

Carrier	Estimated Annual Cost	Notes	
Aspirus	\$2,157,415.56		
Aspirus Renewal	\$2,308,433.64	7.00%	Verbally given 3% relief, then it was taken away
Aspirus Renewal Negotiated	\$2,308,433.64	7.00%	9.9% rate cap for next year
State Plan	\$2,937,935.76	36.18%	
WCA/GHT	\$2,196,256.92	1.80%	
WPS Level Funded	\$2,205,868.56	2.25%	Alliance/Statewide network 12/18 contract
Anthem	No response yet		
Northern Trust	DTQ		Rates not competitive
Health Partners	DTQ		Rates not competitive
Aspirus ASO (self funded)	DTQ		Rates not competitive

Stanley Boyd School District Renewal and Marketing Summary

Effective Date: 1/1/2026

Carrier		Current Aspirus		Current Aspirus		Initial Renewal Aspirus		Initial Renewal Aspirus				
Plan Type		HDHP		HDHP		HDHP		HDHP				
Network		Signature		Freedom		Signature		Freedom				
Deductible (single/family)		\$3,400 / \$6,800		\$3,400 / \$6,800		\$3,500 / \$7,000		\$3,500 / \$7,000				
Type		Embedded		Embedded		Embedded		Embedded				
OON Benefits?		No		No		No		No				
Preventive Care		100%		100%		100%		100%				
Coinsurance		80%		80%		80%		80%				
Out of Pocket Max (single/family)		\$6,350 / \$12,700		\$6,350 / \$12,700		\$6,350 / \$12,700		\$6,350 / \$12,700				
Office Visit Copays (PCP/Specialist)		Ded. Coins.		Ded. Coins.		Ded. Coins.		Ded. Coins.				
Urgent Care		Ded. Coins.		Ded. Coins.		Ded. Coins.		Ded. Coins.				
Emergency Room		Ded. Coins.		Ded. Coins.		Ded. Coins.		Ded. Coins.				
Pharmacy		Ded, then \$0/ \$10/\$30/\$50/25%		Ded, then \$0/ \$10/\$30/\$50/25%		Ded, then \$0/ \$10/\$30/\$50/25%		Ded, then \$0/ \$10/\$30/\$50/25%				
Enrollment/Premium												
Employee	4	\$862.53		27	\$1,025.31		4	\$922.91		27	\$1,097.08	
Employee/Spouse	0	\$0.00		0	\$0.00		0	\$0.00		0	\$0.00	
Employee/Child	0	\$0.00		0	\$0.00		0	\$0.00		0	\$0.00	
Family	7	\$1,957.34		58	\$2,326.72		7	\$2,094.35		58	\$2,489.59	
Total Monthly Premium		\$17,151.50		\$162,633.13		\$18,352.09		\$174,017.38				
Total Annual Premium		\$205,818.00		\$1,951,597.56		\$220,225.08		\$2,088,208.56				
Combined Monthly Premium		\$179,784.63				\$192,369.47						
Combined Annual Premium		\$2,157,415.56				\$2,308,433.64						
Increase / Decrease (Annual)						7.0%						
Premium Increase (+/-)						\$151,018.08						

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Stanley Boyd School District Renewal and Marketing Summary

Effective Date: 1/1/2027

<i>Carrier</i>		Initial Renewal Aspirus		Initial Renewal Aspirus		State Plan (Aspirus)
<i>Plan Type</i>		HDHP		HDHP		HDHP
<i>Network</i>		Signature		Freedom		
<i>Deductible (single/family)</i>		\$3,500 / \$7,000		\$3,500 / \$7,000		\$1,700 / \$3,400
<i>Type</i>		Embedded		Embedded		Non-Embedded
<i>OON Benefits?</i>		No		No		Yes
<i>Preventive Care</i>		100%		100%		100%
<i>Coinsurance</i>		80%		80%		90%
<i>Out of Pocket Max (single/family)</i>		\$6,350 / \$12,700		\$6,350 / \$12,700		\$2,500 / \$5,000
<i>Office Visit Copays (PCP/Specialist)</i>		Ded. Coins.		Ded. Coins.		Ded, then \$15 / \$25
<i>Urgent Care</i>		Ded. Coins.		Ded. Coins.		Ded, then \$25
<i>Emergency Room</i>		Ded. Coins.		Ded. Coins.		Ded, then \$75
<i>Pharmacy</i>		Ded, then \$0/ \$10/\$30/\$50/25%		Ded, then \$0/ \$10/\$30/\$50/25%		Ded, then \$0/ \$10/\$30/\$50/25%
<i>Enrollment/Premium</i>						
<i>Employee</i>	4	\$922.91	27	\$1,097.08	31	\$1,281.18
<i>Employee/Spouse</i>	0	\$0.00	0	\$0.00	0	\$0.00
<i>Employee/Child</i>	0	\$0.00	0	\$0.00	0	\$0.00
<i>Family</i>	7	\$2,094.35	58	\$2,489.59	65	\$3,155.56
<i>Total Monthly Premium</i>		\$18,352.09		\$174,017.38		\$244,827.98
<i>Total Annual Premium</i>		\$220,225.08		\$2,088,208.56		\$2,937,935.76
<i>Combined Monthly Premium</i>		\$192,369.47				\$244,827.98
<i>Combined Annual Premium</i>		\$2,308,433.64				\$2,937,935.76
<i>Increase / Decrease (Annual)</i>		7.0%				36.2%
<i>Premium Increase (+/-)</i>		\$151,018.08				\$780,520.20

