

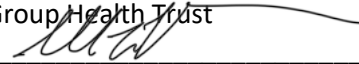


WCA Group Health Trust

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

	<b>Plan 1 - Current Plan Benefits</b>			<b>Plan 1 - Renewal Plan Benefits</b>		
<b>Network</b>	UHC Choice Plus			UHC Choice Plus		
<b>Plan Type</b>	EPO			EPO		
<b>Accumulation Type</b>	Embedded			Embedded		
<b>Benefit Accumulator</b>	Calendar Year			Calendar Year		
	<b>In-Network</b>	<b>Out-of-Network</b>		<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Deductible</b>	\$2,000/\$4,000	N/A		\$2,000/\$4,000	N/A	
<b>Coinsurance</b>	90%	N/A		90%	N/A	
<b>Maximum Out of Pocket</b> (Ded., Coins, Med & Rx Copays)	\$6,850/\$13,700	N/A		\$6,850/\$13,700	N/A	
<b>Medical Benefits</b>						
Inpatient Hospital	Deductible/90%	Not Covered		Deductible/90%	Not Covered	
Outpatient Hospital	Deductible/90%	Not Covered		Deductible/90%	Not Covered	
Office Visit	\$10 Copay/Ded Waived/100%	Not Covered		\$10 Copay/Ded Waived/100%	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/Ded Waived/100%	Not Covered		\$10 Copay/Ded Waived/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	\$10 Copay/Ded Waived/100%	Not Covered		\$10 Copay/Ded Waived/100%	Not Covered	
Urgent Care	\$100 Copay/Ded 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 Waived/100%			\$10 Copay/PPO Deductible Waived/100%		
Inpatient	Deductible/90%	Not Covered		Deductible/90%	Not Covered	
Outpatient	PPO Deductible/90%			PPO Deductible/90%		
High Tech Imaging Coverage	Deductible/90%	Not Covered		Deductible/90%	Not Covered	
Oral Surgery	Deductible/90%	Not Covered		Deductible/90%	Not Covered	
All Other Covered Medical Services	Deductible/90%	Not Covered		Deductible/90%	Not Covered	
<b>Teladoc Benefits</b>	100%/Deductible Waived			100%/Deductible Waived		
<b>Pharmacy Benefits</b>						
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 \$250 max	20% to \$250 max	20% to \$250 max	<b>30% \$0 w/Prudent Rx</b>		
	Prudent Rx: No			Prudent Rx: Yes		
	Mandatory Generic: No			Mandatory Generic: No		
	Rx Max Out-of-Pocket: Included in Medical			Rx Max Out-of-Pocket: Included in Medical		
<b>Other Benefits</b>						
<b>Employee Clinic</b>	Yes			Yes		
<b>Real Appeal</b>	Yes			Yes		

By: Algoma School District  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: WCA Group Health Trust  
Signature:   
Print Name: Michael Lamont  
Title: Chief Operating Officer  
Date: 04.15.2024

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.

