

## WPUSD Active Employee Rate Sheet 2023-2024 (effective 7/1/23)

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	\$	904.00
Employee plus spouse	\$	1,806.00
Employee plus child/children	\$	1,373.00
Employee plus family	\$	2,123.00

#### **High Deductible Mid HMO (\$1,500 single deductible/\$3,000 family deductible)**

Employee only	\$	676.00
Employee plus spouse	\$	1,348.00
Employee plus child/children	\$	1,024.00
Employee plus family	\$	1,583.00

#### **High Deductible HMO (\$2,500 single deductible/\$5,000 family deductible)**

Employee only	\$	599.00
Employee plus spouse	\$	1,194.00
Employee plus child/children	\$	907.00
Employee plus family	\$	1,402.00

### **WESTERN HEALTH ADVANTAGE (see map for coverage areas)**

#### **HMO (Office \$25 / Rx \$10/\$30/\$50)**

#### **MONTHLY PREMIUM**

Employee only	\$	780.00
Employee plus spouse	\$	1,559.00
Employee plus child/children	\$	1,185.00
Employee plus family	\$	1,832.00

#### **WHA High Deductible Mid HMO (\$1,800 single ded./\$3,600 family ded.)**

Employee only	\$	579.00
Employee plus spouse	\$	1,156.00
Employee plus child/children	\$	879.00
Employee plus family	\$	1,357.00

#### **WHA High Deductible HMO (\$2,800 single ded./\$5,600 family ded.)**

Employee only	\$	503.00
Employee plus spouse	\$	1,003.00
Employee plus child/children	\$	763.00
Employee plus family	\$	1,178.00

### **KAISER**

#### **HMO (Office \$25/Rx\$10/\$25)**

#### **MONTHLY PREMIUM**

Employee only	\$	935.00
Employee plus spouse	\$	1,869.00
Employee plus child/children	\$	1,420.00
Employee plus family	\$	2,195.00

#### **Kaiser High Deductible (\$2,000 single deductible/\$4,000 family deductible)**

Employee only	\$	668.00
Employee plus spouse	\$	1,332.00
Employee plus child/children	\$	1,013.00
Employee plus family	\$	1,565.00

#### **Kaiser High Deductible (\$3,000 single deductible/\$6,000 family deductible)**

Employee only	\$	575.00
Employee plus spouse	\$	1,146.00
Employee plus child/children	\$	872.00
Employee plus family	\$	1,346.00

### **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	\$	915.00
Employee plus spouse	\$	1,830.00
Employee plus child/children	\$	1,400.00
Employee plus family	\$	2,150.00

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

Employee only	\$	777.00
Employee plus spouse	\$	1,553.00
Employee plus child/children	\$	1,188.00
Employee plus family	\$	1,825.00

#### **PPO Savings 4400 (\$4,400 single deductible/\$8,800 family deductible)**

Employee only	\$	699.00
Employee plus spouse	\$	1,395.00
Employee plus child/children	\$	1,068.00
Employee plus family	\$	1,638.00

#### **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