



Insurance Premiums January 1, 2025 – December 31, 2025

INSURANCE	2024 TOTAL MONTHLY PREMIUMS	MONTHLY DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION
 DELTA DENTAL PPO			
Employee Only	\$36.25	\$36.25	\$0.00
Employee + One*	\$67.79	\$38.20	\$29.59
Employee + Family*	\$124.75	\$41.71	\$83.04
 VISION (VOLUNTARY)			
Employee Only	\$8.32	\$8.32	\$0.00
Employee + Spouse*	\$16.61	\$8.71	\$7.90
Employee + Child(ren)	\$17.79	\$8.77	\$9.02
Family*	\$27.90	\$9.25	\$18.65
 KAISER ALTERNATE Additional Choice Deductible Coinsurance POS Plan			
Employee Only	\$896.12	\$738.73	\$157.39
Employee + Spouse*	\$1,792.23	\$1,150.00	\$642.23
Employee + Child(ren)	\$1,568.20	\$1,150.00	\$418.20
Family*	\$2,769.00	\$1,300.00	\$1,469.00
KAISER HIGH HMO Plan 220			
Employee Only	\$798.82	\$711.84	\$86.98
Employee + Spouse*	\$1,597.64	\$1,150.00	\$447.64
Employee + Child(ren)	\$1,397.93	\$1,150.00	\$247.93
Family*	\$2,468.35	\$1,300.00	\$1,168.35
KAISER DHMO Plan 500			
Employee Only	\$711.84	\$711.84	\$0.00
Employee + Spouse*	\$1,423.69	\$1,150.00	\$273.69
Employee + Child(ren)	\$1,245.73	\$1,150.00	\$95.73
Family*	\$2,199.60	\$1,300.00	\$899.60

* If an employee and spouse are both employed by the district, the district will pay a maximum of \$738.73 on all Employee Only Kaiser plans. The district will pay a maximum of \$2,300 on Employee+ Spouse, Child(ren) & Family Kaiser plans and \$76.40 maximum for Delta.

For additional questions or information, please contact:
Sheryl McCoy, Human Resources Specialist, smccoy@wps.org, 720-542-5068