



Insurance Premiums January 1, 2023 – December 31, 2023

INSURANCE	2023 TOTAL MONTHLY PREMIUMS	MONTHLY DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION
 DELTA DENTAL PPO			
Employee Only	\$34.02	\$34.02	\$0.00
Employee + One*	\$63.61	\$34.02	\$29.59
Employee + Family*	\$117.06	\$34.02	\$83.04
 VISION (VOLUNTARY)			
Employee Only	\$7.92	\$7.92	\$0.00
Employee + Spouse*	\$15.82	\$7.92	\$7.90
Employee + Child(ren)	\$16.94	\$7.92	\$9.02
Family*	\$26.57	\$7.92	\$18.65
 KAISER ALTERNATE Additional Choice Deductible Coinsurance POS Plan			
Employee Only	\$688.23	\$650.00	\$38.23
Employee + Spouse*	\$1,376.46	\$1,000.00	\$376.46
Employee + Child(ren)	\$1,204.41	\$1,000.00	\$204.41
Family*	\$2,126.64	\$1,000.00	\$1,126.64
KAISER HIGH HMO Plan 220			
Employee Only	\$643.20	\$643.20	\$0.00
Employee + Spouse*	\$1,286.39	\$1,000.00	\$286.39
Employee + Child(ren)	\$1,125.59	\$1,000.00	\$125.59
Family*	\$1,987.48	\$1,000.00	\$987.48
KAISER LOW HMO Plan 230			
Employee Only	\$604.74	\$604.74	\$0.00
Employee + Spouse*	\$1,209.47	\$1,000.00	\$209.47
Employee + Child(ren)	\$1,058.29	\$1,000.00	\$58.29
Family*	\$1,868.63	\$1,000.00	\$868.63
KAISER DHMO Plan 500			
Employee Only	\$544.77	\$544.77	\$0.00
Employee + Spouse*	\$1,089.53	\$1,000.00	\$89.53
Employee + Child(ren)	\$953.34	\$953.34	\$0.00
Family*	\$1,683.33	\$1,000.00	\$683.33

* If an employee and spouse are both employed by the district, the district will pay a maximum of \$650.00 on all Employee Only Kaiser plans. The district will pay a maximum of \$2,000 on Employee+Spouse, Child(ren) & Family Kaiser plans and \$68.04 maximum for Delta.

For additional questions or information, please contact:

Jasmine Casillas, Human Resources Specialist, jacasillas@westminsterpublicschools.org, 720-542-5068