

Rosholt School District 2021-2022 Health Insurance Election



WCA GROUP HEALTH TRUST

Coverage Period: July 1, 2021 to June 30, 2022

1 Check one of the following options:

Accept Coverage If you choose to accept coverage, go to Step 2

Waive Coverage If you choose to waive coverage, go to Step 3

2 Choose your plan and check (only 1) either Single or Family coverage below that plan:

	Single	Family	Single	Family
Plan 6A				
Deductible (<i>In-Network/Out of Network</i>)	\$1,500	\$3,000		
Max Out-of-Pocket <i>In-Network</i>	\$1,500	\$3,000		
Max Out-of-Pocket <i>Out of Network</i>	N/A	N/A		
Total Monthly Premium	\$913.73	\$2,081.85		
District's Share of Monthly Premium	\$737.93	\$1,681.32		
Employee's Share of Monthly Premium (per paycheck)	\$87.90	\$200.27		
	<input type="checkbox"/>	<input type="checkbox"/>		
Plan 5A				
Deductible (<i>In-Network/Out of Network</i>)	\$2,000	\$4,000		
Max Out-of-Pocket <i>In-Network</i>	\$2,000	\$4,000		
Max Out-of-Pocket <i>Out of Network</i>	N/A	N/A		
Total Monthly Premium	\$875.71	\$1,995.21		
District's Share of Monthly Premium	\$737.93	\$1,681.32		
Employee's Share of Monthly Premium (per paycheck)	\$68.89	\$156.95		
	<input type="checkbox"/>	<input type="checkbox"/>		
Plan 5B				
Deductible (<i>In-Network/Out of Network</i>)	\$2,000/\$4,000	\$4,000/\$8,000		
Max Out-of-Pocket <i>In-Network</i>	\$2,000	\$4,000		
Max Out-of-Pocket <i>Out of Network</i>	\$5,500	\$11,000		
Total Monthly Premium	\$898.66	\$2,047.52		
District's Share of Monthly Premium	\$737.93	\$1,681.32		
Employee's Share of Monthly Premium (per paycheck)	\$80.37	\$183.10		
	<input type="checkbox"/>	<input type="checkbox"/>		
Plan 7A				
Deductible (<i>In-Network/Out of Network</i>)	\$2,800	\$5,600		
Max Out-of-Pocket <i>In-Network</i>	\$2,800	\$5,600		
Max Out-of-Pocket <i>Out of Network</i>	N/A	N/A		
Total Monthly Premium	\$838.56	\$1,910.59		
District's Share of Monthly Premium	\$737.93	\$1,681.32		
Employee's Share of Monthly Premium (per paycheck)	\$50.32	\$114.64		
	<input type="checkbox"/>	<input type="checkbox"/>		
Plan 7B *				
Deductible (<i>In-Network/Out of Network</i>)	\$2,800/\$5,600	\$5,600/\$11,200		
Max Out-of-Pocket <i>In-Network</i>	\$2,800	\$5,600		
Max Out-of-Pocket <i>Out of Network</i>	\$6,600	\$13,200		
Total Monthly Premium	\$860.58	\$1,960.74		
District's Share of Monthly Premium	\$737.93	\$1,681.32		
Employee's Share of Monthly Premium (per paycheck)	\$61.33	\$139.71		
	<input type="checkbox"/>	<input type="checkbox"/>		
Plan 2A				
Deductible (<i>In-Network/Out of Network</i>)	\$3,000	\$6,000		
Max Out-of-Pocket <i>In-Network</i>	\$3,000	\$6,000		
Max Out-of-Pocket <i>Out of Network</i>	N/A	N/A		
Total Monthly Premium	\$826.30	\$1,882.63		
District's Share of Monthly Premium	\$737.93	\$1,681.32		
Employee's Share of Monthly Premium (per paycheck)	\$44.19	\$100.66		
	<input type="checkbox"/>	<input type="checkbox"/>		
Plan 2B				
Deductible (<i>In-Network/Out of Network</i>)	\$3,000/\$6,000	\$6,000/\$12,000		
Max Out-of-Pocket <i>In-Network</i>	\$3,000	\$6,000		
Max Out-of-Pocket <i>Out of Network</i>	\$7,000	\$14,000		
Total Monthly Premium	\$851.14	\$1,939.24		
District's Share of Monthly Premium	\$737.93	\$1,681.32		
Employee's Share of Monthly Premium (per paycheck)	\$56.61	\$128.96		
	<input type="checkbox"/>	<input type="checkbox"/>		
Plan 4A				
Deductible (<i>In-Network/Out of Network</i>)	\$4,000	\$8,000		
Max Out-of-Pocket <i>In-Network</i>	\$4,000	\$8,000		
Max Out-of-Pocket <i>Out of Network</i>	N/A	N/A		
Total Monthly Premium	\$776.12	\$1,768.30		
District's Share of Monthly Premium	\$737.93	\$1,681.32		
Employee's Share of Monthly Premium (per paycheck)	\$19.10	\$43.49		
	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Employee's Share of Monthly Premium is based on 24 paychecks/year
The District will pay 88% of total premium cost, based on Plan 7B premium totals for Single/Family