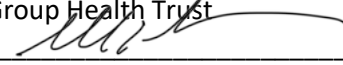


WCA Group Health Trust

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

	<b>Plan 2 - Current Plan Benefits</b>			<b>Plan 2 - Renewal Plan Benefits</b>		
<b>Network</b>	UHC Choice Plus			UHC Choice Plus		
<b>Plan Type</b>	EPO			EPO		
<b>Accumulation Type</b>	Embedded			Embedded		
<b>Benefit Accumulator</b>	Calendar Year			Calendar Year		
	<b>In-Network</b>		<b>Out-of-Network</b>	<b>In-Network</b>		<b>Out-of-Network</b>
<b>Deductible</b>	\$1,000/\$2,000		N/A	\$1,000/\$2,000		N/A
<b>Coinsurance</b>	90%		N/A	90%		N/A
<b>Maximum Out of Pocket</b> (Ded., Coins, Med & Rx Copays)	\$6,850/\$13,700		N/A	\$6,850/\$13,700		N/A
<b>Medical Benefits</b>						
Inpatient Hospital	Deductible/90%		Not Covered	Deductible/90%		Not Covered
Outpatient Hospital	Deductible/90%		Not Covered	Deductible/90%		Not Covered
Office Visit	\$10 Copay/Ded Waived/100%		Not Covered	\$10 Copay/Ded Waived/100%		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/Ded Waived/100%		Not Covered	\$10 Copay/Ded Waived/100%		Not Covered
Phys/Occ/Speech/Resp Therapy	\$10 Copay/Ded Waived/100%		Not Covered	\$10 Copay/Ded Waived/100%		Not Covered
Urgent Care	\$100 Copay/Ded 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:						
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Inpatient	Deductible/90%		Not Covered	Deductible/90%		Not Covered
Outpatient	PPO Deductible/90%			PPO Deductible/90%		
High Tech Imaging Coverage	Deductible/90%		Not Covered	Deductible/90%		Not Covered
Oral Surgery	Deductible/90%		Not Covered	Deductible/90%		Not Covered
All Other Covered Medical Services	Deductible/90%		Not Covered	Deductible/90%		Not Covered
<b>Teladoc Benefits</b>	100%/Deductible Waived			100%/Deductible Waived		
<b>Pharmacy Benefits</b>						
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$25	\$50	\$10	\$25	\$50
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Specialty, Mail, 30 Days	20% to \$250	20% to \$250	20% to \$250	<b>30%</b> <b>\$0 w/Prudent Rx</b>		
	Prudent Rx: No			Prudent Rx: Yes		
	Mandatory Generic: No			Mandatory Generic: No		
	Rx Max Out-of-Pocket: Included in Medical			Rx Max Out-of-Pocket: Included in Medical		
<b>Other Benefits</b>						
<b>Value Adds</b>	UHC Hearing Program, Maternity Management			UHC Hearing Program, Maternity Management		
<b>Employee Clinic</b>	Yes			Yes		
<b>Real Appeal</b>	Yes			Yes		

By: Algoma School District  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: WCA Group Health Trust  
Signature:  \_\_\_\_\_  
Print Name: Michael Lamont  
Title: Chief Operating Officer  
Date: 07.15.24

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.



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

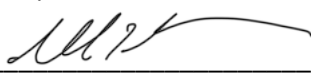
<b>PLAN 1 Coverage Tier</b>	<b>Enrollment</b>	<b>Current Premium</b>	<b>Current Monthly Premium</b>	<b>7/1/2024 Renewal Premium 8%</b>	<b>Renewal Monthly Premium</b>
Single	29	\$819.72	\$23,771.88	\$885.30	\$25,673.70
Employee/Spouse	7	\$1,826.47	\$12,785.29	\$1,972.59	\$13,808.13
Employee/Child(ren)	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
<b>Monthly Total</b>	67		\$93,177.74		\$100,632.12
<b>Annual Total</b>			\$1,118,132.88		\$1,207,585.44

<b>PLAN 2 Coverage Tier</b>	<b>Enrollment</b>	<b>Current Premium</b>	<b>Current Monthly Premium</b>	<b>7/1/2024 Renewal Premium 8%</b>	<b>Renewal Monthly Premium</b>
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
<b>Monthly Total</b>	8		\$13,890.02		\$15,001.22
<b>Annual Total</b>			\$166,680.24		\$180,014.64

By: Algoma School District

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

By: WCA Group Health Trust

Signature:  \_\_\_\_\_  
 Print Name: Michael Lamont \_\_\_\_\_  
 Title: Chief Operating Officer \_\_\_\_\_  
 Date: 07.15.2024 \_\_\_\_\_

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.



**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.

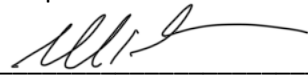
-Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.

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

By: Algoma School District

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: WCA Group Health Trust

Signature:  \_\_\_\_\_  
Print Name: Michael Lamont \_\_\_\_\_  
Title: Chief Operating Officer \_\_\_\_\_  
Date: 07-15-2024 \_\_\_\_\_