

2024 Renewal Exhibit (Effective 7/1/2024)

	Plan 1	- Current Plan	Benefits	Plan 1 - Renewal Plan Benefits			
Network		UHC Choice Plus	5	UHC Choice Plus			
Plan Type	EPO			EPO			
Accumulation Type	Embedded			Embedded			
Benefit Accumulator	Calendar Year			Calendar Year			
-	In-Ne	etwork	Out-of- Network	In-Net	work	Out-of-Network	
Deductible	\$2,000)/\$4,000	N/A	\$2,000/	\$4,000	N/A	
Coinsurance		0%	N/A	90		N/A	
Maximum Out of Pocket (Ded., Coins, Med & Rx Copays)	\$6,850,	/\$13,700	N/A	\$6,850/\$	\$13,700	N/A	
Medical Benefits			•				
Inpatient Hospital	Deduct	ible/90%	Not Covered	Deductib	ole/90%	Not Covered	
Outpatient Hospital		ible/90%	Not Covered	Deductik	ole/90%	Not Covered	
Office Visit	\$10 Copay/De	d Waived/100%	Not Covered	\$10 Copay/Ded	-	Not Covered	
Specialist Office Visit	\$50 Copay /Ded Waived/100%		Not Covered	\$50 Copay/Ded Waived/100%		Not Covered	
Preventive Exam	100%/Ded Waived		Not Covered	100%/Ded Waived		Not Covered	
Convenient Care	100%/Ded Waived		Not Covered	100%/Ded Waived		Not Covered	
Manipulation	\$10 Copay/De	d Waived/100%	Not Covered	\$10 Copay/Ded Waived/100%		Not Covered	
Phys/Occ/Sp/Resp Therapy	\$10 Copay/De	d Waived/100%	Not Covered	\$10 Copay/Ded Waived/100%		Not Covered	
Urgent Care	\$100 Copay/De	ed Waived/100%	Not Covered	\$100 Copay/Ded Waived/100% Not Covered			
Emergency Room Care	\$200 Copay	/PPO Deductible	Waived/100%	\$200 Copay/PPO Deductible Waived/100%			
Mental Health/Subst. Abuse:							
Office Visit	\$10 Copay/	/PPO Deductible \	Vaived/100%	\$10 Copay	/PPO Deductible \	Naived/100%	
Inpatient	Deduct	ible/90%	Not Covered	Deductib	ole/90%	Not Covered	
Outpatient	PPO Deductible/90%		F	PPO Deductible/9	0%		
High Tech Imaging Coverage	Deductible/90%		Not Covered	Deductib	ole/90%	Not Covered	
Oral Surgery	Deductible/90% N		Not Covered	Deductib	ole/90%	Not Covered	
All Other Covered Medical Services	Deductible/90% Not Covered		Deductib	ole/90%	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	\$30	\$75	\$150	\$30	\$75	\$150	
Mail Order, 90 Days	\$20	\$50	\$100	\$20	\$50	\$100	
Specialty, Mail, 30 Days	20% to	20% to	20% to		30%	•	
	\$250 max \$250 max \$250 max		\$0 w/Prudent Rx				
Γ	Prudent Rx: No			Prudent Rx: Yes			
	Mandatory Generic: No Rx Max Out-of-Pocket: Included in Medical			Mandatory Generic: No			
				Rx Max Out-of-Pocket: Included in Medical			
Other Benefits							
Employee Clinic		Yes		Yes			
	Yes			Yes			

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Print Name:	
ïtle:	_
Date:	

By: WCA Group Health Vrust	
By: WCA Group Health Trust Signature:	
Print Name: Michael Lamont	
Title: Chief Operating Officer	
Date: 04.15-2024	



2024 Renewal Exhibit

(Effective 7/1/2024)

