	Item	District Response	Answer Format
	Basic Information		
1.	LEA code	1246	4 digit number; if unkn
2.	School district name	Cuba City	Text
3.	Number of plans offered	One	Drop-down menu (cho
4.	Plan structure	Fully insured	Drop-down menu (cho
5.	Plan chosen by the majority of employees eligible for coverage	Quartz	Text
6.	Type of plan	Health Maintenance Organization (HMO)	Drop-down menu (cho
7.	Percent of staff eligible for insurance and enrolled in the plan	75%	Percentage (2 decimal
8.	Eligibility	Family (Employee, Spouse, All Dependents)	Drop-down menu (cho
9.	Coverage	Medical Dental (any)	Drop-down menu (cho
	Single Plan Information	Medical Dental (any)	
10.	Total monthly premium	$ 557.10	Dollars
11.	Employer contribution to premium	$ 490.24	Dollars
12.	Employee contribution to premium	$ 66.86	Dollars
13.	If HSA, total employer contribution		Dollars
14.	Deductible	$5,000.00	Dollars
15.	Employer share of deductible	$4,700.00	Dollars
16.	Out of pocket maximum	$ 300.00	Dollars
	Family Plan Information		
17.	Total monthly premium	$ 1,263.50	Dollars
18.	Employer contribution to premium	$ 1,111.88	Dollars
19.	Employee contribution to premium	$ 151.62	Dollars
20.	If HSA, total employer contribution		Dollars
21.	Deductible	$ 10,000.00	Dollars
22.	Employer share of deductible	$ 9,400.00	Dollars
23.	Out of pocket maximum	$ 600.00	Dollars

Other Plan Information

24.	Describe any premium differential	Text
25.	Describe any in-network co-pays	Text
26.	Co-insurance percentage, if any	Percentage (2 decimal
27.	Other information	Text

own, can be found at dpi.wi.gov

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points; i.e., 0.79 to show 79%)

ose multiple if applicable)
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points; i.e., 0.79 to show 79%)

	Item	District Response	Answer Format
	Basic Information		
1.	LEA code	0000	4 digit number; if unkn
2.	School district name	Sample	Text
3.	Number of plans offered	Many	Drop-down menu (cho
4.	Plan structure	Fully insured	Drop-down menu (cho
5.	Plan chosen by the majority of employees eligible for coverage	Unity Health	Text
6.	Type of plan	Health Maintenance Organization (HMO)	Drop-down menu (cho
7.	Percent of staff eligible for insurance and enrolled in the plan	80%	Percentage (2 decimal
8.	Eligibility	Single (Employee Only), Family (Employee, Spouse, All Dependents), Retiree	Drop-down menu (cho
9.	Coverage	Medical, Dental (any), Vision (any)	Drop-down menu (cho
	Single Plan Information		
10.	Total monthly premium	$ 800.00	Dollars
11.	Employer contribution to premium	$ 700.00	Dollars
12.	Employee contribution to premium	$ 100.00	Dollars
13.	If HSA, total employer contribution	$ 45.00	Dollars
14.	Deductible	$ 1,500.00	Dollars
15.	Employer share of deductible	$ -	Dollars
16.	Out of pocket maximum	$ 1,500.00	Dollars
	Family Plan Information		
17.	Total monthly premium	$ 1,700.00	Dollars
18.	Employer contribution to premium	$ 1,490.00	Dollars
19.	Employee contribution to premium	$ 210.00	Dollars
20.	If HSA, total employer contribution	$ 90.00	Dollars
21.	Deductible	$ 3,000.00	Dollars

22.	Employer share of deductible	$	-	Dollars
23.	Out of pocket maximum	$	3,000.00	Dollars

Other Plan Information

24.	Describe any premium differential	n/a	Text
25.	Describe any in-network co-pays	$100 per ER visit; $20 per office visit	Text
26.	Co-insurance percentage, if any	0	Percentage (2 decimal
27.	Other information	Low and high deductible plans available	Text

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