3 Sign and return completed form to Rachel Ploetz in the District Office.

Print Name

Signature


Date



07/01/2022 Renewal for Rosholt School District

	PLAN 2A Current Plan Benefits			PLAN 2A Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	EPO			EPO		
Accumulation Type	Embedded			Embedded		
Benefit Accumulator	Plan Year			Plan Year		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$3,000/\$6,000	NA		\$3,000/\$6,000	NA	
Coinsurance	100%	NA		100%	NA	
Maximum Out of Pocket (Deductible/Coinsurance)	\$3,000/\$6,000	NA		\$3,000/\$6,000	NA	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Specialist Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Preventive Exam	100%/Ded. Waived	Not Covered		100%/Ded. Waived	Not Covered	
Manipulation	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Urgent Care	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	Deductible/100%	Not Covered		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	
Teladoc Benefits	PPO Deductible/100%			PPO Deductible/100%		
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible		
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%		
	HDHP Preventive: Yes - \$0 Deductible Waived			HDHP Preventive: Yes - \$0 Deductible Waived		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay		
	Rx Max Out-of-Pocket: \$500/\$1,000			Rx Max Out-of-Pocket: \$500/\$1,000		
Other Benefits						
Waiver of Premium	Yes			Yes		
UHC Hearing	Yes			Yes		
Maternity Management	Yes			Yes		
Real Appeal	Yes			Yes		
Plan Election				<input type="checkbox"/>		

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03-24-2022

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.



07/01/2022 Renewal for Rosholt School District

	PLAN 2B Current Plan Benefits			PLAN 2B Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	PPO			PPO		
Accumulation Type	Embedded			Embedded		
Benefit Accumulator	Plan Year (Combined In/Out of Network)			Plan Year (Combined In/Out of Network)		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$3,000/\$6,000	\$6,000/\$12,000		\$3,000/\$6,000	\$6,000/\$12,000	
Coinsurance	100%	80%		100%	80%	
Maximum Out of Pocket (Deductible/Coinsurance)	\$3,000/\$6,000	\$7,000/\$14,000		\$3,000/\$6,000	\$7,000/\$14,000	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Outpatient Hospital	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Office Visit	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Specialist Office Visit	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Preventive Exam	100%/Ded. Waived	Deductible/80%		100%/Ded. Waived	Deductible/80%	
Manipulation	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Urgent Care	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	Deductible/100%	Deductible/80%		Deductible/100%	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	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
All Other Covered Medical Services	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Teladoc Benefits	PPO Deductible/100%			PPO Deductible/100%		
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible		
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%		
	HDHP Preventive: Yes - \$0/Deductible Waived			HDHP Preventive: Yes - \$0/Deductible Waived		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay		
	Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to In-Net OOP Only)			Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to In-Net OOP Only)		
Other Benefits						
Waiver of Premium	Yes			Yes		
UHC Hearing	Yes			Yes		
Maternity Management	Yes			Yes		
Real Appeal	Yes			Yes		
Plan Election				<input type="checkbox"/>		

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.24.2022


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.



