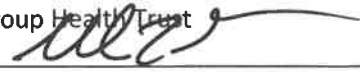




07/01/2022 Renewal for School District of Auburndale

	Current Plan Benefits			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	N/A		\$1,500/\$3,000	N/A	
Coinsurance	100%	N/A		100%	N/A	
Maximum Out of Pocket (Ded/Coins/Med Copays)	\$1,500/\$3,000	N/A		\$1,500/\$3,000	N/A	
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	PPO Deductible/100%			PPO Deductible/100%		
Inpatient	Deductible/100%	Not Covered		Deductible/100%	Not Covered	
Outpatient	PPO Deductible/100%			PPO Deductible/100%		
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	25% up to \$250 Max			25% up to \$250 Max		
	HDHP Preventive: Yes - \$0 Copay/Ded. Waived			HDHP Preventive: Yes - \$0 Copay/Ded. Waived		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies & Insulin: \$0			Certain Diabetic Supplies & Insulin: \$0		
	Rx Max Out-of-Pocket: \$1,000/\$2,000			Rx Max Out-of-Pocket: \$1,000/\$2,000		
Other Benefits						
Waiver of Premium	No			No		
Employee Clinic	No			No		
Wellness Grant	No			No		
Annual Exam Gift Card	No			No		
Health Club Reimbursement	Yes			Yes		

By: School District of Auburndale
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.13.2022

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.