

WPUSD Active Employee Rate Sheet 2024-2025 (effective 7/1/24)

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	\$ 1,008.00
Employee plus spouse	\$ 2,016.00
Employee plus child/children	\$ 1,532.00
Employee plus family	\$ 2,370.00

DHMO 1000 (Office \$25 / Rx \$10/\$30/\$60/20%) * NEW PLAN FOR 24-25*****

Employee only	\$ 807.00
Employee plus spouse	\$ 1,613.00
Employee plus child/children	\$ 1,226.00
Employee plus family	\$ 1,896.00

High Deductible Mid HMO (\$1,600 single deductible/\$3,200 family deductible)

Employee only	\$ 755.00
Employee plus spouse	\$ 1,506.00
Employee plus child/children	\$ 1,144.00
Employee plus family	\$ 1,768.00

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

Employee only	\$ 669.00
Employee plus spouse	\$ 1,334.00
Employee plus child/children	\$ 1,014.00
Employee plus family	\$ 1,566.00

WESTERN HEALTH ADVANTAGE (see map for coverage areas)

HMO (Office \$25 / Rx \$10/\$30/\$50)	MONTHLY PREMIUM
Employee only	\$ 858.00
Employee plus spouse	\$ 1,716.00
Employee plus child/children	\$ 1,304.00
Employee plus family	\$ 2,016.00

DHMO 1000 (Office \$25 / Rx \$10/\$30/\$60/20%) * NEW PLAN FOR 24-25*****

Employee only	\$ 646.00
Employee plus spouse	\$ 1,292.00
Employee plus child/children	\$ 982.00
Employee plus family	\$ 1,518.00

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

Employee only	\$ 629.00
Employee plus spouse	\$ 1,255.00
Employee plus child/children	\$ 954.00
Employee plus family	\$ 1,474.00

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

Employee only	\$ 546.00
Employee plus spouse	\$ 1,089.00
Employee plus child/children	\$ 829.00
Employee plus family	\$ 1,279.00

KAISER

HMO (Office \$25/Rx\$10/\$25)	MONTHLY PREMIUM
Employee only	\$ 1,078.00
Employee plus spouse	\$ 2,156.00
Employee plus child/children	\$ 1,639.00
Employee plus family	\$ 2,533.00

DHMO 1000 (Office \$25 / Rx \$10/\$30/\$60/20%) * NEW PLAN FOR 24-25*****

Employee only	\$ 968.00
Employee plus spouse	\$ 1,936.00
Employee plus child/children	\$ 1,471.00
Employee plus family	\$ 2,275.00

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

Employee only	\$ 770.00
Employee plus spouse	\$ 1,536.00
Employee plus child/children	\$ 1,168.00
Employee plus family	\$ 1,805.00

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

Employee only	\$ 660.00
Employee plus spouse	\$ 1,317.00
Employee plus child/children	\$ 1,002.00
Employee plus family	\$ 1,547.00

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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	\$	1,043.00
Employee plus spouse	\$	2,085.00
Employee plus child/children	\$	1,595.00
Employee plus family	\$	2,450.00

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

Employee only	\$	800.00
Employee plus spouse	\$	1,598.00
Employee plus child/children	\$	1,223.00
Employee plus family	\$	1,878.00

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

Employee only	\$	722.00
Employee plus spouse	\$	1,442.00
Employee plus child/children	\$	1,104.00
Employee plus family	\$	1,694.00

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