07/01/2022 Renewal for Rosholt School District

	PLAN 4A Current Plan Benefits			PLAN 4A Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	EPO - QHDHP			EPO - QHDHP		
Accumulation Type	Embedded			Embedded		
Benefit Accumulator	Plan Year			Plan Year		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$4,000/\$8,000	NA		\$4,000/\$8,000	NA	
Coinsurance	100%	NA		100%	NA	
Maximum Out of Pocket (Deductible/Coinsurance)	\$4,000/\$8,000	NA		\$4,000/\$8,000	NA	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Specialist Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Preventive Exam	100%/Ded. Waived	Not Covered		100%/Ded. Waived	Not Covered	
Manipulation	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Urgent Care	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	Deductible/100%	Not Covered		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	
Teladoc Benefits	PPO Deductible/100%			PPO Deductible/100%		
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible		
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%		
	HDHP Preventive: Yes - \$0/Deductible Waived			HDHP Preventive: Yes - \$0/Deductible Waived		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay		
	Rx Max Out-of-Pocket: \$1,000/\$2,000			Rx Max Out-of-Pocket: \$1,000/\$2,000		
Other Benefits						
Waiver of Premium		Yes			Yes	
UHC Hearing		Yes			Yes	
Maternity Management		Yes			Yes	
Real Appeal		Yes			Yes	
Plan Election					<input type="checkbox"/>	

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03-24-2022


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.



07/01/2022 Renewal for Rosholt School District

	PLAN 5A Current Plan Benefits			PLAN 5A Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	EPO			EPO		
Accumulation Type	Non-Embedded			Non-Embedded		
Benefit Accumulator	Plan Year			Plan Year		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$2,000/\$4,000	NA		\$2,000/\$4,000	NA	
Coinsurance	100%	NA		100%	NA	
Maximum Out of Pocket (Deductible/Coinsurance)	\$2,000/\$4,000	NA		\$2,000/\$4,000	NA	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Specialist Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Preventive Exam	100%/Ded. Waived	Not Covered		100%/Ded. Waived	Not Covered	
Manipulation	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Urgent Care	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	Deductible/100%	Not Covered		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	
Teladoc Benefits	PPO Deductible/100%			PPO Deductible/100%		
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible		
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%		
	HDHP Preventive: Yes - \$0/Deductible Waived			HDHP Preventive: Yes - \$0/Deductible Waived		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay		
	Rx Max Out-of-Pocket: \$500/\$1,000			Rx Max Out-of-Pocket: \$500/\$1,000		
Other Benefits						
Waiver of Premium	Yes			Yes		
UHC Hearing	Yes			Yes		
Maternity Management	Yes			Yes		
Real Appeal	Yes			Yes		
Plan Election				<input type="checkbox"/>		

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.24.2022

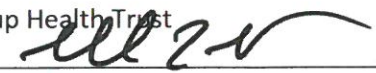
This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.



07/01/2022 Renewal for Rosholt School District

	PLAN 5B Current Plan Benefits			PLAN 5B Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	PPO			PPO		
Accumulation Type	Non-Embedded			Non-Embedded		
Benefit Accumulator	Plan Year (Combined In/Out of Network)			Plan Year (Combined In/Out of Network)		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$2,000/\$4,000	\$4,000/\$8,000		\$2,000/\$4,000	\$4,000/\$8,000	
Coinsurance	100%	80%		100%	80%	
Maximum Out of Pocket (Deductible/Coinsurance)	\$2,000/\$4,000	\$5,500/\$11,000		\$2,000/\$4,000	\$5,500/\$11,000	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Outpatient Hospital	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Office Visit	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Specialist Office Visit	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Preventive Exam	100%/Ded. Waived	Deductible/80%		100%/Ded. Waived	Deductible/80%	
Manipulation	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Urgent Care	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	Deductible/100%	Deductible/80%		Deductible/100%	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	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
All Other Covered Medical Services	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Teladoc Benefits	PPO Deductible/100%			PPO Deductible/100%		
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible		
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%		
	HDHP Preventive: Yes - \$0/Deductible Waived			HDHP Preventive: Yes - \$0/Deductible Waived		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay		
	Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to In-Net OOP Only)			Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to In-Net OOP Only)		
Other Benefits						
Waiver of Premium	Yes			Yes		
UHC Hearing	Yes			Yes		
Maternity Management	Yes			Yes		
Real Appeal	Yes			Yes		
Plan Election				<input type="checkbox"/>		

