

<u>Item</u>	<u>District Response</u>	<u>Answer Format</u>
<b>Basic Information</b>		
1. LEA code	5733	4 digit number; if unkn
2. School district name	Three Lakes	Text
3. Number of plans offered	One	Drop-down menu (chc
4. Plan structure	Fully insured	Drop-down menu (chc
5. Plan chosen by the majority of employees eligible for coverage	One	Text
6. Type of plan	Preferred Provider Organization (PPO)	Drop-down menu (chc
7. Percent of staff eligible for insurance and enrolled in the plan		Percentage (2 decimal
8. Eligibility	Family (Employee, Spouse, All Dependents)	Drop-down menu (chc
9. Coverage	Medical	Drop-down menu (chc

#### **Single Plan Information**

10. Total monthly premium	869.36	Dollars
11. Employer contribution to premium	765.04	Dollars
12. Employee contribution to premium	104.32	Dollars
13. If HSA, total employer contribution		Dollars
14. Deductible	500	Dollars
15. Employer share of deductible	500	Dollars
16. Out of pocket maximum	1,000	Dollars

#### **Family Plan Information**

17. Total monthly premium	2606.95	Dollars
18. Employer contribution to premium	2294.12	Dollars
19. Employee contribution to premium	312.83	Dollars
20. If HSA, total employer contribution		Dollars
21. Deductible	500/1,000	Dollars
22. Employer share of deductible	500/1,000	Dollars
23. Out of pocket maximum	2,000	Dollars

#### **Other Plan Information**

24. Describe any premium differential		Text
25. Describe any in-network co-pays	10 / office visit / 25 SPEC	Text
26. Co-insurance percentage, if any	100 / MRI	Percentage (2 decimal
27. Other information		Text