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Stanley Boyd School District Renewal and Marketing Summary

Effective Date: 1/1/2027

<i>Carrier</i>		Initial Renewal Aspirus		Initial Renewal Aspirus		Group Health Trust
<i>Plan Type</i>		HDHP		HDHP		HDHP
<i>Network</i>		Signature		Freedom		Choice Plus
<i>Deductible (single/family)</i>		\$3,500 / \$7,000		\$3,500 / \$7,000		\$3,500 / \$7,000
<i>Type</i>		Embedded		Embedded		Embedded
<i>OON Benefits?</i>		No		No		Yes
<i>Preventive Care</i>		100%		100%		100%
<i>Coinsurance</i>		80%		80%		80%
<i>Out of Pocket Max (single/family)</i>		\$6,350 / \$12,700		\$6,350 / \$12,700		\$6,350 / \$12,700
<i>Office Visit Copays (PCP/Specialist)</i>		Ded. Coins.		Ded. Coins.		Ded. Coins.
<i>Urgent Care</i>		Ded. Coins.		Ded. Coins.		Ded. Coins.
<i>Emergency Room</i>		Ded. Coins.		Ded. Coins.		Ded. Coins.
<i>Pharmacy</i>		Ded, then \$0/ \$10/\$30/\$50/25%		Ded, then \$0/ \$10/\$30/\$50/25%		Ded, then \$10/\$30/\$50/25%
<i>Enrollment/Premium</i>						
<i>Employee</i>	4	\$922.91	27	\$1,097.08	31	\$1,025.31
<i>Employee/Spouse</i>	0	\$0.00	0	\$0.00	0	\$0.00
<i>Employee/Child</i>	0	\$0.00	0	\$0.00	0	\$0.00
<i>Family</i>	7	\$2,094.35	58	\$2,489.59	65	\$2,326.72
<i>Total Monthly Premium</i>		\$18,352.09		\$174,017.38		\$183,021.41
<i>Total Annual Premium</i>		\$220,225.08		\$2,088,208.56		\$2,196,256.92
<i>Combined Monthly Premium</i>		\$192,369.47				\$183,021.41
<i>Combined Annual Premium</i>		\$2,308,433.64				\$2,196,256.92
<i>Increase / Decrease (Annual)</i>		7.0%				1.8%
<i>Premium Increase (+/-)</i>		\$151,018.08				\$38,841.36

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Stanley Boyd School District Renewal and Marketing Summary

Effective Date: 1/1/2027							
Carrier		Initial Renewal Aspirus		Initial Renewal Aspirus		WPS	
Plan Type		HDHP		HDHP		HDHP	
Network		Signature		Freedom		Alliance / Statewide	
Deductible (single/family)		\$3,500 / \$7,000		\$3,500 / \$7,000		\$3,500 / \$7,000	
Type		Embedded		Embedded		Embedded	
OON Benefits?		No		No		Yes	
Preventive Care		100%		100%		100%	
Coinsurance		80%		80%		80%	
Out of Pocket Max (single/family)		\$6,350 / \$12,700		\$6,350 / \$12,700		\$6,500 / \$9,500	
Office Visit Copays (PCP/Specialist)		Ded. Coins.		Ded. Coins.		Ded. Coins.	
Urgent Care		Ded. Coins.		Ded. Coins.		Ded. Coins.	
Emergency Room		Ded. Coins.		Ded. Coins.		Ded. Coins.	
Pharmacy		Ded, then \$0/ \$10/\$30/\$50/25%		Ded, then \$0/ \$10/\$30/\$50/25%		Ded, Coins.	
Enrollment/Premium							
Employee	4	\$922.91	27	\$1,097.08	31	\$830.63	
Employee/Spouse	0	\$0.00	0	\$0.00	0	\$0.00	
Employee/Child	0	\$0.00	0	\$0.00	0	\$0.00	
Family	7	\$2,094.35	58	\$2,489.59	65	\$2,431.89	
Total Monthly Premium		\$18,352.09		\$174,017.38		\$183,822.38	
Total Annual Premium		\$220,225.08		\$2,088,208.56		\$2,205,868.56	
Combined Monthly Premium		\$192,369.47				\$183,822.38	
Combined Annual Premium		\$2,308,433.64				\$2,205,868.56	
Increase / Decrease (Annual)		7.0%				2.2%	
Premium Increase (+/-)		\$151,018.08				\$48,453.00	

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