

## Insurance Rates • WCHSSA Support Staff • Effective 7/1/2025 - 6/30/2026

Insurance Plan	25/26 Total Annual Premium	Board Annual Premium	Employee Annual Premium	25/26 Wellness Program Rebate*	Employee Monthly Premium	Employee Per Paycheck Deduction	Actual Employee Per Paycheck Deduction* (after rebate)	Notes
<b>PPO2 PLAN</b>								
Medical - PPO2 - Single	\$10,081.56	\$8,065.25	\$2,016.31	\$40.33	\$168.03	\$84.01	\$82.33	Provider Search: <a href="#">PPO/PPO HDHP (Participating Provider Organization)</a>
Medical - PPO2 - Single + Spouse	Not available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
Medical - PPO2 - Single + Child(ren)	Not available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
Medical - PPO2 - Family	\$34,411.92	\$27,529.54	\$6,882.38	\$137.65	\$573.53	\$286.77	\$281.03	
<b>PPO3 HDHP PLAN WITH HSA</b>								
Medical - PPO3 - Single	\$8,249.64	\$7,012.19	\$1,237.45	\$24.75	\$103.12	\$51.56	\$50.53	Board HSA annual contribution \$500 for single
Medical - PPO3 - Single + Spouse	Not available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Board HSA annual contribution \$1,000 for family
Medical - PPO3 - Single + Child(ren)	Not available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Provider Search:
Medical - PPO3 - Family	\$28,158.84	\$23,935.01	\$4,223.83	\$84.48	\$351.99	\$175.99	\$172.47	<a href="#">PPO/PPO HDHP (Participating Provider Organization)</a>
<b>PPO4 BLUE CHOICE OPTIONS PLAN</b>								
Medical - PPO4 - Single	\$10,096.80	\$8,077.44	\$2,019.36	\$40.39	\$168.28	\$84.14	\$82.46	Provider Search:
Medical - PPO4 - Single + Spouse	\$24,232.32	\$19,385.86	\$4,846.46	\$96.93	\$403.87	\$201.94	\$197.90	<a href="#">Blue Choice Options (BCO)</a>
Medical - PPO4 - Single + Child(ren)	\$19,184.16	\$15,347.33	\$3,836.83	\$76.74	\$319.74	\$159.87	\$156.67	
Medical - PPO4 - Family	\$31,300.44	\$25,040.35	\$6,260.09	\$125.20	\$521.67	\$260.84	\$255.62	
<b>BLUE ADVANTAGE HMO</b>								
Medical - HMO - Single	\$8,777.52	\$7,460.89	\$1,316.63	\$26.33	\$109.72	\$54.86	\$53.76	Provider Search:
Medical - HMO - Single + Spouse	\$16,366.92	\$13,911.88	\$2,455.04	\$49.10	\$204.59	\$102.29	\$100.25	<a href="#">Blue Advantage HMO (ADV)</a>
Medical - HMO - Single + Child(ren)	\$17,352.24	\$14,749.40	\$2,602.84	\$52.06	\$216.90	\$108.45	\$106.28	
Medical - HMO - Family	\$24,941.76	\$21,200.50	\$3,741.26	\$74.83	\$311.77	\$155.89	\$152.77	
<b>DENTAL</b>								
Dental - Single w/PPO2** or PPO4**	\$510.00	\$408.00	\$102.00	Not Available	\$8.50	\$4.25	\$4.25	Dental premium corresponds to the percentage paid for medical insurance
Dental - Single w/PPO3 or HMO	\$510.00	\$433.50	\$76.50	Not Available	\$6.38	\$3.19	\$3.19	
Dental - Family w/PPO2** or PPO4**	\$1,382.40	\$1,105.92	\$276.48	Not Available	\$23.04	\$11.52	\$11.52	**Dental only (no medical) rates
Dental - Family w/PPO3 or HMO	\$1,382.40	\$1,175.04	\$207.36	Not Available	\$17.28	\$8.64	\$8.64	
<b>VISION</b>								
Vision - Single	\$78.48	\$0.00	\$78.48	Not Available	\$6.54	\$3.27	\$3.27	
Vision - Family	\$199.92	\$0.00	\$199.92	Not Available	\$16.66	\$8.33	\$8.33	
<b>LIFE</b>								
Basic Life & Accidental Death & Dis.						\$0.39	\$0.39	Variable rate - sample assumes salary of \$50,000/yr
Voluntary Life Insurance								See rate schedule online. Rates are by age group.
Dependent Life Insurance						\$0.63	\$0.63	
<b>LONG TERM DISABILITY</b>								
Long Term Disability						\$0.43	\$0.43	Variable rate - sample assumes salary of \$50,000/yr

Note: Due to rounding, some calculations will not be exact.