

## Waunakee Community School District - ~5% District Increase

## Medical Plan - Benefit Outline and Cost Summary **RENEWAL DATE: 07/01/2024**

IN-NETWORK BENEFITS OUTLINE										
				DEAN-CURRENT			5.3% OVERALL DISTRICT PREMIUM INCREASE - District Increase to \$686.05 / \$1,543.62 for all plans			
Deductible (Individual / Family)					\$750 / \$1,500	\$3,000 / \$6,000	\$750 / \$1,500	\$750 / \$1,500	\$3,000 / \$6,000	\$750 / \$1,500
Coinsurance					100%	100%	100%	100%	100%	100%
Maximum Out of Pocket					\$750 / \$1,500	\$3,000 / \$6,000	\$750 / \$1,500	\$750 / \$1,500	\$3,000 / \$6,000	\$750 / \$1,500
Office Visit / ER Copays					\$50 / \$50 / \$100	Ded, Coins	\$50 / \$50 / \$100	\$50 / \$50 / \$100	Ded, Coins	\$50 / \$50 / \$100
Prescription Drugs					\$10/\$25/\$50/30%	Ded, Coins	\$10/\$25/\$50/30%	\$10/\$25/\$50/30%	Ded, Coins	\$10/\$25/\$50/30%
ENROLLMENT	НМО	HDHP	POS	Total		PREMIUM RATES			PREMIUM RATES	
Employee	86	31	7	124	\$742.48	\$557.84	\$830.81	\$804.82	\$604.69	\$900.58
Family	227	63	19	309	\$1,670.58	\$1,255.14	\$1,869.32	\$1,810.85	\$1,360.55	\$2,026.31
Total Employees	313	94	26	433						
Monthly Subtotal					\$443,074.94	\$96,366.86	\$41,332.75	\$480,277.47	\$104,460.04	\$44,803.95
Annual Premium Total						\$6,969,294.60			\$7,554,497.52	
Change from Current									\$585,202.92	
Percentage Change									8.4%	
PREMIUM CONTRIBUTIONS										
Employer Premium Contributions Percenta	ige									
Employee	-				88%	88%	79%	85%	85%	76%
Family					88%	88%	79%	85%	85%	76%
Employer Premium Contributions										
Employee					\$653.38	\$490.90	\$653.88	\$686.05	\$515.44	\$686.05
Family					\$1,470.11	\$1,104.52	\$1,470.11	\$1,543.62	\$1,159.75	\$1,543.62
Monthly Employer Premium Contributions	Subtotal				\$389,905.95	\$84,802.84	\$32,509.25	\$409,401.24	\$89,042.98	\$34,131.06
Annual Employer Premium Contributions Subtotal				\$4,678,871.37	\$1,017,634.04	\$390,111.00	\$4,912,814.93	\$1,068,515.74	\$409,572.76	
Total Annual Employer Premium Contri					<i>+ 1/01 0/01 2101</i>	\$6,086,616.41	<i>,,</i>	+ '/ /	\$6,390,903.44	+ ·····
Change From Current									\$304,287.03	
Percentage Change									5.0%	
Annual Contribution for Employee						\$1,950.00			\$2,050.00	
Annual Contribution for Family						\$4,400.00			\$4,600.00	
Monthly HSA Spend					\$0.00	\$28,137.50	\$0.00	\$0.00	\$29,445.83	\$0.00
Annual HSA Spend					\$0.00	\$337,650.00	\$0.00	\$0.00	\$353,350.00	\$0.00
TOTAL EMPLOYER SPEND										
Monthly Employer Contributions to Premiur	m				\$389,905.95	\$84,802.84	\$32,509.25	\$409,401.24	\$89,042.98	\$34,131.06
Monthly Employer Contributions HSA				\$0.00	\$28,137.50	\$0.00	\$0.00	\$29,445.83	\$0.00	
Monthly Employer Spend by Plan Subtotal					\$389,905.95	\$112,940.34	\$32,509.25	\$409,401.24	\$118,488.81	\$34,131.06
Annual Employer Spend by Plan Subtotal					\$4,678,871.37	\$1,355,284.04	\$390,111.00	\$4,912,814.93	\$1,421,865.74	\$409,572.76
Total Annual Employer Spend						\$6,424,266.41			\$6,744,253.44	
Change From Current									\$319,987.03	
Percentage Change									5.0%	
EMPLOYEE MONTHLY PREMIUM CC	ONTRIBUTIONS	;								
Employee					\$89.10	\$66.94	\$176.93	\$118.77	\$89.25	\$214.53
Family					\$200.47	\$150.62	\$399.21	\$267.23	\$200.80	\$482.69

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