefit limited to \$25,000, per occurrence

By: WCA Group Health Thist
Signature:
Print Name: Michael Lamont
Title: Chief Operating Officer
Date: 63-24.2021