




**07/01/2023 Renewal for School District of Bowler**

	<b>Current Plan Benefits</b>			<b>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>	Plan Year			Plan Year		
	<b>In-Network</b>	<b>Out-of-Network</b>		<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Deductible</b>	\$3,000/\$6,000	NA		\$3,000/\$6,000	NA	
<b>Coinsurance</b>	100%	NA		100%	NA	
<b>Total Maximum Out-of-Pocket</b> (Ded, Coins and Med Copay)	\$4,000/\$8,000	NA		\$4,000/\$8,000	NA	
<b>Medical Benefits</b>						
Inpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Office Visit	\$25/Deductible/100%	Not Covered		\$25/Deductible/100%	Not Covered	
Specialist Office Visit	\$50/Deductible/100%	Not Covered		\$50/Deductible/100%	Not Covered	
Preventive Exam	100%/Deductible Waived	Not Covered		100%/Deductible Waived	Not Covered	
Manipulation	\$25/Deductible/100%	Not Covered		\$25/Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	\$25/Deductible/100%	Not Covered		\$25/Deductible/100%	Not Covered	
Urgent Care	\$75/Deductible/100%	Not Covered		\$75/Deductible/100%	Not Covered	
Emergency Room Care	\$250/PPO Deductible/100%			\$250/PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	\$25/Deductible/100%	Not Covered		\$25/Deductible/100%	Not Covered	
Inpatient	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
High Tech Imaging Coverage	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Oral Surgery	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
All Other Covered Medical Services	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
<b>Teladoc Benefits</b>	100%/Deductible Waived			100%/Deductible Waived		
<b>Pharmacy Benefits</b>						
<b>Drug Plan Formulary</b>	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, 30 Days	\$100	\$100	\$100	\$100	\$100	\$100
	Value Priced Generics: \$0			Value Priced Generics: \$0		
	Mandatory Generic: No			Mandatory Generic: No		
	Rx Max Out-of-Pocket: \$2,000/\$4,000			Rx Max Out-of-Pocket: \$2,000/\$4,000		

By: School District of Bowler  
 Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

By: WCA Group Health Trust  
 Signature:  \_\_\_\_\_  
 Print Name: Michael Lamont  
 Title: Chief Operating Officer  
 Date: 03.30.2023

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.



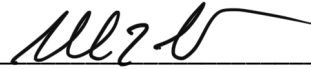
**SCHOOL DISTRICT OF BOWLER  
MEDICAL/RX RENEWAL**  
(Effective 07/01/2023)

<i>Coverage Tier</i>	<i>Enrollment</i>	<i>Current Premium</i>	<i>Current Monthly Premium</i>	<i>07/01/2023 Renewal Premium</i>	<i>Renewal Monthly Premium</i>
Single	16	\$672.13	\$10,754.08	\$739.34	\$11,829.44
Employee + Child(ren)	4	\$1,321.11	\$5,284.44	\$1,453.22	\$5,812.88
Employee + Spouse	10	\$1,731.01	\$17,310.10	\$1,904.11	\$19,041.10
Family	21	\$2,243.13	\$47,105.73	\$2,467.44	\$51,816.24
<b>Monthly Total</b>	51		\$80,454.35		\$88,499.66
<b>Annual Total</b>			\$965,452.20		\$1,061,995.92

By: School District of Bowler

Signature: \_\_\_\_\_  
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 Title: \_\_\_\_\_  
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By: WCA Group Health Trust

Signature:  \_\_\_\_\_  
 Print Name: Michael Lamont  
 Title: Chief Operating Officer  
 Date: 03.30.2023



**SCHOOL DISTRICT OF BOWLER  
MEDICAL/RX RENEWAL  
(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:

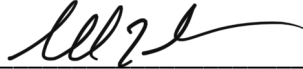
- Enrollment +/- 10%
- Average Contract Size +/- 10%
- Area Factor +/- 8
- Age/Sex Factor +/- 10%
- Cobra enrollees are more than 10% of enrollment
- Retiree enrollees are more than 10% of enrollment
- Any Material Changes

-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: School District of Bowler

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