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.24.2022

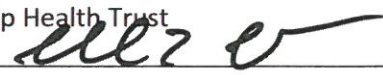
This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.



07/01/2022 Renewal for Rosholt School District

	PLAN 6A Current Plan Benefits			PLAN 6A Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	EPO			EPO		
Accumulation Type	Non-Embedded			Non-Embedded		
Benefit Accumulator	Plan Year			Plan Year		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$1,500/\$3,000	NA		\$1,500/\$3,000	NA	
Coinsurance	100%	NA		100%	NA	
Maximum Out of Pocket (Deductible/Coinsurance)	\$1,500/\$3,000	NA		\$1,500/\$3,000	NA	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Specialist Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Preventive Exam	100%/Ded. Waived	Not Covered		100%/Ded. Waived	Not Covered	
Manipulation	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Urgent Care	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	Deductible/100%	Not Covered		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	
Teladoc Benefits	PPO Deductible/100%			PPO Deductible/100%		
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible		
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%		
	HDHP Preventive: Yes - \$0/Deductible Waived			HDHP Preventive: Yes - \$0/Deductible Waived		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay		
	Rx Max Out-of-Pocket: \$1,000/\$2,000			Rx Max Out-of-Pocket: \$1,000/\$2,000		
Other Benefits						
Waiver of Premium		Yes			Yes	
UHC Hearing		Yes			Yes	
Maternity Management		Yes			Yes	
Real Appeal		Yes			Yes	
Plan Election						<input type="checkbox"/>

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.24.2022


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.



07/01/2022 Renewal for Rosholt School District

	PLAN 7A Current Plan Benefits			PLAN 7A Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	EPO			EPO		
Accumulation Type	Embedded			Embedded		
Benefit Accumulator	Plan Year			Plan Year		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$2,800/\$5,600	NA		\$2,800/\$5,600	NA	
Coinsurance	100%	NA		100%	NA	
Maximum Out of Pocket (Deductible/Coinsurance)	\$2,800/\$5,600	NA		\$2,800/\$5,600	NA	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient Hospital	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Specialist Office Visit	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Preventive Exam	100%/Ded. Waived	Not Covered		100%/Ded. Waived	Not Covered	
Manipulation	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Urgent Care	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	Deductible/100%	Not Covered		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	
Teladoc Benefits	PPO Deductible/100%			PPO Deductible/100%		
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible		
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%		
	HDHP Preventive: Yes \$0/Deductible Waived			HDHP Preventive: Yes \$0/Deductible Waived		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay		
	Rx Max Out-of-Pocket: \$500/\$1,000			Rx Max Out-of-Pocket: \$500/\$1,000		
Other Benefits						
Waiver of Premium	Yes			Yes		
UHC Hearing	Yes			Yes		
Maternity Management	Yes			Yes		
Real Appeal	Yes			Yes		
Plan Election				<input type="checkbox"/>		

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.24.2022

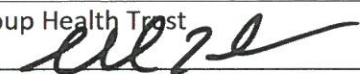
This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.



