



Chippewa Falls Area Unified School District

2017 – 2018

Insurance Rates

2017 – 2018 Health Insurance Rates

Health Plans	Monthly Premium	Employee Portion	Employer Portion
<i>Benefit Plan Administrators High Deductible Health Plan:</i>			
HDHP – Single*	\$627.00	\$79.00 / 2 = \$39.50	\$548.00 / 2 = \$274.00
HDHP- Family*	\$1,608.00	\$203.00 / 2 = \$101.50	\$1,405.00 / 2 = \$702.50

**For 2017-2018, District HSA contributions will be: Single = \$75.22/month Family = \$192.90/month*

2017– 2018 Dental Rates: Teachers, Personal Services

Dental Plans	Monthly Premium	Employee Portion	Employer Portion
<i>Delta Dental:</i>			
Single	\$37.48	\$25.48 / 2 = \$12.74	\$12.00 / 2 = \$6.00
Family	\$109.88	\$74.88 / 2 = \$37.44	\$35.00 / 2 = \$17.50

2017 – 2018 Dental Rates: Support Staff

Dental Plans	Monthly Premium	Employee Portion	Employer Portion
<i>Delta Dental:</i>			
Single	\$37.48	\$23.48 / 2 = \$11.74	\$14.00 / 2 = \$7.00
Family	\$109.88	\$69.88 / 2 = \$34.94	\$40.00 / 2 = \$20.00

2017 – 2018 Dental Rates: Administrators & District Services Staff

Dental Plans	Monthly Premium	Employee Portion	Employer Portion
<i>Delta Dental:</i>			
Single	\$37.48	\$18.74 / 2 = \$9.37	\$18.74 / 2 = \$9.37
Family	\$109.88	\$54.94 / 2 = \$27.47	\$54.94 / 2 = \$27.47

IRS REQUIREMENTS FOR 2017

	SINGLE PLAN	FAMILY PLAN
CONTRIBUTION LIMIT	\$ 3,400.00	\$ 6,750.00
DISTRICT CONTRIBUTION	\$ 902.64	\$ 2,314.80
EMPLOYEES MAXIMUM OPTIONAL CONTRIBUTION	\$ 2,497.36	\$ 4,435.20

Staff Over age 55 may contribute an additional \$1,000 per year to the Health Savings Account. Staff 65 or older and on Medicare are not able to contribute to a Health Savings Account



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