



WCA Group Health Trust

09/01/2022 Renewal for School District of Three Lakes

	Current Plan Benefits			Renewal Plan Benefits		
<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>	Plan Year			Plan Year		
	<b>In-Network</b>	<b>Out-of-Network</b>		<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Deductible</b>	\$500/\$1,000	N/A		\$500/\$1,000	N/A	
<b>Coinsurance</b>	100%	N/A		100%	N/A	
<b>Maximum Out of Pocket</b> (Ded, Coins and Med Copays)	\$1,500/\$3,000	N/A		\$1,500/\$3,000	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	\$10 Copay/Deductible/100%	Not Covered		\$10 Copay/Deductible/100%	Not Covered	
Specialist Office Visit	\$10 Copay/Deductible/100%	Not Covered		\$10 Copay/Deductible/100%	Not Covered	
Preventive Exam	100%/Ded Waived	Not Covered		100%/Ded Waived	Not Covered	
Manipulation	\$10 Copay/Deductible/100%	Not Covered		\$10 Copay/Deductible/100%	Not Covered	
Phys/Occ/Sp/Resp Therapy	\$10 Copay/Deductible/100%	Not Covered		\$10 Copay/Deductible/100%	Not Covered	
Urgent Care	\$10 Copay/Deductible/100%	Not Covered		\$10 Copay/Deductible/100%	Not Covered	
Emergency Room Care	\$150 Copay/PPO Deductible/100%			\$150 Copay/PPO Deductible/100%		
Mental Health/Subst. Abuse:						
Office Visit	\$10 Copay/PPO Deductible/100%			\$10 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/Deductible/100%	Not Covered		\$100 Copay/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	
<b>Teladoc Benefits</b>	100%/Deductible Waived			100%/Deductible Waived		
<b>Pharmacy Benefits</b>						
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$40	\$60	\$10	\$40	\$60
Retail, 31-90 Days	\$30	\$120	\$180	\$30	\$120	\$180
Mail Order, 90 Days	\$20	\$80	\$120	\$20	\$80	\$120
Specialty, 30 Days	\$100			\$100		
	Value Priced Generics: \$0			Value Priced Generics: \$0		
	Mandatory Generic: Yes			Mandatory Generic: Yes		
	Certain Diabetic Supplies: \$0			Certain Diabetic Supplies: \$0		
	Rx Max Out-of-Pocket: \$3,000/\$6,000			Rx Max Out-of-Pocket: \$3,000/\$6,000		
<b>Other Benefits</b>						
<b>Waiver of Premium</b>	No			No		
<b>Employee Clinic</b>	No			No		
<b>Annual Exam Gift Card</b>	Yes			Yes		
<b>Health Club Reimbursement</b>	Yes			Yes		

By: School District of Three Lakes  
 Signature: Theresa M. Maney  
 Print Name: Theresa M. Maney  
 Title: District Administrator  
 Date: 4.20.2022

By: WCA Group Health Trust  
 Signature: [Signature]  
 Print Name: Michael Lamont  
 Title: Chief Operating Officer  
 Date: 03.22.2022

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.



**SCHOOL DISTRICT OF THREE LAKES  
2022 RENEWAL EXHIBIT  
(Effective 09/01/2022)**

Coverage Tier	Enrollment	Current Premium	Current Monthly Premium	09/01/2022 Renewal Premium (+4%)	Renewal Monthly Premium
Single	15	\$1,073.93	\$16,108.95	\$1,116.89	\$16,753.35
Employee/Spouse	19	\$2,095.18	\$39,808.42	\$2,178.99	\$41,400.81
Employee/Children	6	\$2,095.18	\$12,571.08	\$2,178.99	\$13,073.94
Family	31	\$3,234.68	\$100,275.08	\$3,364.07	\$104,286.17
Single Medicare w/Rx	0	\$634.25	\$0.00	\$659.62	\$0.00
Family Medicare w/Rx	0	\$1,275.03	\$0.00	\$1,326.03	\$0.00
Special Medicare (1 Over/1 Under) (w/Rx)	0	\$1,719.10	\$0.00	\$1,787.86	\$0.00
Special Medicare (1 Over/1 Under) w/Dependent Children (w/Rx)	1	\$2,150.00	\$2,150.00	\$2,236.00	\$2,236.00
Single Medicare w/o Rx	0	\$196.91	\$0.00	\$204.79	\$0.00
Family Medicare w/o Rx	0	\$393.79	\$0.00	\$409.54	\$0.00
<b>Monthly Total</b>	72		\$170,913.53		\$177,750.27
<b>Annual Total</b>			\$2,050,962.36		\$2,133,003.24

By: School District of Three Lakes

Signature: Theresa M. Money  
 Print Name: Theresa M. Money  
 Title: District Administrator  
 Date: 4.20.2022

By: WCA Group Health Trust

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 Print Name: Michael Lamont  
 Title: Chief Operating Officer  
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(Effective 09/01/2022)

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

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

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

By: School District of Three Lakes

Signature: Theresa M Maney  
 Print Name: Theresa M. Maney  
 Title: District Administrator  
 Date: 4.20.2022

By: WCA Group Health Trust

Signature: [Handwritten Signature]  
 Print Name: Michael Lamont  
 Title: Chief Operating Officer  
 Date: 03-22-2022



SCHOOL DISTRICT OF THREE LAKES  
2022 RENEWAL EXHIBIT  
(Effective 09/01/2022)

**Assumptions**

- Rates are guaranteed for the contract period of 09/01/2022 through 08/31/2023  
- 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: School District of Three Lakes

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