07/01/2022 Renewal for Rosholt School District

	PLAN 7B Current Plan Benefits			PLAN 7B Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	PPO			PPO		
Accumulation Type	Embedded			Embedded		
Benefit Accumulator	Plan Year (Combined In/Out of Network)			Plan Year (Combined In/Out of Network)		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$2,800/\$5,600	\$5,600/\$11,200		\$2,800/\$5,600	\$5,600/\$11,200	
Coinsurance	100%	80%		100%	80%	
Maximum Out of Pocket (Deductible/Coinsurance)	\$2,800/\$5,600	\$6,600/\$13,200		\$2,800/\$5,600	\$6,600/\$13,200	
Medical Benefits						
Inpatient Hospital	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Outpatient Hospital	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Office Visit	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Specialist Office Visit	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Preventive Exam	100%/Ded. Waived	Deductible/80%		100%/Ded. Waived	Deductible/80%	
Manipulation	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Phys/Occ/Sp/Resp Therapy	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Urgent Care	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Emergency Room Care	PPO Deductible/100%			PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	Deductible/100%	Deductible/80%		Deductible/100%	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	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
All Other Covered Medical Services	Deductible/100%	Deductible/80%		Deductible/100%	Deductible/80%	
Teladoc Benefits	PPO Deductible/100%			PPO Deductible/100%		
Pharmacy Benefits	Subject to PPO Deductible			Subject to PPO Deductible		
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120
Specialty, 30 Days	PPO Deductible/25%			PPO Deductible/25%		
	HDHP Preventive: Yes \$0/Deductible Waived			HDHP Preventive: Yes \$0/Deductible Waived		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies: \$0 Copay			Certain Diabetic Supplies: \$0 Copay		
	Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to In-Net OOP Only)			Rx Max Out-of-Pocket: \$500/\$1,000 (Applies to In-Net OOP Only)		
Other Benefits						
Waiver of Premium	Yes			Yes		
UHC Hearing	Yes			Yes		
Maternity Management	Yes			Yes		
Real Appeal	Yes			Yes		
Plan Election				<input type="checkbox"/>		

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.28.2022

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

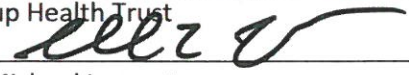
**Rosholt School District
2022 RENEWAL EXHIBIT
(Effective 07/01/2022)**

PLAN 2A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	1	\$826.30	\$826.30	\$884.14	\$884.14
Family	3	\$1,882.63	\$5,647.89	\$2,014.41	\$6,043.23
Single Medicare w/Rx		\$578.41	\$0.00	\$618.90	\$0.00
Family Medicare w/Rx		\$1,156.81	\$0.00	\$1,237.79	\$0.00
Special Medicare (1 Over/1 Under)		\$1,404.70	\$0.00	\$1,503.03	\$0.00
Monthly Total	4		\$6,474.19		\$6,927.37
Annual Total			\$77,690.28		\$83,128.44
Plan Election					<input type="text"/>

PLAN 2B Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	0	\$851.14	\$0.00	\$910.72	\$0.00
Family	2	\$1,939.24	\$3,878.48	\$2,074.99	\$4,149.98
Single Medicare w/Rx		\$595.79	\$0.00	\$637.50	\$0.00
Family Medicare w/Rx		\$1,191.60	\$0.00	\$1,275.01	\$0.00
Special Medicare (1 Over/1 Under)		\$1,446.94	\$0.00	\$1,548.23	\$0.00
Monthly Total	2		\$3,878.48		\$4,149.98
Annual Total			\$46,541.76		\$49,799.76
Plan Election					<input type="text"/>

PLAN 4A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	2	\$776.12	\$1,552.24	\$830.45	\$1,660.90
Family	5	\$1,768.30	\$8,841.50	\$1,892.08	\$9,460.40
Single Medicare w/Rx		\$543.28	\$0.00	\$581.31	\$0.00
Family Medicare w/Rx		\$1,086.56	\$0.00	\$1,162.62	\$0.00
Special Medicare (1 Over/1 Under)		\$1,319.40	\$0.00	\$1,411.76	\$0.00
Monthly Total	7		\$10,393.74		\$11,121.30
Annual Total			\$124,724.88		\$133,455.60
Plan Election					<input type="text"/>

