



A UnitedHealthcare Company

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HUNTINGTON COUNTY COMMUNITY SCHOOL
CORPORATION EMPLOYEE BENEFIT TRUST

December 17, 2022

Plan Number: 7670-00-413782

Dear Valued Customer:

With this letter, we are sending your modified Health summary plan description (SPD). This SPD, referred to as the plan document, will be the basis for the administration of your Health Plan.

Also enclosed is the Acceptance Page, which formally approves the plan document. Please sign, retain a copy for your records, and return one copy to your UMR strategic account executive as soon as possible.

Note, however, that since the corresponding system changes have been implemented, this document is considered final, whether or not a signature is received.

This document will be posted to the UMR member web portal upon UMR's receipt of your signature, or within 14 days of your receipt of the document if a signature is not received by UMR. Please note that UMR will not print booklets until a signature is received. It is also important that the information in your formally approved plan document agrees with any material distributed to your employees since this document will contain the terms of plan coverage.

Any applicable stop loss policies typically rely on the last formally approved plan document when determining coverage. If the plan document distributed to your employees does not accurately describe the way your plan is actually being administered, the result can be a lapse or delay in stop loss coverage. **Important:** To prevent such lapses or delays in coverage, be sure to return the signed Acceptance Page to your UMR strategic account executive as soon as possible. If applicable, submit a copy of the Acceptance Page along with a copy of your current plan document to your stop loss carrier, which will constitute required notice of plan terms and conditions. Please keep a copy for your records.

If you have any questions, please contact your UMR strategic account executive.

Thank you for your business.

Baby Lyn Abad
Case Installations
Enclosure



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SUMMARY OF MODIFICATIONS

As requested, effective January 1, 2023, the following provision(s) were updated in, added to, or deleted from your Health Plan document. The change(s) are shaded in the plan document, with the exception of deleted wording:

- Medical Schedule Of Benefits, Benefit Plan(s) 001, 002.
- Medical Schedule Of Benefits, Benefit Plan(s) 003, 004.

ACCEPTANCE PAGE

Health Plan
7670-00-413782

HUNTINGTON COUNTY COMMUNITY SCHOOL CORPORATION EMPLOYEE BENEFIT TRUST acknowledges that we have reviewed the plan document effective January 1, 2023, and agree that the provisions contained in the plan document will be the basis for the administration of our Health Plan. The Plan Sponsor further represents that the plan document accurately reflects the intent of the Plan Sponsor and agrees that UMR may rely on such document in the administration of the Plan.

Accepted by the Plan Sponsor on 1/27/2023

_____ Date

Maura Stephens

Authorized Signature and Title
HUNTINGTON COUNTY COMMUNITY SCHOOL CORPORATION EMPLOYEE BENEFIT TRUST