



# Suring Public School District Health Insurance Benefit Comparison

Effective Date: 7/1/2024

Health Carrier		WCA Group Health Trust	
		Current/Renewal	
Insurance Type		EPO/HMO - Embedded	
Provider Network:		UHC Choice Plus	
Deductible (Calendar Year)		Single	Family
In Network		\$3,000	\$6,000
Out of Network		Does Not Apply	
Co-Insurance		100% after Deductible	
In Network		Does Not Apply	
Out of Network			
Maximum Out-of-Pocket (Ded/Coins)		Single	Family
In Network		\$4,000	\$8,000
Out of Network		Does Not Apply	
Max Out-of-Pocket (Ded/Coins/Copay)		Single	Family
In Network Medical		\$4,000	\$8,000
In Network Rx		\$2,000	\$4,000
Out of Network		Does Not Apply	
Office Visits		PCP	Specialist
In Network		\$25 Copay, then Deductible	
Out of Network		No Coverage	
Routine/Preventive Care		Select Services Covered in Full	
In Network		No Coverage	
Out of Network			
Urgent Care		\$25 Copay, then Deductible	
In Network		No Coverage	
Out of Network			
Emergency Room		\$250 Copay, then Deductible	
Hospital Services		Deductible Applies	
In Network		No Coverage	
Out of Network			
Prescription Drugs		\$0 / \$10 / \$25 / \$50 / \$100	
In Network		No Coverage	
Out of Network			
Enhanced Services		Included	
Vision Benefit		Yes, see Summary for Details	
Extraction/Replacement of Teeth		Yes	
Waiver of Premium			
Rates		Current	Renewal
Employee	14	\$1,086.17	\$1,140.48
Family	34	\$2,400.06	\$2,520.06
Annual Δ% from Current			5.00%
Monthly Totals		\$96,808.42	\$101,648.76
Annual Totals		\$1,161,701.04	\$1,219,785.12
Annual Δ\$ from Current			\$58,084


While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.



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

	<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>	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>	\$3,000/\$6,000	N/A		\$3,000/\$6,000	N/A	
<b>Coinsurance</b>	100%	N/A		100%	N/A	
<b>Total Maximum Out-of-Pocket (Ded, Coins, Medical Copays)</b>	\$4,000/\$8,000	N/A		\$4,000/\$8,000	N/A	
<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 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	
<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	\$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		
<b>Other Benefits</b>						
<b>Value Adds</b>	UHC Hearing Program, Maternity Management			UHC Hearing Program, Maternity Management		
<b>Waiver of Premium</b>	Yes			Yes		
<b>Employee Clinic</b>	Yes			Yes		

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

By: WCA Group Health Trust  
 Signature:  \_\_\_\_\_  
 Print Name: Michael Lamont  
 Title: Chief Operating Officer  
 Date: 01.29.2024





WCA Group Health Trust

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

**Assumptions**

- Rates are guaranteed for the contract period of 07/01/2024 through 06/30/2025.  
- 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: Suring School District

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: WCA Group Health Trust

Signature:  \_\_\_\_\_

Print Name: Michael Lamont

Title: Chief Operating Officer

Date: 01-29-2024

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.

# Suring Public School District

## Section 105 Health Reimbursement Arrangement

### Employee Instruction Sheet

Suring Public School District is continuing a Section 105 Health Reimbursement Arrangement (HRA) to help provide better health care coverage to employees and their families. HRAs are implemented by many employers to help manage increasing health care costs and to provide employees with an incentive to be better consumers of health care. They are working with Diversified Benefit Services, Inc. (DBS) to manage and administer the HRA. The program works as follows:

- You and/or your family members utilize your health plan as you normally would. When you use your health plan, the insurance company will process your claim and send an Explanation of Benefits form (EOB) to you. The EOB form shows the date of service, service provided, cost of the service, amount insurance paid on the claim.
- An Explanation of Benefits form (EOB) will *also* be sent electronically from the insurance company to DBS stating the amount of services applied toward the deductibles.
- As DBS receives the electronic information, the deductible amounts will be paid directly to the vendor/provider based on your employer's HRA plan parameters.
- If you provide your email address to DBS, all notifications including claims received, reimbursements issued and requests for additional information will be sent to you via email.
- There are no claim forms to file for the HRA. (*However, if you have dual health coverage, you must submit EOB forms from the secondary insurance carrier manually along with a signed claim form for reimbursement.*)

#### HRA Payment Schedule

<u>Plan Year:</u>	01/01/2024 – 12/31/2024
<u>Eligible Expenses:</u>	Medical Deductibles incurred under the Employer Sponsored Group Health Plan
<u>In-network Deductible Level:</u>	\$3,000 (maximum 2 per family)
<u>Reimbursement Levels for the Plan Year:</u>	
First \$500 per in-network deductible:	Employee Responsibility
Next \$2,500 per in-network deductible:	Reimbursed to the Provider

The HRA reimbursement is based on the Employer's in-network Group Health Plan. If you incur out-of-network deductible expenses then the reimbursement is capped at the in-network reimbursement level.

