

# RIVER VALLEY SCHOOL DISTRICT 2023-2024 BENEFIT PACKAGES & RATES

## DISTRICT BENEFIT COST PER DAY

All Benefit Plan Years for the District run from \*Sept. 1st - Aug. 31st\*

EMPLOYEE TYPE/CONTRACT DAYS

### HEALTH INSURANCE

Approved 4/13/2023

| Quartz Health Insurance - HMO PLAN | 2023-2024 MONTHLY RATES | District Portion (monthly) | Employee Portion (monthly) | District Portion (per check)* | Employee Portion (per check)* | Support Staff | Teacher  | Year-Long |
|------------------------------------|-------------------------|----------------------------|----------------------------|-------------------------------|-------------------------------|---------------|----------|-----------|
|                                    |                         | 87.40%                     | 12.60%                     |                               |                               | 184.5         | 190      | 260       |
| SINGLE                             | \$685.40                | \$599.04                   | \$86.36                    | \$299.52                      | \$43.18                       | \$ 38.96      | \$ 37.83 | \$ 27.65  |
| FAMILY                             | \$1,617.54              | \$1,413.73                 | \$203.81                   | \$706.86                      | \$101.90                      | \$ 91.95      | \$ 89.29 | \$ 65.25  |

### HEALTH SAVINGS ACCOUNT (HSA)

HSABANK.COM

2023-2024 CONTRIBUTION

Employer/Employee contribution limits apply for the calendar year

SINGLE Deductible = \$2,000

\$1,500.00

Contribution will be made at the beginning of the plan year (09/01/2023)

FAMILY Deductible = \$4,000

\$3,000.00

### DENTAL INSURANCE

| DELTA DENTAL OF WI | 2023-2024 MONTHLY RATES | District Portion (monthly) | Employee Portion (monthly) | District Portion (per check)* | Employee Portion (per check)* | Support Staff | Teacher | Year-Long |
|--------------------|-------------------------|----------------------------|----------------------------|-------------------------------|-------------------------------|---------------|---------|-----------|
|                    |                         | 95.00%                     | 5.00%                      |                               |                               | 184.5         | 190     | 260       |
| SINGLE             | \$48.67                 | \$46.24                    | \$2.43                     | \$23.12                       | \$1.22                        | \$ 3.01       | \$ 2.92 | \$ 2.13   |
| FAMILY             | \$125.77                | \$119.48                   | \$6.29                     | \$59.74                       | \$3.14                        | \$ 7.77       | \$ 7.55 | \$ 5.51   |

### VISION INSURANCE

| DELTA DENTAL OF WI/ DELTA VISION (EYEMED) | 2023-2024 MONTHLY RATES | District Portion (monthly) | Employee Portion (monthly) | District Portion (per check)* | Employee Portion (per check)* | Support Staff | Teacher | Year-Long |
|---|-------------------------|----------------------------|----------------------------|-------------------------------|-------------------------------|---------------|---------|-----------|
|   |                         | 95.00%                     | 5.00%                      |                               |                               | 184.5         | 190     | 260       |
| SINGLE                                    | \$7.13                  | \$6.77                     | \$0.36                     | \$3.39                        | \$0.18                        | \$ 0.44       | \$ 0.43 | \$ 0.31   |
| FAMILY                                    | \$17.75                 | \$16.86                    | \$0.89                     | \$8.43                        | \$0.44                        | \$ 1.10       | \$ 1.07 | \$ 0.78   |

\*Based on 24 pay periods

\*Based on full time

### OTHER BENEFITS

| LONG TERM DISABILITY                                   | WISCONSIN RETIREMENT SYSTEM   | VOLUNTARY BENEFITS  | Total H/D/V | Total H/D/V | Total H/D/V |
|--|---|---|-------------|-------------|-------------|
| NATIONAL INSURANCE SERVICES (NIS)<br>100% paid by RVSD | WI DEPT. OF EMPLOYEE TRUST FUNDS (ETF)<br>Actuarially determined employer contribution rate | - SHORT TERM DISABILITY - NIS<br>- STATE LIFE INSURANCE - ETF<br><i>Employee Paid</i> | \$ 42.41    | \$ 41.18    | \$ 30.09    |
|  |   |   | \$ 100.82   | \$ 97.90    | \$ 71.54    |