



Insurance Premiums January 1, 2026 – December 31, 2026

INSURANCE	2026 TOTAL MONTHLY PREMIUMS	MONTHLY DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION
 DELTA DENTAL PPO			
Employee Only	\$40.34	\$40.34	\$0.00
Employee + One*	\$75.91	\$46.32	\$29.59
Employee + Family*	\$142.34	\$59.30	\$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	\$922.61	\$765.22	\$157.39
Employee + Spouse*	\$1,845.22	\$1,202.99	\$642.23
Employee + Child(ren)	\$1,614.56	\$1,196.36	\$418.20
Family*	\$2,850.86	\$1,381.86	\$1,469.00
KAISER HIGH HMO Plan 220			
Employee Only	\$826.42	\$739.44	\$86.98
Employee + Spouse*	\$1,652.83	\$1,205.19	\$447.64
Employee + Child(ren)	\$1,446.23	\$1,198.30	\$247.93
Family*	\$2,553.63	\$1,385.28	\$1,168.35
KAISER DHMO Plan 500			
Employee Only	\$736.43	\$736.43	\$0.00
Employee + Spouse*	\$1,472.87	\$1,199.18	\$273.69
Employee + Child(ren)	\$1,288.76	\$1,193.03	\$95.73
Family*	\$2,275.58	\$1,375.98	\$899.60

* If an employee and spouse are both employed by the district, the district will pay a maximum of \$765.22 on all Employee Only Kaiser plans. The district will pay a maximum of \$2,385 on Employee+ Spouse, Child(ren) & Family Kaiser plans and \$92.64 maximum for Delta.

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