Insurance Rates • WCHSTA Certified Staff • Effective 7/1/2026 - 6/30/2027

Insurance Plan	Projected 26/27 Total Annual Premium	Board Annual Premium	Employee Annual Premium	26/27 Wellness Program Rebate*	Employee Monthly Premium	Employee Per Paycheck Deduction	Actual Employee Per Paycheck Deduction* (after rebate)	Notes
PPO2 PLAN								
Medical - PPO2 - Single	$12,017.22	$8,166.06	$3,851.16	$55.59	$320.93	$160.46	$158.15	Provider Search:
Medical - PPO2 - Single + Spouse	Not available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	PPO/PPO HDHP (Participating Provider Organization)
Medical - PPO2 - Single + Child(ren)	Not available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
Medical - PPO2 - Family	$41,019.01	$27,873.66	$13,145.35	$189.76	$1,095.45	$547.72	$539.82	
PPO3 HDHP PLAN WITH HSA								
Medical - PPO3 - Single	$9,833.57	$8,006.28	$1,827.30	$27.91	$152.27	$76.14	$74.97	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	$33,565.34	$27,328.15	$6,237.18	$95.26	$519.77	$259.88	$255.91	PPO/PPO HDHP (Participating Provider Organization)
PPO4 BLUE CHOICE OPTIONS PLAN								
Medical - PPO4 - Single	$12,035.39	$9,258.77	$2,776.62	$55.68	$231.39	$115.69	$113.37	Provider Search:
Medical - PPO4 - Single + Spouse	$28,884.93	$22,221.04	$6,663.89	$133.63	$555.32	$277.66	$272.09	Blue Choice Options (BCO)
Medical - PPO4 - Single + Child(ren)	$22,867.52	$17,591.87	$5,275.64	$105.79	$439.64	$219.82	$215.41	
Medical - PPO4 - Family	$37,310.12	$28,702.50	$8,607.62	$172.60	$717.30	$358.65	$351.46	
BLUE ADVANTAGE HMO								
Medical - HMO - Single	$10,217.03	$8,395.70	$1,821.34	$28.41	$151.78	$75.89	$74.71	Provider Search:
Medical - HMO - Single + Spouse	$19,051.09	$15,654.96	$3,396.14	$52.97	$283.01	$141.51	$139.30	Blue Advantage HMO (ADV)
Medical - HMO - Single + Child(ren)	$20,198.01	$16,597.42	$3,600.59	$56.16	$300.05	$150.02	$147.68	
Medical - HMO - Family	$29,032.21	$23,856.79	$5,175.42	$80.72	$431.28	$215.64	$212.28	
DENTAL								
Dental - Single	$529.89	$450.41	$79.48	Not Available	$6.62	$3.31	$3.31	
Dental - Family	$1,436.31	$1,149.05	$287.26	Not Available	$23.94	$11.97	$11.97	
VISION								
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	
LIFE								
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	
LONG TERM DISABILITY								
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.