

<u>Item</u>	<u>District Response</u>	
Basic Information		
1.	LEA code	4144
2.	School district name	Oregon School District
3.	Number of plans offered	One
4.	Plan structure	Fully insured
5.	Plan chosen by the majority of employees eligible for coverage	Quartz
6.	Type of plan	Health Maintenance Organization (HMO)
7.	Percent of staff eligible for insurance and enrolled in the plan	75%
8.	Eligibility	Family (Employee, Spouse, All Dependents)
9.	Coverage	Medical Prescription Drugs
Single Plan Information		
10.	Total monthly premium	\$ 693.14
11.	Employer contribution to premium	\$ 623.82
12.	Employee contribution to premium	\$ 69.31
13.	If HSA, total employer contribution	\$ -
14.	Deductible	\$ 500.00
15.	Employer share of deductible	\$ -
16.	Out of pocket maximum	\$ 4,600.00
Family Plan Information		
17.	Total monthly premium	\$ 1,559.57
18.	Employer contribution to premium	\$ 1,403.61
19.	Employee contribution to premium	\$ 155.95
20.	If HSA, total employer contribution	\$ -
21.	Deductible	\$ 1,000.00
22.	Employer share of deductible	\$ -
23.	Out of pocket maximum	\$ 9,200.00

Other Plan Information

- | | | |
|-----|-----------------------------------|--|
| 24. | Describe any premium differential | n/a |
| 25. | Describe any in-network co-pays | \$25 office ; \$25 urgent care; \$100 ER ;
\$150 MRI, CAT, PET; drugs: 10/30/60 |
| 26. | Co-insurance percentage, if any | 0 |
| 27. | Other information | |

Answer Format



4 digit number; if unknown, can be found at dpi.wi.gov

Text

Drop-down menu (choose 1)

Drop-down menu (choose 1)

Text

Drop-down menu (choose 1)

Percentage (2 decimal points; i.e., 0.79 to show 79%)

Drop-down menu (choose multiple if applicable)

Drop-down menu (choose multiple if applicable)



Dollars

Dollars

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Dollars



Text

Text

Percentage (2 decimal points; i.e., 0.79 to show 79%)

Text