2026-2027 BENEFITS AT-A-GLANCE

	MEDICAL		DENTAL		VISION
	United Health Care Traditional / PPO Plan	United Health Care HDHP	Delta Dental Level I	Delta Dental Level III	EyeMed
Employee	$0.00	$0.00	$23.32	$43.38	$5.82
Employee + Spouse / Domestic Partner	$757.75	$697.25	$52.22	$90.03	$11.64
Employee + Children	$538.80	$483.54	$50.82	$94.53	$12.22
Family	$1,049.69	$982.19	$78.32	$135.04	$13.82
Dual Spouse Family*	$364.91	$356.17	N/A	N/A	N/A

** Dual Spouse Family applies when both spouses/domestic partners are eligible*

Rates reflect monthly employee premiums

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UHC Traditional / PPO Plan

- $20 co-pay for Primary Care Physician Visit
- Deductible: $1,200 single / $4,700 family
- Out-of-Pocket Maximum: $2,400 single / $9,400 family
- Telehealth services covered 100%

Delta Dental Level I

- $1,000 Annual Maximum
- Preventative Care covered 100%
- Coverage up to age 26

EyeMed

- $0 exam copay at PLUS Providers
- Standard spectacle lenses covered in full once every plan year
- $130 contact lens allowance in lieu of frames and lenses once every plan year
- In-network options for buying eyewear online

UHC HDHP

- Deductible: $3,400 single/$6,800 family
- Out-of-Pocket Maximum: $6,000 single / $12,000 family
- $480 District Contribution to HSA
- Preventative Care covered 100%

Delta Dental Level III

- $2,000 Annual Maximum
- Preventative Care covered 100%
- Coverage up to age 26
- $1,500 Orthodontia Lifetime Maximum for adults and children

WellStyles Free Health Solutions

Hinge Health · 2nd.MD · MAVEN · Parsley Health · Calm Health

The Benefits team is here to help - contact us at:

benefits@wesdschools.org

Additional Benefits

- District Paid Life Insurance
- Voluntary Supplemental Life
- Voluntary Short-Term Disability
- Felixble Spending Account(s)
- Employee Assistant Program
- Wellness Program