



**SURING SCHOOL DISTRICT
2023 RENEWAL EXHIBIT
(Effective 07/01/2023)**

Assumptions

- Rates are guaranteed for the contract period of 07/01/2023 through 06/30/2024.
- Rates are based on your submitted census. WCA Group Health Trust reserves the right to adjust the rates from audit date back to effective date if any of the following changes:

- Enrollment +/- 10%
- Average Contract Size +/- 10%
- Area Factor +/- 8
- Age/Sex Factor +/- 10%
- Cobra enrollees are more than 10% of enrollment
- Retiree enrollees are more than 10% of enrollment
- Any Material Changes

-Employer contributes a minimum of 50% toward the employee only rates and 50% toward the dependent rates.

-Requires a minimum participation level of 75%.

- This offer, unless otherwise stated herein, completely replaces all other previous offers or portions thereof. Any offers previously extended are hereby null and void.


-WCA Group Health Trust reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.

-This premium may include state and federal taxes and fees.


-Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.

- Premium rates include 1.5% commission payable to your agent based on negotiations between you and your broker/consultant.

By: Suring School District

Signature: 
Print Name: PAUL FOREST
Title: SUPERINTENDENT
Date: 4/13/2023

By: WCA Group Health Trust

Signature: 
Print Name: Michael Lamont
Title: Chief Operating Officer
Date: 04.11.2023



07/01/2023 Renewal for Suring School District

	Current Plan Benefits			Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	EPO			EPO		
Accumulation Type	Embedded			Embedded		
Benefit Accumulator	Calendar Year			Calendar Year		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$3,000/\$6,000	N/A		\$3,000/\$6,000	N/A	
Coinsurance	100%	N/A		100%	N/A	
Total Maximum Out-of-Pocket (Ded, Coins, Medical Copays)	\$4,000/\$8,000	N/A		\$4,000/\$8,000	N/A	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Office Visit	\$25 Copay/Deductible/100%	Not Covered		\$25 Copay/Deductible/100%	Not Covered	
Specialist Office Visit	\$25 Copay/Deductible/100%	Not Covered		\$25 Copay/Deductible/100%	Not Covered	
Preventive Exam	100% Deductible Waived	Not Covered		100% Deductible Waived	Not Covered	
Convenient Care	100%/Deductible Waived	Not Covered		100%/Deductible Waived	Not Covered	
Manipulation	\$25 Copay/Deductible/100%	Not Covered		\$25 Copay/Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	\$25 Copay/Deductible/100%	Not Covered		\$25 Copay/Deductible/100%	Not Covered	
Urgent Care	\$25 Copay/PPO Deductible/100%			\$25 Copay/PPO Deductible/100%		
Emergency Room Care	\$250 Copay/PPO Deductible/100%			\$250 Copay/PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	\$25 Copay/PPO Deductible/100%			\$25 Copay/PPO Deductible/100%		
Inpatient	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient	PPO Deductible/100%			PPO Deductible/100%		
High Tech Imaging Coverage	\$100 Copay/Ded./100%	Not Covered		\$100 Copay/Ded./100%	Not Covered	
Oral Surgery	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Extraction/Replacement/Implant Limit \$1,500 Per Benefit Period	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
All Other Covered Medical Services	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Teladoc Benefits	100%/Deductible Waived			100%/Deductible Waived		
Pharmacy Benefits						
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$25	\$50	\$10	\$25	\$50
Retail, 31-90 Days	\$20	\$50	\$100	\$20	\$50	\$100
Mail Order, 90 Days	\$20	\$50	\$100	\$20	\$50	\$100
Specialty, 30 Days	\$100			\$100		
	Value Priced Generic: Yes - \$0			Value Priced Generic: Yes - \$0		
	Mandatory Generic: No			Mandatory Generic: No		
	Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay		
	Rx Max Out-of-Pocket: \$2,000/\$4,000			Rx Max Out-of-Pocket: \$2,000/\$4,000		
Other Benefits						
Waiver of Premium	Yes			Yes		
Employee Clinic	Yes			Yes		

By: Suring School District
 Signature:
 Print Name: PAUL J. FORCUT
 Title: SUPERINTENDENT
 Date: 4/13/2023

By: WCA Group Health Trust
 Signature:
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 04.11.2023

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.