WESD PREMIUMS 2026-2027

MEDICAL PREMIUMS		ER Annual Contribution	EE Annual Contribution	EE Monthly	26 Pay Deduction	20 Pay Deduction
UHC - HDHP	Employee	$8,548.32	$0.00	$0.00	$0.00	$0.00
	Employee + Spouse/Domestic Partner	$9,584.40	$8,367.00	$697.25	$321.81	$418.35
	Employee + Children	$9,584.40	$5,802.48	$483.54	$223.17	$290.12
	Family	$9,584.40	$11,786.28	$982.19	$453.32	$589.31
	Dual Spouse Family	$17,096.64	$4,274.04	$356.17	$164.39	$213.70
UHC - Traditional Plan	Employee	$8,758.08	$0.00	$0.00	$0.00	$0.00
	Employee + Spouse/Domestic Partner	$9,298.80	$9,093.00	$757.75	$349.73	$454.65
	Employee + Children	$9,298.80	$6,465.60	$538.80	$248.68	$323.28
	Family	$9,298.80	$12,596.28	$1,049.69	$484.47	$629.81
	Dual Spouse Family	$17,516.16	$4,378.92	$364.91	$168.42	$218.95

DENTAL PREMIUMS		ER Annual Contribution	EE Annual Contribution	EE Monthly	26 Pay Deduction	20 Pay Deduction
Delta Dental - Level I	Employee	$0.00	$279.84	$23.32	$10.76	$13.99
	Employee + Spouse/Domestic Partner	$0.00	$626.64	$52.22	$24.10	$31.33
	Employee + Children	$0.00	$609.84	$50.82	$23.46	$30.49
	Family	$0.00	$939.84	$78.32	$36.15	$46.99
Delta Dental - Level III	Employee	$0.00	$520.56	$43.38	$20.02	$26.03
	Employee + Spouse/Domestic Partner	$0.00	$1,080.36	$90.03	$41.55	$54.02
	Employee + Children	$0.00	$1,134.36	$94.53	$43.63	$56.72
	Family	$0.00	$1,620.48	$135.04	$62.33	$81.02

VISION PREMIUMS		ER Annual Contribution	EE Annual Contribution	EE Monthly	26 Pay Deduction	20 Pay Deduction
EyeMed	Employee	$0.00	$69.84	$5.82	$2.69	$3.49
	Employee + Spouse/Domestic Partner	$0.00	$139.68	$11.64	$5.37	$6.98
	Employee + Children	$0.00	$146.64	$12.22	$5.64	$7.33
	Family	$0.00	$165.84	$13.82	$6.38	$8.29