



WCA Group Health Trust

**2023 RENEWAL EXHIBIT
LUXEMBURG-CASCO SCHOOL DISTRICT
(Effective 7/01/2023)**

Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	7/1/2023 Renewal Premium (+19%)	Renewal Monthly Premium
Single	43	\$804.52	\$34,594.36	\$957.38	\$41,167.34
Employee/Spouse	30	\$1,792.60	\$53,778.00	\$2,133.19	\$63,995.70
Employee/Child(ren)	10	\$1,792.60	\$17,926.00	\$2,133.19	\$21,331.90
Family	119	\$1,792.60	\$213,319.40	\$2,133.19	\$253,849.61
Special Medicare (1 Over/1 Under)	0	\$1,287.22	\$0.00	\$1,531.79	\$0.00
Single Medicare w/o Rx	0	\$482.71	\$0.00	\$574.42	\$0.00
Family Medicare w/o Rx	0	\$965.41	\$0.00	\$1,148.84	\$0.00
Monthly Total	202		\$319,617.76		\$380,344.55
Annual Total			\$3,835,413.12		\$4,564,134.60
Plan Election					<input type="checkbox"/>

Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	7/1/2023 Renewal Premium Alternate Option (+15.1%)	Renewal Monthly Premium
Single	43	\$804.52	\$34,594.36	\$926.00	\$39,818.00
Employee/Spouse	30	\$1,792.60	\$53,778.00	\$2,063.28	\$61,898.40
Employee/Child(ren)	10	\$1,792.60	\$17,926.00	\$2,063.28	\$20,632.80
Family	119	\$1,792.60	\$213,319.40	\$2,063.28	\$245,530.32
Special Medicare (1 Over/1 Under)	0	\$1,287.22	\$0.00	\$1,481.59	\$0.00
Single Medicare w/o Rx	0	\$482.71	\$0.00	\$555.60	\$0.00
Family Medicare w/o Rx	0	\$965.41	\$0.00	\$1,111.19	\$0.00
Monthly Total	202		\$319,617.76		\$367,879.52
Annual Total			\$3,835,413.12		\$4,414,554.24
Plan Election					<input type="checkbox"/>

By: Luxemburg-Casco School District

By: WCA Group Health Trust

Signature: *Rebecca Dobbe*
 Print Name: Rebecca Dobbe
 Title: Director of Business Services
 Date: _____

Signature: *Michael Lamont*
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 04.22.2023

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.



7/1/2023 Renewal for Luxemburg-Casco School District

	Current Plan Benefits			Renewal Plan Benefits – Alternate Option		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	EPO w/ HRA			EPO w/HRA		
Accumulation Type	Embedded			Embedded		
Benefit Accumulator	Calendar Year			Calendar Year		
	In-Network		Out-of-Network	In-Network		Out-of-Network
Deductible	\$2,000/\$4,000		N/A	\$2,000/\$4,000		N/A
Coinsurance	100%		N/A	90%		N/A
Maximum Out of Pocket (Ded, Coins, Med & Rx Copays)	\$6,850/\$13,700		N/A	\$6,850/\$13,700		N/A
Medical Benefits						
Inpatient Hospital	Deductible/100%		Not Covered	Deductible/90%		Not Covered
Outpatient Hospital	Deductible/100%		Not Covered	Deductible/90%		Not Covered
Office Visit	\$20 Copay/Ded Waived/100%		Not Covered	\$20 Copay/Ded Waived/100%		Not Covered
Specialist Office Visit	\$50 Copay/Ded Waived/100%		Not Covered	\$50 Copay/Ded Waived/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	\$20 Copay/Ded Waived/100%		Not Covered	\$20 Copay/Ded Waived/100%		Not Covered
Phys/Occ/Sp/Resp Therapy	\$20 Copay/Ded Waived/100%		Not Covered	\$20 Copay/Ded Waived/100%		Not Covered
Urgent Care	\$200 Copay/Ded Waived/100%		Not Covered	\$200 Copay/Ded Waived/100%		Not Covered
Emergency Room Care	\$200 Copay/PPO Deductible Waived/100%			\$200 Copay/PPO Deductible Waived/100%		
Mental Health/Subst. Abuse:						
Office Visit	\$20 Copay/PPO Deductible Waived/100%			\$20 Copay/PPO Deductible Waived/100%		
Inpatient	Deductible/100%		Not Covered	Deductible/90%		Not Covered
Outpatient	PPO Deductible/100%			PPO Deductible/90%		
High Tech Imaging Coverage	Deductible/100%		Not Covered	Deductible/90%		Not Covered
Oral Surgery	Deductible/100%		Not Covered	Deductible/90%		Not Covered
All Other Covered Medical Services	Deductible/100%		Not Covered	Deductible/90%		Not Covered
Teladoc Benefits	100%/Deductible Waived			100%/Deductible Waived		
Pharmacy Benefits						
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days						
Retail, 31-90 Days	\$20	\$40	\$60	\$20	\$40	\$60
Mail Order, 90 Days	\$60	\$120	\$180	\$60	\$120	\$180
Specialty, Mail, 30 Days	\$40	\$80	\$120	\$40	\$80	\$120
	\$20	\$40	\$60	\$20	\$40	\$60
	Mandatory Generic: No			Mandatory Generic: No		
	Rx Max Out-of-Pocket: Included in Medical			Rx Max Out-of-Pocket: Included in Medical		
Other Benefits						
Employee Clinic	Yes			Yes		
Real Appeal	Yes			Yes		

By: Luxemburg-Casco School District

By: WCA Group Health Trust

Signature: Rebecca Dabbe
 Print Name: Rebecca Dabbe
 Title: Director of Business Services
 Date: _____

Signature: [Signature]
 Print Name: Michael Lamont
 Title: Chief Operating Officer
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