

<u>Item</u>	<u>District Response</u>	<u>Answer Format</u>
<b>Basic Information</b>		
1. LEA code	3754	4 digit number; If unknown, can be found at dpi.wi.gov
2. School district name	Spencer	Text
3. Number of plans offered	1	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	Security Health Plan	Text
6. Type of plan	High Deductible HMO and POS	Drop-down menu (choose 1)
7. Percent of staff eligible for insurance and enrolled in the plan	89%	Percentage (2 decimal points; i.e., 0.79 to show 79%)
8. Eligibility	Single, Family	Drop-down menu (choose multiple if applicable)
9. Coverage	Medical, Dental	Drop-down menu (choose multiple if applicable)
<b>Single Plan Information</b>		
10. Total monthly premium	\$ 857.95	Dollars
11. Employer contribution to premium	Varies	Dollars
12. Employee contribution to premium	Varies	Dollars
13. If HSA, total employer contribution		Dollars
14. Deductible	\$ 1,500.00	Dollars
15. Employer share of deductible	1500.00 HRA	Dollars
16. Out of pocket maximum		Dollars
<b>Family Plan Information</b>		
17. Total monthly premium	\$ 1,954.75	Dollars
18. Employer contribution to premium	Varies	Dollars
19. Employee contribution to premium	Varies	Dollars
20. If HSA, total employer contribution		Dollars
21. Deductible	\$ 3,000.00	Dollars
22. Employer share of deductible	3000.00 HRA	Dollars
23. Out of pocket maximum		Dollars
<b>Other Plan Information</b>		
24. Describe any premium differential	Prescription Drug	Text
25. Describe any in-network co-pays	\$10/\$30/\$60/25%	Text
26. Co-insurance percentage, if any		Percentage (2 decimal points; i.e., 0.79 to show 79%)
27. Other information		Text