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03-24-2022

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

**Rosholt School District
2022 RENEWAL EXHIBIT
(Effective 07/01/2022)**

PLAN 5A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	5	\$875.71	\$4,378.55	\$937.01	\$4,685.05
Family	9	\$1,995.21	\$17,956.89	\$2,134.87	\$19,213.83
Single Medicare w/Rx		\$612.99	\$0.00	\$655.90	\$0.00
Family Medicare w/Rx		\$1,225.99	\$0.00	\$1,311.81	\$0.00
Special Medicare (1 Over/1 Under)		\$1,488.70	\$0.00	\$1,592.91	\$0.00
Monthly Total	14		\$22,335.44		\$23,898.88
Annual Total			\$268,025.28		\$286,786.56
Plan Election					<input type="checkbox"/>

PLAN 5B Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	0	\$898.66	\$0.00	\$961.57	\$0.00
Family	4	\$2,047.52	\$8,190.08	\$2,190.85	\$8,763.40
Single Medicare w/Rx		\$629.06	\$0.00	\$673.09	\$0.00
Family Medicare w/Rx		\$1,258.13	\$0.00	\$1,346.20	\$0.00
Special Medicare (1 Over/1 Under)		\$1,527.73	\$0.00	\$1,634.67	\$0.00
Monthly Total	4		\$8,190.08		\$8,763.40
Annual Total			\$98,280.96		\$105,160.80
Plan Election					<input type="checkbox"/>

PLAN 6A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	3	\$913.73	\$2,741.19	\$977.69	\$2,933.07
Family	1	\$2,081.85	\$2,081.85	\$2,227.58	\$2,227.58
Single Medicare w/Rx		\$639.61	\$0.00	\$684.38	\$0.00
Family Medicare w/Rx		\$1,279.23	\$0.00	\$1,368.78	\$0.00
Special Medicare (1 Over/1 Under)		\$1,553.34	\$0.00	\$1,662.07	\$0.00
Monthly Total	4		\$4,823.04		\$5,160.65
Annual Total			\$57,876.48		\$61,927.80
Plan Election					<input type="checkbox"/>

By: Rosholt School District
Signature: _____
Print Name: _____
Title: _____
Date: _____

By: WCA Group Health Trust
Signature: 
Print Name: Michael Lamont
Title: Chief Operating Officer
Date: 03.24.2022

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.




**Rosholt School District
2022 RENEWAL EXHIBIT
(Effective 07/01/2022)**

PLAN 7A Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	3	\$838.56	\$2,515.68	\$897.26	\$2,691.78
Family	7	\$1,910.59	\$13,374.13	\$2,044.33	\$14,310.31
Single Medicare w/Rx		\$587.00	\$0.00	\$628.09	\$0.00
Family Medicare w/Rx		\$1,173.99	\$0.00	\$1,256.17	\$0.00
Special Medicare (1 Over/1 Under)		\$1,425.56	\$0.00	\$1,525.35	\$0.00
Monthly Total	10		\$15,889.81		\$17,002.09
Annual Total			\$190,677.72		\$204,025.08
Plan Election					<input type="checkbox"/>

PLAN 7B Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	07/01/2022 Renewal Premium (+7%)	Renewal Monthly Premium
Single	1	\$860.58	\$860.58	\$920.82	\$920.82
Family	4	\$1,960.74	\$7,842.96	\$2,097.99	\$8,391.96
Single Medicare w/Rx		\$602.41	\$0.00	\$644.58	\$0.00
Family Medicare w/Rx		\$1,204.80	\$0.00	\$1,289.14	\$0.00
Special Medicare (1 Over/1 Under)		\$1,462.98	\$0.00	\$1,565.39	\$0.00
Monthly Total	5		\$8,703.54		\$9,312.78
Annual Total			\$104,442.48		\$111,753.36
Plan Election					<input type="checkbox"/>

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature:  _____
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.24.2022

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.



(Effective 07/01/2022)

REQUIRED MODIFICATION NOTICE REGARDING CHANGES TO YOUR WCA GROUP HEALTH TRUST PLAN TO TAKE EFFECT AT YOUR NEXT RENEWAL

Effective July 1, 2022, the follow benefit allowance will change:

- Private Duty Nursing – Excluded
- Air Ambulance – Benefit limited to \$25,000, per occurrence

By: Rosholt School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: Michael Lamont
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03-24-2022

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.