

Item

District Response

Answer Format

Basic Information

- 1. LEA code 1673 4 digit number; if unknown, can be found at dpi.wi.gov
- 2. School district name Royall School District Text
- 3. Number of plans offered One Drop-down menu (choose 1)
- 4. Plan structure Fully insured Drop-down menu (choose 1)
- 5. Plan chosen by the majority of employees eligible for coverage WEA Trust Text
- 6. Type of plan High Deductible Health Plan (HDHP) Drop-down menu (choose 1)
- 7. Percent of staff eligible for insurance and enrolled in the plan 81% Percentage (2 decimal points; i.e., 0.79 to show 79%)
- 8. Eligibility Family (Employee, Spouse, All Dependents) Drop-down menu (choose multiple if applicable)
- 9. Coverage Medical Prescription Drugs Drop-down menu (choose multiple if applicable)
Vision (any)

Single Plan Information

- 10. Total monthly premium \$ 749.16 Dollars
- 11. Employer contribution to premium \$ 654.77 Dollars
- 12. Employee contribution to premium \$ 94.39 Dollars
- 13. If HSA, total employer contribution \$ 2,000.00 Dollars
- 14. Deductible \$ 3,000.00 Dollars
- 15. Employer share of deductible \$ - Dollars
- 16. Out of pocket maximum \$ 3,000.00 Dollars

Family Plan Information

17.	Total monthly premium	\$	1,620.74	Dollars
18.	Employer contribution to premium	\$	1,416.53	Dollars
19.	Employee contribution to premium	\$	204.21	Dollars
20.	If HSA, total employer contribution	\$	4,000.00	Dollars
21.	Deductible	\$	6,000.00	Dollars
22.	Employer share of deductible	\$	-	Dollars
23.	Out of pocket maximum	\$	6,000.00	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 points; i.e., 0.79 to show 79%)
- 27. Other information Text