Insurance Rates • WCHSSSA Support 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	$9,613.78	$2,403.44	$55.59	$200.29	$100.14	$97.83	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	$32,815.21	$8,203.80	$189.75	$683.65	$341.83	$333.92	
PPO3 HDHP PLAN WITH HSA								
Medical - PPO3 - Single	$9,833.57	$8,358.54	$1,475.04	$27.90	$122.92	$61.46	$60.30	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	$28,530.54	$5,034.80	$95.25	$419.57	$209.78	$205.81	PPO/PPO HDHP (Participating Provider Organization)
PPO4 BLUE CHOICE OPTIONS PLAN								
Medical - PPO4 - Single	$12,035.39	$9,628.31	$2,407.08	$55.68	$200.59	$100.29	$97.97	Provider Search:
Medical - PPO4 - Single + Spouse	$28,884.93	$23,107.94	$5,776.99	$133.63	$481.42	$240.71	$235.14	Blue Choice Options (BCO)
Medical - PPO4 - Single + Child(ren)	$22,867.52	$18,294.01	$4,573.50	$105.79	$381.13	$190.56	$186.15	
Medical - PPO4 - Family	$37,310.12	$29,848.10	$7,462.02	$172.60	$621.84	$310.92	$303.73	
BLUE ADVANTAGE HMO								
Medical - HMO - Single	$10,217.03	$8,684.48	$1,532.55	$28.41	$127.71	$63.86	$62.67	Provider Search:
Medical - HMO - Single + Spouse	$19,051.09	$16,193.43	$2,857.66	$52.97	$238.14	$119.07	$116.86	Blue Advantage HMO (ADV)
Medical - HMO - Single + Child(ren)	$20,198.01	$17,168.31	$3,029.70	$56.16	$252.48	$126.24	$123.90	
Medical - HMO - Family	$29,032.21	$24,677.38	$4,354.83	$80.72	$362.90	$181.45	$178.09	
DENTAL								
Dental - Single w/PPO2** or PPO4**	$529.89	$423.91	$105.98	Not Available	$8.83	$4.42	$4.42	Dental premium corresponds to the percentage paid
Dental - Single w/PPO3 or HMO	$529.89	$450.41	$79.48	Not Available	$6.62	$3.31	$3.31	for medical insurance
Dental - Family w/PPO2** or PPO4**	$1,436.31	$1,149.05	$287.26	Not Available	$23.94	$11.97	$11.97	
Dental - Family w/PPO3 or HMO	$1,436.31	$1,220.87	$215.45	Not Available	$17.95	$8.98	$8.98	**Dental only (no medical) rates
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.