



07/01/2022 Renewal for Suring School District

	Current Plan Benefits			Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	EPO			EPO		
Accumulation Type	Embedded			Embedded		
Benefit Accumulator	Calendar Year			Calendar Year		
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Deductible	\$3,000/\$6,000	N/A		\$3,000/\$6,000	N/A	
Coinsurance	100%	N/A		100%	N/A	
Total Maximum Out-of-Pocket (Ded, Coins, Medical Copays)	\$4,000/\$8,000	N/A		\$4,000/\$8,000	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	\$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	
Teladoc Benefits	100%/Deductible Waived			100%/Deductible Waived		
Pharmacy Benefits						
Drug Plan Formulary	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		
Other Benefits						
Waiver of Premium		Yes			Yes	
Employee Clinic		Yes			Yes	
Annual Exam Gift Card		No			No	
Health Club Reimbursement		No			No	

By: Suring School District
 Signature: [Signature]
 Print Name: David T. Lally
 Title: School Board President
 Date: 5/11/22

By: WCA Group Health Trust
 Signature: [Signature]
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03-13-2022