

07/01/2023 Renewal for Linn Jt #4 School District

				fite		nowal Di	an Bana	fite
Network	Current Plan Benefits				Renewal Plan Benefits			
Plan Type	UHC Choice Plus PPO				UHC Choice Plus			
Accumulation Type					PPO			
	Embedded			Embedded Color Hand				
Benefit Accumulator	Calendar Year - Combined			Calendar Year - Combined				
D. d. dill.	In-Networ			t-of-Network	In-Network			t-of-Network
Deductible	\$2,000/\$4,0	J00	\$4,000/\$8,000		\$2,000/\$4,000		\$4,000/\$8,000	
Coinsurance	100%		80%		100%			80%
Maximum Out of Pocket (Ded & Coinsurance Only)	\$2,000/\$4,000		\$5,250/\$10,500		\$2,000/\$4,000		\$5,	250/\$10,500
Total Maximum Out-of-Pocket (Medical Copays Only)	\$3,350/\$6,700		Unlimited		\$3,350/\$6,700			Unlimited
Medical Benefits								
Inpatient Hospital	Deductible/1	00%	Deductible/80%		Deductible/100%		De	ductible/80%
Outpatient Hospital	Deductible/100%		Deductible/80%		Deductible/100%		Deductible/80%	
Office Visit	\$20/Deductible/100%			Deductible/80%				Deductible/80%
Specialist Office Visit	\$20/Deductible/100%		\$40/Deductible/80%		\$20/Deductible/100% \$20/Deductible/100%		\$40/Deductible/80%	
Preventive Exam	100%/Ded Waived			Deductible/80%	100%/Ded W			Deductible/80%
Manipulation	\$20/Deductible/100%			· · · · · · · · · · · · · · · · · · ·				Deductible/80%
Phys/Occ/Sp/Resp Therapy	\$20/Deductible/100%		\$40/Deductible/80%		\$20/Deductible/100% \$20/Deductible/100%		\$40/Deductible/80%	
Urgent Care	\$25/PPO Deductible/100%			\$25/PPO Deductible/100%				
Emergency Room Care	\$150/PPO Deductible/10			\$150/PPO Deductible/100%				
Mental Health/Subst. Abuse:	\$130/FFO Deductible/100%		7130	5/110 Dec	adetibie/	10070		
Office Visit	\$20/Deductible/100%		\$40/Deductible/80%		\$20/Deductible/100%		\$40/Deductible/80%	
Inpatient	Deductible/100%		Deductible/80%		Deductible/100%		Deductible/80%	
Outpatient	Deductible/100%		Deductible/80%		Deductible/100%		Deductible/80%	
High Tech Imaging Coverage	Deductible/100%		Deductible/80%		Deductible/100%		Deductible/80%	
Oral Surgery				ductible/80%	Deductible/100%		Deductible/80%	
Extraction/Replacement			ductible/80%				ductible/80%	
Extraction, replacement		Limited to \$1500/benefit period		Limited to \$1500/benefit period				
All Other Covered Medical Services		Deductible/100% Deductible/80%		Deductible/100% Deductible/80%				
Teladoc Benefits	100%/Deductible Waived		100%/Deductible Waived					
Pharmacy Benefits	100	707 Deduc	tible vva	iiveu	100	J707 Deduc	tible vva	iveu
Drug Plan Formulary	Generic	Prefe	rred	Non-Preferred	Generic	Prefe	rrad	Non-Preferred
Retail, 30 Days	\$5			\$40	\$5	\$2		\$40
Retail, 31-90 Days	\$12.50	\$20 \$50		\$100	\$12.50	\$5		\$100
Mail Order, 90 Days	\$10	\$50 \$40		\$80	\$12.30	 		\$100
Specialty, 30 Days	710	Applicable Tier		780	310	\$40 Applicable Ti		\$60
	Value Priced Generics: \$0 Mandatory Generic: Yes Certain Diabetic Supplies: \$0 Copay				Value Priced Generics: \$0			
				Mandatory Generic: Yes				
			av	Certain Diabetic Supplies: \$0 Copay				
	Rx Max Out-of-Pocket: \$3,000/\$6,000			Rx Max Out-of-				
Other Benefits	IX IVIAX OUL-OI-F	ocket. \$3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,	nx iviax Out-01-	-ocket: \$3	,000/\$6	,000
Health Club Reimbursement			20					
rieuitii Ciub NelliibuiseliieNt	Yes			1	Ye	:5		

By: Linn Jt #4 Sçhool District	By: WCA Group Health Trust
Signature: Amml	By: WCA Group Health Trust Signature:
Print Name: Allyssa Anderson	Print Name: Michael Lamont
Title: District Administrator	Title: Chief Operating Officer
Date: <u> </u>	Date:



LINN JT #4 SCHOOL DISTRICT 2023 RENEWAL EXHIBIT

(Effective 07/01/2023)

Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2023 Renewal Premium 16%	Renewal Monthly Premium
Single	5	\$973.21	\$4,866.05	\$1,128.92	\$5,644.60
Family	9	\$2,144.25	\$19,298.25	\$2,487.33	\$22,385.97
Single Medicare w/Rx	0	\$718.80	\$0.00	\$833.81	\$0.00
Family Medicare w/Rx	0	\$1,437.60	\$0.00	\$1,667.62	\$0.00
Special Medicare (1 Over/1 under)	0	\$1,690.63	\$0.00	\$1,961.13	\$0.00
Single Medicare w/o Rx	0	\$203.26	\$0.00	\$235.78	\$0.00
Family Medicare w/o Rx	0	\$406.52	\$0.00	\$471.56	\$0.00
Monthly Total	14		\$24,164.30		\$28,030.57
Annual Total			\$289,971.60		\$336,366.84

By: Linn Jt #4 School District	By: WCA Group Health Trust
Signature: April	Signature: <u>Ill?</u>
Print Name: Alyssa Anderson	Print Name: Michael Lamont
Title: District Administrator	Title: Chief Operating Officer
Date: 5/8/2023	Date: 05-01.2023



LINN JT #4 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 a **1.5**% commission payable to your agent based on negotiations between you and your broker/consultant.

By: Linn Jt #4 School District	By: WCA Group Health Trust
Signature: Angul	Signature: MU26
Print Name: Allyssa Anderson	Print Name: Michael Lamont
Title: Derict Administrator	Title: Chief Operating Officer
Date: 5/8/23	Date: 00-0/.2013
, 1	