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	ible /000/	Not Covered	Deductible/90% Not Covered			
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		Not Covered	\$10 Copay/De	d Waived/100%	Not Covered	
\$50 Copay/Ded Waived/100%		Not Covered	\$50 Copay/Ded Waived/100%		Not Covered	
100%/Ded Waived		Not Covered	100%/Ded Waived		Not Covered	
100%/Ded Waived		Not Covered	100%/Ded Waived		Not Covered	
\$10 Copay/Ded Waived/100%		Not Covered	\$10 Copay/Ded Waived/100%		Not Covered	
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\$100 Copay/Ded Waived/100%		Not Covered	\$100 Copay/Ded Waived/100%		Not Covered	
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Deductible/90%		Not Covered	Deductible/90% Not Cov		Not Covered	
PPO Deductible/90%		0%	ſ	PO Deductible/90	0%	
Deductible/90%		Not Covered	Deducti	ble/90%	Not Covered	
Deductible/90%		Not Covered			Not Covered	
Deductible/90% Not Covered			Deducti	ble/90%	Not Covered	
			100	0%/Deductible Wa	aived	
Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred	
\$10	\$25	\$50	\$10	\$25	\$50	
\$30	\$75	\$150	\$30	\$75	\$150	
\$20	\$50	\$100	\$20	\$50	\$100	
0% to \$250	20% to \$250	20% to \$250	50 30% \$0 w/Prudent Rx			
Prudent Rx: No			Prudent Rx: Yes			
Mandatory Generic: No						
Rx Max Out-of-Pocket: Included in Medical			Rx Max Out-of-Pocket: Included in Medical			
HC Hearing P	rogram, Maternit	y Management	UHC Hearing Pr	ogram, Maternity	Management	
Yes			Yes			
Yes				Yes		
		By: WCA G	Group Health Tr			
		Signature	MIN			
		Print Name		 nnt		
	100%/De 10 Copay/De 10 Copay/De 100 Copay/De \$200 Copay \$10 Copay/ Deduct P Deduct Deduct 100 Generic \$10 \$30 \$20 0% to \$250 rudent Rx: No (andatory Ge (Max Out-of HC Hearing P	100%/Ded Waived 10 Copay/Ded Waived/100% 10 Copay/Ded Waived/100% 100 Copay/Ded Waived/100% \$200 Copay /PPO Deductible \$10 Copay/ PPO Deductible Deductible/90% Deductible/90% Deductible/90% Deductible/90% 100%/Deductible Waived/100% Generic Preferred \$10 \$25 \$30 \$75 \$20 \$50 0% to \$250 20% to \$250 cudent Rx: No landatory Generic: No < Max Out-of-Pocket: Included HC Hearing Program, Maternit Yes Yes	100%/Ded WaivedNot Covered10 Copay/Ded Waived/100%Not Covered10 Copay/Ded Waived/100%Not Covered\$200 Copay /PPO Deductible Waived/100%\$10 Copay/ PPO Deductible Waived/100%\$10 Copay / PPO Deductible Waived/100%Deductible/90%Deductible/90%Not CoveredDeductible/90%Not CoveredDeductible/90%Not CoveredDeductible/90%Not CoveredDeductible/90%Not CoveredDeductible/90%Not Covered100%/Deductible WaivedNot Covered100%/Deductible WaivedNot CoveredStop\$50\$100\$25\$50\$30\$75\$150\$20\$50\$1000% to \$25020% to \$250Sudent Rx: NoStopNandatory Generic: NoMax Out-of-Pocket: Included in MedicalHC Hearing Program, Maternity Management YesYesYesSignature: Print Name Title: Chie	100%/Ded Waived Not Covered 100%/Ded 10 Copay/Ded Waived/100% Not Covered \$10 Copay/Ded 10 Copay/Ded Waived/100% Not Covered \$100 Copay/Ded 100 Copay/Ded Waived/100% Not Covered \$100 Copay/Ded \$200 Copay /PPO Deductible Waived/100% \$200 Copay \$10 Copay/PPO Deductible Waived/100% \$200 Copay \$10 Copay/PPO Deductible Waived/100% \$10 Copay/Ded PPO Deductible/90% Not Covered Deductible PPO Deductible/90% Not Covered Deductid Deductible/90% Not Covered Deductid Deductible/90% Not Covered Deductid Deductible/90% Not Covered Deductid 100%/Deductible Waived 100 100 Generic Preferred Non-Preferred Generic \$10 \$25 \$50 \$10 \$30 \$775 \$150 \$30 \$20 \$50 \$100 \$20 0% to \$250 20% to \$250 20% to \$250 20% 0% to \$250 20% to \$250 Mandatory Gen Max Out-of-Pocket: Inclu	100%/Ded Waived Not Covered 100%/Ded Waived 10 Copay/Ded Waived/100% Not Covered \$10 Copay/Ded Waived/100% 10 Copay/Ded Waived/100% Not Covered \$10 Copay/Ded Waived/100% \$200 Copay/PPO Deductible Waived/100% \$200 Copay/PPO Deductible Waived/100% \$200 Copay/PPO Deductible Vaived/100% \$10 Copay/PPO Deductible Waived/100% \$10 Copay/PPO Deductible Vaived/100% \$10 Copay/PPO Deductible Vaived/100% \$10 Copay/PPO Deductible Waived/100% \$10 Copay/PPO Deductible Vaived/100% \$10 Copay/PPO Deductible Vaived/100% \$10 Copay/PPO Deductible/90% Not Covered Deductible/90% PPO Deductible/90% Not Covered Deductible/90% 100%/Deductible Waived 100%/Deductible Waived 100%/Deductible Waived Generic Preferred Non-Preferred Generic Preferred \$10 \$25 \$50 \$10 \$25 \$20 \$50 \$100 \$20 \$50	



