

WPUSD Active Employee Rate Sheet 2022-2023 (effective 7/1/22)

Must be at least 50% or 20 hours per week to be eligible. District contributions are prorated by FTE/daily hours for those employees working less than 1 FTE or less than 8 hours per day. Full-time cap is \$1,201.99 per month. Prorated cap examples: If 80% FTE, \$1201.99 x 80% = \$961.59. If 5.66 hours per day, \$150.24 x 5.66 hours = \$850.41 monthly. If hourly, but not working each day, daily hours are averaged over 5 days. Total medical, dental and/or vision minus cap = employee out of pocket, if applicable.

SUTTER HEALTH PLUS (see map for coverage areas)

HMO (Office \$25 / Rx \$10/\$30/\$60)		MONTHLY PREMIUM
Employee only	\$	892.00
Employee plus spouse	\$	1,784.00
Employee plus child/children	\$	1,356.00
Employee plus family	\$	2,097.00
High Deductible Mid HMO (\$1,500 single deductible/\$3,000 family deductible)		
Employee only	\$	640.00
Employee plus spouse	\$	1,275.00
Employee plus child/children	\$	969.00
Employee plus family	\$	1,497.00
High Deductible HMO (\$2,500 single deductible/\$5,000 family deductible)		
Employee only	\$	567.00
Employee plus spouse	\$	1,130.00
Employee plus child/children	\$	859.00
Employee plus family	\$	1,326.00

WESTERN HEALTH ADVANTAGE (see map for coverage areas)

HMO (Office \$25 / Rx \$10/\$30/\$50)		MONTHLY PREMIUM
Employee only	\$	761.00
Employee plus spouse	\$	1,521.00
Employee plus child/children	\$	1,156.00
Employee plus family	\$	1,787.00
WHA High Deductible Mid HMO (\$1,800 single ded./\$3,600 family ded.)		
Employee only	\$	576.00
Employee plus spouse	\$	1,149.00
Employee plus child/children	\$	871.00
Employee plus family	\$	1,342.00
WHA High Deductible HMO (\$2,800 single ded./\$5,600 family ded.)		
Employee only	\$	489.00
Employee plus spouse	\$	975.00
Employee plus child/children	\$	739.00
Employee plus family	\$	1,137.00

KAISER

HMO (Office \$25/Rx\$10/\$25)		MONTHLY PREMIUM
Employee only	\$	882.00
Employee plus spouse	\$	1,764.00
Employee plus child/children	\$	1,341.00
Employee plus family	\$	2,073.00
Kaiser High Deductible (\$2,000 single deductible/\$4,000 family deductible)		
Employee only	\$	618.00
Employee plus spouse	\$	1,233.00
Employee plus child/children	\$	938.00
Employee plus family	\$	1,448.00

DELTA DENTAL (all dependents covered under composite rate)

		MONTHLY PREMIUM
Employee only	\$	125.75
Employee plus spouse	\$	125.75
Employee plus child/children	\$	125.75
Employee plus family	\$	125.75

VISION SERVICE PLAN (VSP) (all dependents covered under composite rate)

		MONTHLY PREMIUM
Employee only	\$	20.80
Employee plus spouse	\$	20.80
Employee plus child/children	\$	20.80
Employee plus family	\$	20.80

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BLUE SHIELD (only if living outside Kaiser, Sutter Health and Western Health service areas)

Trio HMO (\$1,500 single deductible/\$3,000 family deductible)

MONTHLY PREMIUM

	Employee only	\$ 878.00
	Employee plus spouse	\$ 1,755.00
	Employee plus child/children	\$ 1,342.00
	Employee plus family	\$ 2,062.00

PPO Savings 2700 (\$2,700 single deductible/\$5,200 family deductible)

	Employee only	\$ 689.00
	Employee plus spouse	\$ 1,377.00
	Employee plus child/children	\$ 1,054.00
	Employee plus family	\$ 1,618.00

PPO Savings 4000 (\$4,000 single deductible/\$8,000 family deductible)

	Employee only	\$ 632.00
	Employee plus spouse	\$ 1,262.00
	Employee plus child/children	\$ 966.00
	Employee plus family	\$ 1,482.00

DELTA DENTAL (all dependents covered under composite rate)

MONTHLY PREMIUM

	Employee only	\$ 125.75
	Employee plus spouse	\$ 125.75
	Employee plus child/children	\$ 125.75
	Employee plus family	\$ 125.75

VISION SERVICE PLAN (VSP) (all dependents covered under composite rate)

MONTHLY PREMIUM

	Employee only	\$ 20.80
	Employee plus spouse	\$ 20.80
	Employee plus child/children	\$ 20.80
	Employee plus family	\$ 20.80