

WPUSD Active Employee Rate Sheet 2025-2026 (effective 7/1/25)

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	\$	1,074.00
Employee plus spouse	\$	2,147.00
Employee plus child/children	\$	1,631.00
Employee plus family	\$	2,522.00

DHMO 1000 (Office \$25 / Rx \$10/\$30/\$60/20%)

Employee only	\$	860.00
Employee plus spouse	\$	1,718.00
Employee plus child/children	\$	1,305.00
Employee plus family	\$	2,018.00

High Deductible Mid HMO (\$1,650 single deductible/\$3,300 family deductible)

Employee only	\$	801.00
Employee plus spouse	\$	1,601.00
Employee plus child/children	\$	1,216.00
Employee plus family	\$	1,880.00

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

Employee only	\$	710.00
Employee plus spouse	\$	1,418.00
Employee plus child/children	\$	1,077.00
Employee plus family	\$	1,665.00

WESTERN HEALTH ADVANTAGE (see map for coverage areas)

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

MONTHLY PREMIUM

Employee only	\$	938.00
Employee plus spouse	\$	1,876.00
Employee plus child/children	\$	1,426.00
Employee plus family	\$	2,204.00

DHMO 1000 (Office \$25 / Rx \$10/\$30/\$60/20%)

Employee only	\$	716.00
Employee plus spouse	\$	1,432.00
Employee plus child/children	\$	1,089.00
Employee plus family	\$	1,683.00

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

Employee only	\$	685.00
Employee plus spouse	\$	1,369.00
Employee plus child/children	\$	1,040.00
Employee plus family	\$	1,608.00

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

Employee only	\$	594.00
Employee plus spouse	\$	1,188.00
Employee plus child/children	\$	903.00
Employee plus family	\$	1,396.00

KAISER

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

MONTHLY PREMIUM

Employee only	\$	1,141.00
Employee plus spouse	\$	2,282.00
Employee plus child/children	\$	1,734.00
Employee plus family	\$	2,681.00

DHMO 1000 (Office \$25 / Rx \$10/\$30/\$60/20%)

Employee only	\$	1,044.00
Employee plus spouse	\$	2,087.00
Employee plus child/children	\$	1,586.00
Employee plus family	\$	2,452.00

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

Employee only	\$	827.00
Employee plus spouse	\$	1,654.00
Employee plus child/children	\$	1,257.00
Employee plus family	\$	1,944.00

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

Employee only	\$	709.00
Employee plus spouse	\$	1,418.00
Employee plus child/children	\$	1,078.00
Employee plus family	\$	1,666.00

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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	\$	1,323.00
Employee plus spouse	\$	2,646.00
Employee plus child/children	\$	2,024.00
Employee plus family	\$	3,109.00

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

Employee only	\$	876.00
Employee plus spouse	\$	1,754.00
Employee plus child/children	\$	1,341.00
Employee plus family	\$	2,061.00

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

Employee only	\$	791.00
Employee plus spouse	\$	1,582.00
Employee plus child/children	\$	1,210.00
Employee plus family	\$	1,859.00

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