Algoma School District 2024 Renewal Exhibit (Effective 7/1/2024)

<u>PLAN 1</u> Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	7/1/2024 Renewal Premium 8%	Renewal Monthly Premium
Single	29	\$819.72	\$23,771.88	\$885.30	\$25,673.70
Employee/Spouse	7	\$1,826.47	\$12,785.29	\$1,972.59	\$13,808.13
Employee/Child(ren)	6	\$1,826.47	\$10,958.82	\$1,972.59	\$11,835.54
Family	25	\$1,826.47	\$45,661.75	\$1,972.59	\$49,314.75
Special Medicare (1 Over/1 Under)	0	\$1,311.54	\$0.00	\$1,416.46	\$0.00
Single Medicare w/o Rx	0	\$491.84	\$0.00	\$531.19	\$0.00
Family Medicare w/o Rx	0	\$983.66	\$0.00	\$1,062.35	\$0.00
Monthly Total	67		\$93,177.74		\$100,632.12
Annual Total			\$1,118,132.88		\$1,207,585.44

<u>PLAN 2</u> Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	7/1/2024 Renewal Premium 8%	Renewal Monthly Premium
Single	2	\$903.76	\$1,807.52	\$976.06	\$1,952.12
Employee/Spouse	0	\$2,013.75	\$0.00	\$2,174.85	\$0.00
Employee/Child(ren)	1	\$2,013.75	\$2,013.75	\$2,174.85	\$2,174.85
Family	5	\$2,013.75	\$10,068.75	\$2,174.85	\$10,874.25
Special Medicare (1 Over/1 Under)	0	\$1,446.02	\$0.00	\$1,561.70	\$0.00
Single Medicare w/o Rx	0	\$542.26	\$0.00	\$585.64	\$0.00
Family Medicare w/o Rx	0	\$1,084.53	\$0.00	\$1,171.29	\$0.00
Monthly Total	8		\$13,890.02		\$15,001.22
Annual Total			\$166,680.24		\$180,014.64

By: Algoma School District

By: WCA Group Health Trust

Signature: ______ Signature: _____ Print Name: Michael Lamont Print Name: _____ Title: Chief Operating Officer_____ Title: _____ Date: _______________ Date:



Algoma School District 2024 Renewal Exhibit (Effective 7/1/2024)

Assumptions

- Rates are guaranteed for the contract period of 7/1/2024 through 6/30/2025.

- 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: Algoma School District

Print Name:	
Title:	
Date:	

By: WCA Group Health Trust

Signature: <u>Mult</u>

Print N	Name: Michael Lamont_	
Title:	Chief Operating Officer_	
Date:	09-15-2024	